

PREA Facility Audit Report: Final

Name of Facility: Chehalis Treatment Center

Facility Type: Community Confinement

Date Interim Report Submitted: 07/28/2022

Date Final Report Submitted: 11/02/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Ericka Sage	Date of Signature: 11/02/2022

AUDITOR INFORMATION	
Auditor name:	Sage, Ericka
Email:	erickasage11@yahoo.com
Start Date of On-Site Audit:	06/13/2022
End Date of On-Site Audit:	06/15/2022

FACILITY INFORMATION	
Facility name:	Chehalis Treatment Center
Facility physical address:	500 SE Washington Ave, Chehalis, Washington - 98532
Facility mailing address:	

Primary Contact	
Name:	Tony Prentice
Email Address:	Tonyp@abhsinc.net
Telephone Number:	360-507-8028

Facility Director	
Name:	Tony Prentice
Email Address:	Tonyp@abhsinc.net
Telephone Number:	360-507-8028

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

Facility Characteristics	
Designed facility capacity:	210
Current population of facility:	129
Average daily population for the past 12 months:	125
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18+
Facility security levels/resident custody levels:	Voluntary
Number of staff currently employed at the facility who may have contact with residents:	100
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	American Behavioral Health Systems Headquarters
Governing authority or parent agency (if applicable):	
Physical Address:	1550 Irving St. SW, Olympia, Washington - 98512
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information

Name:	Biannca Vanderwater	Email Address:	bvanderwater@abhsinc.net
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SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

1	<ul style="list-style-type: none">• 115.231 - Employee training
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Number of standards met:

40

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-06-13
2. End date of the onsite portion of the audit:	2022-06-15

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Hope Alliance

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	210
15. Average daily population for the past 12 months:	125
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	92
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	3
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	99
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor randomly selected clients that were housed throughout all areas of the facility.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor reviewed a list of all clients housed at the facility and was provided access to interview all clients requested.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no clients with physical disabilities at this facility. The auditor verified by asking multiple staff if they were aware of any clients that would fit in this category, however, none were identified.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no clients who were blind or had low vision at this facility. The auditor verified by asking multiple staff if they were aware of any clients that would fit in this category, however, none were identified.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no clients who were deaf or hard of hearing at this facility. The auditor verified by asking multiple staff if they were aware of any clients that would fit in this category, however, none were identified.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no clients who identified as LGBTI at this facility. The auditor verified by asking multiple staff if they were aware of any clients that would fit in this category, however, none were identified. Additionally, there were no random clients who self-identified as LGBTI during the interviews.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no clients who identified as LGBTI at this facility. The auditor verified by asking multiple staff if they were aware of any clients that would fit in this category, however, none were identified. Additionally, there were no random clients who self-identified as LGBTI during the interviews.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no clients who had reported sexual abuse at this facility. The auditor verified by asking multiple staff if they were aware of any clients that would fit in this category, and reviewing records, however, none were identified</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no clients who had been placed in segregated housing/isolation for risk of victimization at this facility. There were no areas of the housing utilized for this purpose.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor handbook requires that auditors interview ten clients that fit into specialized categories, however, there were only five at the facility during the audit. There were a few clients that were identified as possibly fitting into these categories, such as LEP, however, the auditor determined they were incorrectly identified. The auditor interviewed extra random clients to make up for the difference and ensured the minimum total number of interviews required (20) were completed. All clients that were interviewed utilizing specialized protocols were also asked random questions.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>16</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Staff was interviewed on all shifts, in security and non-security, and in a variety of work areas. Staff were targeted for random interviews and asked additional questions about food services, grievances, maintenance, staff that assign client housing, etc.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	19
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>1</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>As of the date of the audit, there were no volunteers working at the facility and hadn't been for some time because of Covid-19 restrictions. The facility understood that if/when volunteers were to return to the facility, they would need to follow all PREA standards applicable to volunteers.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

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

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The auditor completed a site review of the facility on the first day of the audit. The auditor went to all areas of the facilities and observed client movement, staff supervision, cameras, and possible blind spots and reviewed areas where searches take place.</p> <p>The auditor tested clients' phones during the site review to ensure clients had access to reporting options and to contact community-based advocacy centers. The phones were fully functional.</p>
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Documentation Sampling

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

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The auditor's methodology for document sampling is described in the corresponding standards.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	1	0	1	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	1	0	1	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	1	0
Total	0	0	1	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	1	0
Total	0	0	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	2
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1

<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.211 (a) The agency's zero-tolerance policy for sexual abuse and sexual harassment for ABHS is outlined in the PREA Manual. The PREA Manual states in section 6.2 PREA Prevention Planning and Staffing "*American Behavioral Health Systems, Inc. (ABHS) has implemented policies and procedures for preventing incidents of sexual misconduct, sexual abuse, sexual assault, and sexual harassment against individuals who are under Washington State Department of Corrections (DOC) supervision. ABHS seeks to employ and promote staff who have not demonstrated abusive behaviors and are able to define, demonstrate, and engage in positive pro-social behaviors. This policy applies to all ABHS employees, volunteers, vendors, and contractors. ABHS will maintain a zero-tolerance standard for sexual misconduct, of any nature, whether or not consensual.*"

The PREA Manual also references its zero-tolerance policy in other areas of the PREA Manual and in section 6.6 PREA Response to Sexual Misconduct explains "*1. The following terms are associated with this policy. a. Sexual Misconduct includes client-on-client sexual assault, sexual harassment, and sexual abuse. It also includes staff on client sexual misconduct.*"

Interviews with staff and clients verified that the agency and facility reinforce the zero-tolerance policies. The agency has strategically discussed the zero-tolerance policy in education, training, and materials that are provided. The auditor did not interview any staff, contractors, or clients that did not understand this policy.

115.211 (b) The agency employs an upper-level PREA coordinator with sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards in all its community confinement facilities. ABHS provided a corporate and residential organizational chart for the auditor to review. ABHS explained the PREA Coordinator is designated as the Compliance and Risk Officer. The organization chart shows the Compliance and Risk Officer reporting to the Chief Operating Officer.

PREA Manual - Section 6.1 PREA Organization and Responsibilities states:

"PREA Coordinator

a. The PREA Coordinator will develop and implement policies that adhere to best practices and meet the intent of the PREA legislation.

b. Develop, coordinate, and approve all PREA training for staff and clients.

i. Recommendations for all changes regarding PREA training will be reported in writing to the Compliance and Risk Management Officer.

ii. All changes to PREA training will be reported to the Department of Corrections (DOC) and be consistent with DOC guidelines.

c. Will serve as PREA liaison between DOC and ABHS for all PREA investigations.

d. Develop and implement comprehensive policies and procedures that assess safety, monitor investigations, track incidents of sexual misconduct, and ensure compliance with all applicable state and federal laws.

e. Audit and report all substantiated incidents of PREA annually and submit a report to the DOC. (see ABHS Data Sheet & DOJ Survey)

f. Will work with ABHS management to compile and review sexual misconduct, at least annually, to identify trends and use the information to assist with operational practices in order to ensure safety regarding sexual misconduct.

g. Will ensure that all facilities have posted the necessary reporting information annually. (See PREA Reporting Poster, attached)

h. PREA Coordinator will be responsible for ensuring all facilities have PREA trained investigators."

The interview with the PREA Coordinator and the agency/facility head reinforced she has the time and the authority to dedicate herself to the PREA Coordinator role. While onsite, the auditor was able to observe her level of authority as evident when she was able to make changes quickly to policies and operations. The facility understood she had the authority to direct those changes.

Conclusion: The auditor has found the facility in full compliance with this standard.

115.212	<p data-bbox="229 69 1509 1240">Contracting with other entities for the confinement of residents</p> <p data-bbox="229 129 1509 190">Auditor Overall Determination: Meets Standard</p> <p data-bbox="229 197 1509 257">Auditor Discussion</p> <p data-bbox="229 264 1509 369">115.212 (a) ABHS is a private entity that contracts with the Washington Department of Corrections (WADOC) for the confinement of their offenders for treatment services. Since ABHS is a private entity, it does not contract with other private entities for clients' confinement.</p> <p data-bbox="229 443 1509 750">ABHS provided the contract with WADOC for review. The contract with WADOC clearly explains that ABHS must comply with the PREA standards. It states "<i>In the performance of services under this Contract, Contractors shall comply with all federal and state law and the Department policies regarding sexual misconduct including, but not limited to, the Prison Rape Elimination Act of 2003 (PREA); RCW 72.09.225, Sexual misconduct by state employees, contractors; RCW 9A.44.470, Custodial sexual misconduct in the first degree; RCW 9A.44.170, Custodial sexual misconduct in the second degree; DOC 490.800, Prevention and Reporting Sexual Misconduct; DOC 490.850, Response to Investigations of Sexual Misconduct, and DOC 610.025, Sexual Abuse, Sexual Assault, and Staff Sexual Misconduct.</i>" The contract later provides applicable definitions and explains further requirements to comply with other areas, such as training, prohibitions against inappropriate behaviors, resources for offenders, reporting requirements, and disciplinary actions.</p> <p data-bbox="229 824 1509 907">ABHS has adopted and complies with PREA standards. Additionally, ABHS contracted for a PREA audit in 2018. The facility was found in full compliance with the PREA standards.</p> <p data-bbox="229 981 1509 1108">115.212 (b) (c) ABHS does not contract with others for confinement, therefore the requirement to monitor a contract or find an entity that is in compliance with the PREA standards is not applicable. ABHS plans to continue to comply with applicable PREA standards and receive PREA audits if it contracts with WADOC for the confinement of their offenders for treatment services.</p> <p data-bbox="229 1191 1509 1227">Conclusion: The auditor has found the facility in full compliance with this standard.</p>
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1404 331">115.213 (a) The facility developed a staffing plan document that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect clients against sexual abuse.</p> <p data-bbox="240 394 1489 689">The staffing plan provided took into consideration the physical layout of the facility. It discussed the composition of the client population to include broken down by LGBTI status, race, and clients in need of housing. It also discussed the prevalence of substantiated and unsubstantiated incidents of sexual abuse. There had been no substantiated allegations of sexual abuse, and one unsubstantiated allegation. The staffing plan states that its targeted goal for staffing levels is a 1:8 ratio of Care Team & Clinical on Day shift, 13:1 ratio of care team available on swing shift, and 20:1 ratio of care team staff available on the graveyard shift. available 24/7 to assist clients. Additionally, on top of this ratio, they are staffed with Counselors, Case Managers, Supervisors, and Managers to support during waking hours making this ratio consistently narrower. Staff is on the floors at all times monitoring clients and ensuring their safety while meeting their needs. The facility is monitored via video constantly with no interruption in the filming with the exception of client sleeping rooms and bathrooms.</p> <p data-bbox="240 752 1493 981">There are ten (10) supervisors on staff daily across the facility who are available to meet the needs of the staff as they arise. Supervisors are expected to walk the halls regularly (at least every two (2)) hours as part of their duties to ensure the safety and wellbeing of the clients and to offer support and oversight to the floor staff. They have offices in varying locations, however, due to this requirement, a supervisor is not necessarily tied to their office floor and is spread out across the facility. Staff assignments are created by role and job description. Visitation, recreation, and non-clinical activities are supervised by care team staff. Lecture, Group, and any other clinical activity would be supervised by clinical staff (SUD or MH) based on the type of credential provided by the WAC.</p> <p data-bbox="240 1043 1477 1171">115.213 (b) The PREA Coordinator said in instances the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. She explained that ABHS has had a lot of success offering voluntary overtime to our staff and is fortunate to have dedicated supervisors and managers who come in if there is a need and are proud to say we have not had a staffing shortage in our residential facilities.</p> <p data-bbox="240 1211 1441 1272">There was no indication in staff interviews or during the site review that there had been deviations from the staffing plan. Staff and clients, in general, spoke very highly of the facility and did not indicate there were staffing issues.</p> <p data-bbox="240 1312 1485 1473">115.213 (c) The staffing plan did not need adjustments. In addition, if staff members need assistance while monitoring client behavior, staff are aware they can use their radios or the facility-wide intercom system, as well as the in-business paging system for additional staff support. Staff is equipped with radios and office phones to call for help when / if needed. Due to the supervision requirements, we hold our staff to, there is minimal risk to the clients of being unattended and therefore at risk.</p> <p data-bbox="240 1514 1489 1608">The facility does have some cameras available. In speaking with the staff who oversees the camera operation, a camera mapping plan is ready, to include additional cameras once resources become available. Additionally, the facility continues to repair old cameras when they no longer work and increase storage capacity.</p> <p data-bbox="240 1648 1059 1677">Conclusion: The auditor has found the facility in full compliance with this standard.</p>

115.215 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.215 (a) Chehalis does not conduct strip or body cavity searches; therefore this provision is not applicable to the facility. The PREA Coordinator states that ABHS does not perform strip searches in any circumstances at the Residential facilities. Pat downs are the only body searches completed. If a strip search were found to have been done in a facility it would result in significant disciplinary action to the staff involved and this is communicated and known to all staff.

The PREA Manual, 4.1 - Pat Search explains that pat searches are conducted to help ensure the security of the community by limiting the flow of contraband into the facility, however, there is nothing in the policy to indicate a strip search would ever be completed.

While onsite the auditor was able to verify from staff and clients that the facility does not conduct strip searches under any circumstance.

115.215 (b) Chehalis has a rated capacity of over 50 residents/clients and only houses male clients, therefore this provision of the standard is not applicable.

115.215 (c) Chehalis does not conduct strip or body cavity searches and only houses male clients.

The PREA Manual - Section 4.1 - Pat Searches states " *The pat search will be performed by a "same-sex" staff member that the individual identifies with.*" The auditor was able to verify onsite through observations and conversations with staff and clients that pat searches are always conducted by the same gender staff.

The PREA Coordinator explained that if it was suspected that a client put something inside their body, they would be transported to a hospital. They would never conduct a body cavity search at the facility.

115.215 (d) The PREA Manual, 6.2 PREA Prevention & Staffing states "All ABHS employees, volunteers, vendors, and contractors will announce their presence and gender when they enter the dormitory area of the gender of the opposite sex." The auditor recommended changing the language to "gender" instead of "sex" to be more consistent with the standard.

Chehalis residential has completely private showers. Staff are unable to see into the shower areas unless entering them, and each shower has individual curtains. Female staff does not enter the shower area unless it is completely empty for cleaning purposes only. Client bedrooms are small areas with 4 bunks in each room. There is a door in each room and some rooms have windows that have a film, so you can see movement but not details. If the door to the bedroom is shut, you cannot see a client changing clothes. Two rooms share a bathroom that can be shut and cannot see into it.

Furthermore, there are no cameras in bedrooms or shower/ bathroom areas. Clients are told they are allowed to shut the door, only if they are changing clothes, then must reopen the door. Staff are instructed to ensure they knock and announce upon entry if the door is shut. This practice was verified in interviews with staff and clients and observations while onsite.

Both staff and clients verified that opposite gender staff knock and announce and are never able to see them changing, taking a shower, or using the restroom. The auditor was able to observe this practice when touring the facility.

115.215 (e) Chehalis does not search or physically examine any client for the sole purpose of determining their genital status, including transgender clients. The PREA Manual - Section 4.1 - Pat Searches states " *The individual will verbally identify*

their sexual identity to staff. The pat search will be performed by a "same-sex" staff member that the individual identifies with."

The PREA Manual, Section 2.20 -Transgender, Intersex, and/or Non-Binary Housing and Supervision is a comprehensive policy that explains "*Employees will not search or physically examine a transgender, intersex, or non-binary individual for the sole purpose of determining the individual's genital status. If the individual's gender status is unknown, it will be determined by healthcare providers during conversations with the individual, by reviewing medical records, or if necessary, as part of a broader medical examination conducted in private by a healthcare practitioner.*"

There were no transgender or intersex clients available at the facility at the time of the site review. Staff were all aware they were not to search or physically examine a transgender or intersex client for the sole purpose of determining their genital status.

115.215 (f) requires that the agency train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Chehalis does not employ security staff but provides all staff training on this topic.

The PREA Manual - Section 4.1 - Pat Searches states "*Pat searches on transgender clients will be performed in a professional, respectful manner with two staff present .ii. We will use the same-sex staff member as the client verbally identifies their sexual identity.1. If the client identifies as male, then a male staff member will perform an appropriate professional pat search consistent with the above procedures. 2. If the client identifies as female, then a female staff member will perform a professional pat search consistent with the above procedures.*"

The PREA Manual, Section 2.20 -Transgender, Intersex, and/or Non-Binary Housing and Supervision explains how the facility responds and makes decisions for transgender, intersex, and non-binary clients. This policy explains that searches will be conducted consistent with Care Team SOP's and the searches will be conducted with the stated preference unless circumstances do not allow for the preference to be implemented during a pat search. When a pat search is not conducted according to the needs request, an incident report will be completed. If they are unable to accommodate the request in the community, the employee will notify the Administrator, Program Manager, or their designee and document the pat search in the individuals Carelogic ECR. It also states that "employees will conduct searches in a sensitive and respectful manner, and in the least intrusive manner possible. It also states that The Training Department will ensure the annual Diversity Training material for all employees will include transgender, intersex, and/or non-binary sensitivity. Additional training will be provided as appropriate."

The auditor reviewed the training provided, and several staff training records to ensure staff had received the training.

During the onsite visit interviews with staff verified they had received the required training. There were a few staff who were not confident in the process that is outlined in training and policy. They were not sure if they would use a female staff to search half the client, and a male to search the other half. The auditor spoke with the PREA Coordinator and Agency/Facility head and determined this was an old policy. They say staff have received the training but sent out a refresher email, which they forwarded to the auditor that explained the correct process, so staff is aware.

Conclusion: The auditor has found the facility in full compliance with this standard.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1469 398">115.216 (a) ABHS takes appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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.</p> <p data-bbox="240 488 1477 645">The PREA Manual, 6.4 PREA Client Orientation explains that interpreters will be provided for those clients with limited English or literacy skills in order to understand the policy, report, and/or participate in an investigation. It also explains accommodations will be made for clients needing sign language. The auditor verified they would ensure any disabled client would receive accommodations to ensure they were able to participate. The auditor has recommended updating the policy language to use broader terms to cover a wider variety of disabilities.</p> <p data-bbox="240 734 1485 831">The auditor interviewed several clients with a high mental health code, as well as one client with a traumatic brain injury. All the clients were able to explain that they receive information about PREA and that staff has taken the time to explain to them how they can participate in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p data-bbox="240 920 1477 1144">115.216 (b) While onsite the auditor was able to interview one Spanish-speaking client through interpreter services. This same machine is also utilized for sign language if needed. The client said they have received information about PREA in Spanish and that there were Spanish posters throughout the facility. He explained the facility provides translation services whenever he may need them. The auditor observed that several languages were available if needed. The process of getting an interpreter on was very quick and the interpreter explains to the client that she will keep the information confidential. The service ensures the interpreter can effectively, accurately, and impartially, both receptively and expressively, use any necessary vocabulary.</p> <p data-bbox="240 1234 1477 1330">The auditor was able to observe several written materials around the facility in Spanish, and the information that is provided to clients regarding PREA states that if they need an interpreter or the orientation materials in a different language then they could request it. Staff providing education understood this requirement.</p> <p data-bbox="240 1420 1485 1541">115.216 (c) The PREA Manual, 6.4 PREA Client Orientation explains "<i>No clients will be used as interpreters or translators in any PREA-related activity.</i>" The auditor verified this was accurate during staff and client interviews. The staff interviewed understood this requirement and the Spanish-speaking client interviewed said that the staff would get him an interpreter from the service instead of using another client.</p> <p data-bbox="240 1630 1062 1659">Conclusion: The auditor has found the facility in full compliance with this standard.</p>

115.217	Hiring and promotion decisions
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 1485 465">115.217 (a) ABHS states they do not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who (1) 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); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p data-bbox="244 555 1430 613">ABHS PREA Manual, 2.1 - Criminal Background Checks and Excluded Providers explains that crimes regarding sexual abuse and other sexually related crimes will exclude the applicant from hire.</p> <p data-bbox="244 703 1469 828">In reviewing several employee files the agency does ask the applicant if they have ever been terminated, quite at an employer's request, or quit because they believed they might be terminated and previous convictions/criminal history information, and the Human Resources staff interviewed said that if they became aware that an applicant had previous issues outlined in 1-3, it would not hire them. It did not appear the agency asked applicants specifically about these issues.</p> <p data-bbox="244 918 1469 1008">115.217 (b) ABHS said it would consider any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor, who may have contact with residents. Human Resources confirmed they would do this, however, there were no employee files that contained applicants who had sexual harassment incidents.</p> <p data-bbox="244 1097 1469 1187">115.217 (c) ABHS PREA Manual, 2.1 - Criminal Background Checks and Excluded Providers explains a criminal history check will be run on every employee prior to hiring through the Washington Department of Corrections and the Washington State Patrol.</p> <p data-bbox="244 1276 1485 1536">ABHS Human Resources staff stated they would perform a criminal history check on every applicant. This is completed by ABHS and by the Washington Department of Corrections prior to hiring. Documentation of criminal history checks was reviewed in all employee files reviewed. The files also included an email from Washington State Patrol that shows a criminal history check was completed. The Human Resources staff also said they would make their best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. The facility said no employees were hired that had this previous experience during the documentation period, and the auditor reviewed several employee files for employees hired in the past 12 months, but none had previous institutional experience.</p> <p data-bbox="244 1572 1477 1697">The agency created a form to assist with ensuring the appropriate questions are asked when contacting prior employers. The form requests if the applicant engaged in any substantiated allegations of sexual abuse, or if the applicant resigned pending an investigation of an allegation of sexual abuse. The form went into effect on 8/15/2022. During corrective action, the auditor was able to view new hire documentation to ensure the new form had been implemented.</p> <p data-bbox="244 1733 1485 1859">115.217 (d) ABHS PREA Manual, 2.1 - Criminal Background Checks and Excluded Providers explains that ABHS will conduct a criminal history check on every contractor prior to enlisting services. ABHS performs criminal background checks before enlisting the services of any contractor who may have contact with clients. There is one current contractor. The auditor reviewed the documentation that a criminal history check was completed prior to enlisted services with the contractor.</p> <p data-bbox="244 1939 1465 2110">115.217 (e) ABHS PREA Manual, 2.1 - Criminal Background Checks and Excluded Providers explains that criminal background records checks will have a check completed a the time of initial employment, and every 36 months thereafter within one month of their hire anniversary, exceeding the requirements of a criminal history check being completed at least once every five years. The auditor reviewed several employee files and verified the criminal history checks had been completed according to policy. The Human Resources staff was also aware of this requirement.</p>

115.217 (f) In reviewing the applicant packets for ABHS it was determined they did not 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. ABHS created a form Employment Application Addendum, which includes the required questions. The form was immediately implemented and was effective on July 1, 2022. During corrective action, the auditor was able to view new hire documentation to ensure the new form had been implemented.

ABHS states they do not have written self-evaluations conducted as part of the review of current employees so there were no examples for the auditor to review. The Human Resources staff understands if self-evaluations are completed in the future, they will need to ask employees about previous misconduct described in paragraph (a) of this section.

ABHS collective bargaining agreements inform employees they have a continuing affirmative duty to disclose any such misconduct, including any arrests, criminal citations, court-imposed sanctions, or conditions that are required to be reported by Employer contracts or by law within twenty-four hours or prior to the start of their next scheduled work shift, whichever occurs first.

115.217 (g) ABHS states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. In the application, they must certify that all facts in the application and attached documents are true and complete to the best of their knowledge and any falsification, misrepresentation, or omission, as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when and how discovered.

All applications the auditor reviewed included this information.

115.217 (h) ABHS states it would 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 unless prohibited by law. There were no examples of this occurring, however, the Human Resources staff was aware of it.

Corrective Action and Conclusion: The facility entered a corrective action period in which the auditor verified the new form had been implemented and institutionalized by reviewing new hire staff and copies of the new forms had been completed. The auditor found the facility fully compliant with every provision of this standard with the appropriate corrective action.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 1477 465">115.218 (a) The Agency PREA Coordinator and the Facility/Agency head understood that when they design or acquire any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. They said they have not acquired or made significant changes to any of the facilities, however, the conversations had about these plans always discussed ensuring the cameras are placed in such a way that there are no blind spots (excluding client sleeping rooms & bathrooms).</p> <p data-bbox="244 555 1485 779">115.218 (b) ABHS understood that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse. The staff member who is responsible to make these considerations was interviewed as part of the site review. He was able to explain how he makes these considerations. He has built a camera mapping plan that includes future camera needs once resources become available. In developing these plans he considered how this technology may enhance the agency's ability to protect clients from sexual abuse. A diagram of the current and planned layout of the cameras was provided to the auditor for review.</p> <p data-bbox="244 869 1059 898">Conclusion: The auditor has found the facility in full compliance with this standard.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1484 499">115.221 (a) ABHS does conduct its own administrative investigation, however, criminal investigations are referred to local law enforcement. ABHS PREA Manual, 6.6- PREA Response to Sexual Misconduct outlines the agency's uniform evidence protocol to include contacting local law enforcement and securing the crime scene until law enforcement can respond. PREA Response Manual, 6.10 Evidence Collecting serves as a more in-depth protocol that includes step-by-step instructions for evidence collection. The agency has created evidence collection cards to document all pertinent information. Evidence collection protocols include a proper inventory of evidence and appropriate handling to include collective evidence in a secured paper bag to maximum potential for evidence collection. All physical evidence is stored in an evidence locker.</p> <p data-bbox="242 584 1484 678">Most staff interviewed understood the agency's uniform protocol, however, a few did not. Those employees were able to say that they would contact their supervisor for directions on the next steps. The facility should continue to look at ways to educate staff on evidence collection protocols.</p> <p data-bbox="242 763 1461 828">115.221 (b) The protocol was adapted from the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication.</p> <p data-bbox="242 913 1477 1075">115.221 (c) ABHS PREA Manual, 6.6- PREA Response to Sexual Misconduct states " <i>All potential victims will be referred to mental health crisis counseling and/or medical services as needed, at no cost to the client.</i>" Interviews with medical and mental health providers confirmed that clients would not be financially charged for access to forensic medical examinations. There were no sexual abuse victims at the facilities to interview to confirm this information, however, there was no information in the investigation packets or other materials reviewed that they had been charged.</p> <p data-bbox="242 1160 1489 1254">Providence hospital was contacted regarding SAFE/SANE services provided to clients. They explained they have SANEs available to provide a forensic medical examination at the hospital. If there is not a SANE available at the hospital, they have another hospital the client could go to get a SANE.</p> <p data-bbox="242 1339 1484 1606">115.221 (d) ABHS states that the hospital will make available to the victim a victim advocate from a rape crisis center. ABHS understands that if a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services from a qualified staff member from a community-based organization or a qualified agency staff member. The facility states they transport all victims to Centralia Providence Hospital or Olympia St. Peter hospital (a providence facility) for emergency medical services, including forensic medical examinations. The auditor contacted Providence to verify they are providing these services, and they did say they would contact local rape crisis centers for the response. ABHS states that the hospital contacts the local community-based victim advocacy center to provide advocacy services.</p> <p data-bbox="242 1691 1489 1821">The facility entered into a Memorandum of Understanding (MOU) with Hope Alliance, a community-based, confidential victim advocacy rape crises center on 7/19/2022. The MOU outlines services provided to clients at Chehalis Residential. The auditor attempted to contact the advocacy center to discuss the MOU by phone and email on multiple occasions but did not hear back.</p> <p data-bbox="242 1906 1461 2067">115.221 (e) ABHS states that as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. There were no instances reviewed in which a victim requested these services, and no sexual abuse victims were available while the auditor was onsite to confirm.</p>

The facility entered into a Memorandum of Understanding (MOU) with Hope Alliance, a community-based, confidential victim advocacy rape crises center on 7/19/2022. The MOU states that Hope Alliance will accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals as requested by the victim. Hope Alliance will provide victim advocacy 24 hours a day, 7 days a week, including holidays, via telephone or in-person for examination and investigatory interviews. The MOU states that the target for response to the forensic examination will be within one hour of notification, taking into account agency policy, location, and conditions. The investigatory response will be within two hours of notification unless otherwise pre-scheduled.

The auditor attempted to contact the advocacy center to discuss the MOU multiple times, by phone and email but did not hear back. The auditor also reached out to Just Detention International, a national advocacy organization to discuss the agency/facility. Just Detention International said they had not received any information regarding Chehalis Residential.

115.221 (f) ABHS refers all criminal allegations to local law enforcement. The Agency/Facility head provided the auditor with written documentation (an email) in which the agency requested that they follow the requirements of paragraphs (a) through (e) of this section. There were no criminal investigations completed during the documentation period to review as part of this audit.

115.221 (g) ABHS understands that paragraphs (a) through (f) of this section also apply to State entities and any Department of Justice components that are responsible for investigating allegations of sexual abuse in confinement facilities. There were no investigations by these entities during the documentation period for review.

115.221 (h) ABHS understands that for the purpose of this standard a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1485 398">115.222 (a) ABHS reported that they ensure that an investigation is always completed for all allegations of sexual abuse and sexual harassment. The PREA Manual, Section 6.9 - PREA Investigations & Case Review of Sexual Misconduct states "<i>American Behavioral Health Systems, Inc. (ABHS) has implemented policies and procedures to ensure the immediate and complete investigation for any allegation of sexual misconduct, sexual assault, and sexual harassment.</i>"</p> <p data-bbox="242 488 1485 616">The facility had one allegation of sexual abuse and one allegation of sexual harassment that were investigated during the documentation period. The auditor reviewed both investigations to ensure a thorough investigation was completed. Investigators, facility leadership, and facility staff understood that every allegation of sexual abuse and sexual abuse receive an administrative or criminal investigation is completed.</p> <p data-bbox="242 705 1485 763">115.222 (b) ABHS provided the PREA Manual, Section 6.9 - PREA Investigations & Case Review of Sexual Misconduct, which explains "<i>ABHS requires that any allegation of sexual misconduct be reported to local authorities upon notification.</i>"</p> <p data-bbox="242 853 1485 1048">115.222 (c) ABHS has posted on its website at: https://www.americanbehavioralhealth.net/prea that "ABHS conducts all Administrative Investigations for potential criminal charges and refers for prosecution individuals determined to have participated in such conduct. All potential criminal investigations are conducted by the geographically appropriate local policing agency. In the event there is an active criminal investigation, ABHS investigators will suspend their investigation to allow local authorities to conduct and complete their investigation. Upon completion of the criminal investigation. ABHS will conduct their internal Administrative Investigation."</p> <p data-bbox="242 1137 1485 1227">It is recommended that the facility post the applicable policy on its website, but the language on the website makes the information otherwise available, therefore, meets the requirements of the standards. ABHS documents all referrals to law enforcement.</p> <p data-bbox="242 1317 1485 1413">115.222 (d) ABHS has said State entities are not responsible to conduct administrative or criminal investigations of sexual abuse or sexual harassment, therefore it is not applicable to require the facility to have in place a policy governing the conduct of such investigations.</p> <p data-bbox="242 1503 1485 1592">115.222 (e) ABHS has said Department of Justice components are not responsible to conduct administrative or criminal investigations of sexual abuse or sexual harassment, therefore it is not applicable to require the facility to have in place a policy governing the conduct of such investigations.</p>

115.231

Employee training

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

115.231 (a) ABHS trains all employees on its zero-tolerance policy for sexual abuse and sexual harassment, how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, the client's right to be free from sexual abuse and sexual harassment, the rights of clients and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement settings, common reactions of victims, how to detect and respond to threatened and actual signs of sexual abuse, how to avoid inappropriate relationships with clients, how to communicate effectively and professionally with clients in including lesbian, gay, bisexual, transgender, intersex, or gender non conforming clients, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside law enforcement.

Each employee signs a PREA acknowledgment statement upon hire stating they have read and understand PREA policies, boundaries, ethics, and sexual harassment. The PREA policies explain the agency's zero-tolerance policy and the agency's approach to preventing, detecting, and responding to such conduct. Another form is also signed that explains the zero-tolerance policy, how to report an incident, first responder information, how to contact the local police department, and advocacy information. Staff sign that they acknowledge and have read and understand PREA. The auditor reviewed several employee files that included this information.

Additionally, all new employees must attend online PREA training. The auditor reviewed the training online and ensured it met all provisions of this standard. The training was broken into several modules and was extensive. At the end of each training, the employee was required to take a test to ensure they understood the information provided to them. At the end of the training, a comprehensive test was provided that covers all relevant topics. Employees must receive an 80% to pass the training and be issued a certificate of completion.

ABHS PREA Manual, 6.3 - Staff Training states "All ABHS staff will receive documented PREA training during new hire orientation and at least annually through the Washington State On-Line Learning Center." The policy lists all the relevant topics covered including the requirements in this provision. The policy explains a certificate of completion of the training will be placed in the employee's personnel file, which the auditor was able to verify onsite.

The auditor reviewed several employee files, including completions of training since the last PREA audit. Additionally, the PREA Coordinator has created a spreadsheet to track and follow up to ensure employees take the training annually, as required. The training is completed in July of each year and the PREA Coordinator states she should have her tracker completed in early August. She said managers are expected to follow up with all staff deficient until 100% compliance if any are found missing at that time.

In addition to annual training, the facility ensures information regarding PREA is continually available and that they are constantly discussing PREA with staff. The facility provided the auditor with a flash card quiz that explains PREA, how to report a PREA allegation, custodial sexual misconduct, and consequences for engaging in it, and the process for transgender pat searches. The facility/agency head also explained they do mock drills regarding PREA to ensure staff knows how to respond if something were to occur.

Every staff member the auditor interviewed remembered receiving PREA training. Many staff was able to go over the various topics including those required by this provision. Additionally, many staff discussed the flashcards, PREA information provided in shift briefings, and other ways supervisors continually discuss PREA education with them.

115.231 (b) The training provided to ABHS employees covers both genders of clients that they may work with and the differences between men of women and their reactions to PREA incidents. Staff receives this training when being reassigned to another facility.

115.231 (c) ABHS stated all employees were trained within one year of the effective date of the standards, however, the auditor only audited to the last PREA audit. It was clear by the documents reviewed that training has been provided to staff for many years.

ABHS ensures staff receives this comprehensive online training at least every year. This exceeds the requirement of the standard to provide refresher training every two years. In addition to annual training, the facility provides refresher information through shift briefings, flashcards, posters, emails, and drills constantly on sexual abuse and sexual harassment policies.

115.231 (d) The agency documents through employee signatures that they understand the training they received. This is completed through the PREA acknowledgment and online via electronic verification on the online PREA training.

In reviewing the thoroughness of the training provided, the frequency in which is provided, the level of understanding of the training from staff, and the various refresher training/information that is provided, the auditor finds Chehalis Residential exceeds the requirements in this standard.

Conclusion: The auditor has found the facility exceeds compliance with this standard.

115.232 Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.232 (a) The ABHS PREA Manual, Section 6.3 - PREA Staff Training says "American Behavioral Health Systems, Inc. (ABHS) has implemented policies and procedures to ensure training for all new employees and established an ongoing system in collaboration with the Department of Corrections (DOC) to ensure that all employees are trained annually in compliance with Prison Rape Elimination Act (PREA) standards.

This policy applies to all ABHS employees, volunteers, vendors, and contractors."

The Manual states "*Training includes but is not limited to the following.*

- a. *PREA Policy review.*
- b. *Zero Tolerance Policy. (See ABHS Ethics Policy, attached)*
- c. *Reporting instructions, methods, and staff obligations to report. (see Evidence and Reporting Procedure, attached)*
- d. *Sexual Harassment training. (see ABHS Sexual Harassment Policy, attached)*
- e. *PREA Response, evidence, containment, and collection of evidence (see Evidence and Reporting Procedure, attached)*
- f. *Cross Gender Pat downs and urinalysis testing are prohibited (See UA and Pat Down Procedures, attached)*
- g. *PREA Risk Assessment and housing procedures. (see, Risk Assessment procedure)*
- h. *Social Media training. (see, Social Media Policy, attached)*
- i. *Recognition of possible signs of:*
 - a. *Sexual misconduct*
 - b. *Potential predators*
 - c. *Potential victims, and*
 - d. *Signs of staff involvement.*
- j. *Examples of circumstances and behaviors that may be signs of sexual misconduct.*
 - a. *See attached example trainings: Sexual Harassment, Ethics & PREA.*
 - k. *Confidentiality Laws and the need for them. (see DOC Policy Manual, section 2.3)*
 - l. *Specialized Investigation training is provided to designated ABHS staff members."*

115.232 (b) The PAQ said 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, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Chehalis Residential currently has no volunteers and one contractor. The current contractor is a medical practitioner and has been contracting with the agency since December 2020. The auditor reviewed the contractor training. It consists of ensuring the contractor reviews the agency's policies related to the prevention, detection, and response of sexual harassment and sexual abuse. Contractors and volunteers also sign a form regarding PREA that reiterates ABHS's zero-tolerance policy and states "If any form of sexual misconduct is reported staff must report it in the following ways: notify your supervisor, contact Staff on Duty, contact the on-site Manager, contact the ABHS PREA Coordinator/Director, and report it directly to your local police department." The form also provides the contact information for the Human Response Network and Spokane Rape Crises center for rape crises counseling for the client.

As of the date of the audit, there were no volunteers and hadn't been for some time due to Covid-19 restrictions. The facility understood that if/when volunteers were to return to the facility, they would need to receive the appropriate training based on the level of contact they have with clients.

The auditor interview the only contractor and he remembered the training and was able to explain his responsibilities in ABHS's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

115.232 (c) The PAQ said the agency maintains documentation confirming that volunteers and contractors understand the training they have received through an acknowledgment form placed in the volunteer file.

Contractors and volunteers sign a zero-tolerance policy acknowledgment which states "*I acknowledge that I have read and understand ABHS policies covering the following topics: PREA policies, boundaries, ethics, and sexual harassment. I fully understand the content of the above-listed training materials. My signature below indicates that I have read and fully understand the above notice.*"

The auditor was able to review the documentation of training for the only contractor at the agency, which complied with this standard.

Conclusion: The auditor has found the facility in full compliance with this standard.

115.233

Resident education

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.233 (a) ABHS said clients receive information at the time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

When clients enter the facility, they are provided a PREA Orientation Packet and complete a PREA Orientation Information sheet, that they sign. The auditor reviewed the PREA Orientation Information sheet that they sign. This sheet explains the zero-tolerance policy, how to report, and advocacy information. It did not include the client's right to be free from retaliation for reporting PREA allegations.

The auditor reviewed the Orientation Packet that is also provided to clients. The packet provides an introduction to PREA, which includes the agency's zero-tolerance policy for sexual abuse, sexual harassment, and retaliation and the agency's commitment to client safety. It explains PREA and that it covers clients at the facility. The orientation explains what sexual assault, sexual abuse, and sexual harassment are, and things that are not sexual assaults, such as routine pat searches or medical examinations. It lets the client know it is not their fault if they are sexually assaulted and how a client might try to prevent it from occurring. The orientation explains its prohibition against consensual sexual relationships and states they are a PREA violation. The auditor recommended changing that verbiage to be clear that although true in staff cases, in client-to-client cases, is a policy violation but not necessary PREA unless there are threats or coercion. The agency modified this immediately and provided documentation to the auditor. Additionally, the orientation also covers a variety of how to respond to sexual abuse if it does happen, including evidence preservation and several reporting options. It also discusses how to receive support if it does happen and what to expect.

115.233 (b) ABHS reports that every time a client is transferred to another facility, they are provided refresher information. The auditor verified through documentation review and interviews that when a client is transferred to Chehalis Residential, they receive the same education as those who were not transferred.

115.233 (c) ABHS provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills. As addressed in 115.216. the auditor verified this information is provided in accessible formats. The staff ensures clients understand the education provided and take great care to ensure they receive it in the method that is appropriate. Disable and limited English proficient clients were interviewed and explained they were provided the information in a format they could understand. Each client was able to articulate the zero-tolerance policy and various ways to report a PREA allegation.

115.233 (d) The auditor reviewed documentation of 20 clients' files, including education for clients. Although the facility documentation provided included the Orientation Information, which did not include retaliation, it did not document providing the Orientation Packet that did provide that information. The agency modified the check-off sheet for intake to ensure it is documented when the packet is provided to the clients and provided proof of implementation to the auditor.

115.233 (e) ABHS ensures that key information is continuously and readily available and visible. Chehalis Residential had large PREA posters throughout the facility that provided detailed and key PREA information. Additionally, clients have access to the Orientation Packets that they are provided at any time.

Chehalis Residential additionally has a peer educator, who is responsible to ensure that PREA information is verbally provided to clients every Friday during class. The auditor interviewed the peer educator to explain his process for providing PREA education to clients. He told me that prior to the class he selects part of the PREA Orientation Packet to focus on. Staff review and approve what he plans to say. He reads the information to every client at the facility, broken into three

groups. He discussed strategies to ensure clients understood the information and took it seriously. A staff member is always present during the educational session. The auditor provided the facility with peer education tools provided and available by the PREA Resource Center. This is a promising and best practice, and the auditor encourages the facility to ensure the peer educator has the skills needed to present the information in an effective manner and ensure clients understand who to talk to if they have questions.

Conclusion: The auditor has found the facility in full compliance with this standard.

115.234	Specialized training: Investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1422 365">115.234 (a) Investigators at Chehalis Residential are trained in general PREA training and also specialized training for conducting investigations in confinement settings. The training curriculum was reviewed, and an investigator was interviewed. The investigator was able to confirm he had received the general and specialized training.</p> <p data-bbox="242 450 1485 678">115.234 (b) ABHS PREA Manual, 6.3 PREA Staff Training explained that investigator training should include investigating sexual misconduct, interview techniques, crime scene management, crisis intervention, report writing, confidentiality for all investigations, and evidence procurement and retention. The auditor recommended additional requirements be added to the policy to include all the requirements in this provision. The PREA Coordinator immediately modified the policy to also include the training inclusion of the criteria and evidence required to substantiate a case for administrative action or prosecution referral, interviewing sexual abuse victims, sexual abuse evidence collection in confinement settings, and proper use of Miranda and Garrity warnings.</p> <p data-bbox="242 763 1433 896">The specialized training reviewed included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Interviews with an investigator confirmed an understanding of these topics.</p> <p data-bbox="242 981 1453 1075">115.234 (c) ABHS states they maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The auditor reviewed documentation of completed training for all four PREA investigators at the facility.</p> <p data-bbox="242 1160 1422 1292">115.234 (d) AHBS states that any state entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations. Most investigations would be conducted by the facility or the local law enforcement. If other entities were to conduct an investigation, ABHS understands they should receive this education.</p> <p data-bbox="242 1377 1059 1406">Conclusion: The auditor has found the facility in full compliance with this standard.</p>

115.235	Specialized training: Medical and mental health care
	<p data-bbox="240 143 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 453 239">Auditor Discussion</p> <p data-bbox="240 271 1485 667">115.235 (a) ABHS does employee and contracts with medical and mental health care practitioners who work regularly in its facilities. The only medical practitioner provides telehealth-only services and does not work regularly in its facilities. The facility reported it has 25 mental health staff in the company. They do not provide PREA response under the standards but instead would contract with outside providers to provide any needed mental health services required in the standards, so there is no conflict of interest. As such, ABHS had not provided the specialized training required in these standards. The auditor discussed this standard with PREA Resource Center staff and it was determined that medical and mental health staff who work regularly in its facilities are required to take the training required in this standard regardless of if they provide PREA responses to clients. Once the auditor provided this clarification to ABHS they utilized the specialized training provided on the PREA Resource Centers website located at https://www.prearesourcecenter.org/resource/specialized-training-prea-medical-and-mental-care-standards. This training includes a Facilitator Guide, Introduction and four modules that cover: Detecting and Assessing Signs of Sexual Abuse and Harassment, Reporting and PREA Standards, Effective and Professional Responses, and the Medical Forensic Examination and Forensic Evidence Preservation.</p> <p data-bbox="240 696 1485 891">The auditor requested that documentation of completion for each medical and mental health staff that works regularly in its facilities be provided to the auditor, that any new medical and mental health staff that are hired during the corrective action period take the training, and that documentation of completion of training be provided to the auditor. The auditor received 25 certificates of completion for all mental health staff working at the facility. additionally, the agency/facility head provided a copy of an email to the supervisor over mental health that explained this will also be an annual training, exceeding the requirements in this standard.</p> <p data-bbox="240 976 1477 1140">115.235 (b) Forensic Examinations are completed at the hospital and not by medical staff employed by the agency. The facility employs one medical practitioner who provides services via telehealth. The auditor interviewed him during the onsite review, by phone because he was not physically located at the facility. He was able to explain that forensic examinations would be completed at the hospital and not by medical staff onsite. The auditor confirmed this by contacting the hospital. The hospital staff explained they would provide a forensic examination for any client from ABHS.</p> <p data-bbox="240 1225 1485 1288">115.235 (c) The auditor has requested the facility maintain documentation that medical and mental health practitioners have received the training referenced in this standard and the facility provided documentation of completion to the auditor. A</p> <p data-bbox="240 1373 1465 1536">115.235 (f) All staff at ABHS, including medical and mental health practitioners also receive the training mandated for employees under 115.231 or for contractors and volunteers under 115.323, depending on the practitioner's status. The auditor verified all 25 mental health staff and one medical practitioner received the training as required. While onsite the auditor interviewed both medical and mental health practitioners and all remembered receiving the required new employee and annual training.</p> <p data-bbox="240 1621 1433 1684">Conclusion: With the corrective action already implemented, the auditor has found the facility in full compliance with this standard.</p>

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 1485 497">115.241 (a) The pre-audit questionnaire said the residents are assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive towards other residents. The PREA Manual, 6.11- PREA Risk Assessment and Housing states: "<i>American Behavioral Health Systems, Inc. (ABHS) has implemented risk assessment policies and procedures for preventing and detecting potential issues of sexual misconduct. All ABHS clients upon admit to the facility complete an initial risk assessment. Within five (5) business days all ABHS clients will complete a more in-depth clinical risk assessment in an effort to ensure accurate information and provide a safe, secure environment for all clients and staff.</i>"</p> <p data-bbox="244 586 1477 745">ABHS and Chehalis Residential provide three screenings for all clients upon entry to the facility. Interviews with clients indicated that most did not remember receiving a PREA screening. Staff who complete the screenings were also interviewed and the auditor had a care team staff conduct a mock screening on the auditor to assess how the screeners are asking the questions. Upon review, it was determined that clients are actually screened on three separate occasions and each question is asked appropriately.</p> <p data-bbox="244 835 1481 1160">115.241 (b) The PREA Manual, 6.11- PREA Risk Assessment and Housing states: "<i>A. Upon admit all clients complete the Care Team Risk Assessment. (see Care Team Risk Assessment & Procedure). 1. If a client scores 7 or higher the client will need to be housed in an area of the facility that has clear visibility and is close to a care team station. Staff performing the risk assessment will notify the supervisor on shift for housing instructions. 3. At no time should the client be presented with the assessment. This is strictly confidential, and the information is obtained using the client's phone referral, 42 CFR Part II Laws apply. B. Upon clinical assessment (within 3 days of admit), the assessment counselor will do an intake risk assessment to determine potential victim or predator. 1. If the client scores high for either, victim or predator, the counselor will notify all care team supervisors and upper management of the potential issue. If the client presents as a registered sex offender, they will complete the clinical P2 Contract during the original assessment. (see attached sex offender procedure and contract).</i>"</p> <p data-bbox="244 1249 1453 1411">The initial screening by the care team only considers basic information, such as gender, age, physical size, disability, and sexual orientation/gender identity. This screening does not count as the initial screening based on the limitation of the questions asked but is intended to immediately make a housing determination if a housing assignment must be assigned prior to the next screening. Within 72 hours, but ordinarily, within one day the Clinical staff conducts a full PREA risk screening.</p> <p data-bbox="244 1500 1018 1527">All 22 files the auditor reviewed were completed within the 72-hour timeframe.</p> <p data-bbox="244 1617 1481 1776">115.241 (c) The assessment that ABHS utilizes is an objective screening instrument. Weight is given to each answer based on scoring criteria. The only subjective decision the screener makes would be if someone displayed or presented as LGBTI or gender non-conforming. This has been determined to be appropriate, as explained in the PREA FAQ regarding this standard, dated October 21, 2016. The screening staff interviewed were aware of the requirement to be objective, with exception of this provision.</p> <p data-bbox="244 1865 1485 2024">115.241 (d) The screening instrument utilized by ABHS for 72-hour and 30-day (not initial) assessment includes the enumerated factors 1-9 for risk of vulnerability. It includes disability (including mental physical and developmental), age (less than 25 or older than 65), physical build (less than 5' 8" and /or 130 lbs.), and whether the resident is a first-time in treatment as an adult, whether their criminal history is exclusively non-violent, prior convictions for sex offenses, LGBTI or gender non-conforming status (or perceived to be) and perceives themselves as vulnerable.</p> <p data-bbox="244 2114 1474 2141">115.241 (e) The screening instrument utilized by ABHS for 72-hour and 30-day (not initial) assessment includes convictions</p>

of prior sex offenses/crimes against adult or child, history of prior violence in prison and/or a treatment setting, and prior incarcerations as an adult to assess whether a client might have potential to be predatory.

115.241 (f) The PREA Manual, 6.11- PREA Risk Assessment and Housing states: "*Within 30 days or sooner, of original risk assessment the client and their counselor will reassess risk using the clinical risk assessment. (see Clinical Risk Assessment).*" The auditor reviewed the Clinical Risk Assessment and 22 client records. Out of the 22 records, only 2 were completed on time, however, 5 were not due at the time of document review because they were newer admits. 13 client files did not have any 30-day screening. Two were completed but were completed significantly late.

The facility has implemented a process to internally track compliance with this standard. They will audit 100% of the files to ensure they were completed within the required timeframe. The facility entered a corrective action period, in which the facility provided a list of all new clients. The auditor selected a random sampling of client files to review. The auditor monitored compliance for three months. Out of the several 30-day screenings the auditor reviewed, only one screening was past due by one day in July 2022. All other records were completed within the required timeframe.

115.241 (g) ABHS is aware that a client's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Although clients are housed at the facility for a relatively short time if any changes were made, they would be reassessed. There is a PREA data collection sheet that indicates that victims and aggressors should be reassessed. The facility indicated there were no clients that needed a reassessment during the documentation period. The auditor recommends adding this requirement into policy and developing a formal process to ensure reassessments are completed as needed.

115.241 (h) ABHS states they would not discipline a client for refusing to answer screening questions. The PREA Coordinator says a client's refusal to answer questions is not enough for disciplinary action. Our staff are trained to use motivational interviewing and are aware that their refusal to cooperate with the investigation does not subject the client to any negative action. However the investigation will continue without the client's refused statement and if they are found to be involved, based on actual evidence, they may be at that time when the evidence supports the action committed.

Staff who were interviewed were aware of this requirement. There were no indications any client had been disciplined for this purpose in the past.

115.241 (i) The PREA Manual, 6.11- PREA Risk Assessment and Housing states, "*This is strictly confidential, and the information is obtained using the client's phone referral, 42 CFR Part II Laws apply*" and *All Risk Assessments are to be filed in the client's clinical file in section 1.*" Only clinical staff and supervisors have access to the full risk assessments. Care team staff only have access to the initial, shortened assessment. The staff interviewed understood the need for confidentiality in PREA assessment records.

Corrective Action and Conclusion: The facility entered a corrective action period, in which the facility implemented a process to internally track compliance with this standard. The auditor was provided lists of clients who had arrived at the facility monthly for three months. The auditor randomly selected several files to review during that period. The auditor was able to verify the facility had institutionalized this standard and finds the facility is now fully compliant with every provision of this standard.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1458 360">115.242 (a) ABHS states they use information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p data-bbox="240 450 1490 779">When a client initially comes into the facility, they are housed on intake status for a period of time before moving to a more permanent housing situation. The auditor spoke with staff who assign the housing for the initial intake housing, as well as more permanent housing. It was explained to the auditor that each client's risk assessment is considered when making these housing assignments. The facility would not house a vulnerable client with an aggressive client. If a client scores high as vulnerable or aggressive they would also likely be housed in a room that is closer to staff areas so they can keep a close monitor. They may also be assigned to be frequently checked on when there is a concern for safety. All clients that are at the facility are in a drug and alcohol treatment program. Additionally, they may be assigned to a "job" In discussions with the staff there is no program or job assignment that would be in an area that is not closely supervised by staff, therefore there are no concerns with any clients being assigned to these areas. The recommends they should continue to consider this as new jobs or programming is created with the goal of ensuring clients are safe.</p> <p data-bbox="240 869 1490 958">115.242 (b) Staff interviewed confirmed that individualized determinations are made to ensure the safety of each client. Staff has the ability for several protection measures if they are concerned for a client's safety. For example, the facility will put a client on frequent checks so staff can closely monitor them to ensure they are safe.</p> <p data-bbox="240 1048 1477 1173">115.242 (c) ABHS states that in deciding whether to assign a transgender or intersex resident to a facility for male or female clients and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the client's health and safety and whether the placement would present management or security problems.</p> <p data-bbox="240 1263 1481 1458">The PREA Manual, 2.20 - Transgender, Intersex, and/or Non-Binary Housing and Supervision explains that initial housing reviews will be completed, approved, and submitted within 24 hours of disclosure of the individual as transgender, intersex, or non-binary. The Chief Operating Officer and/or the Director of Operations will review housing protocol recommendations and provide their recommendation and/or approval to the Facility Administrator or Program Manager. Transgender, intersex, and non-binary individuals may appeal housing review decisions in writing to the Compliance and Risk management Officer, Chief Operating Officer, or Director of Operations.</p> <p data-bbox="240 1547 1485 1637">The auditor discussed transgender housing decisions with facility /agency leadership. They explained housing decisions are made on a case-by-case basis. They explained there have been transgender clients housed in the gender facility they identify with but that is largely based on a number of factors.</p> <p data-bbox="240 1727 1474 1852">There were no transgender or intersex clients at the facility at the time of the audit. The auditor was able to review some documentation regarding a transgender client that was housed at the facility for a short period of time until they identified as transgender and were transported to a female facility. The auditor recommends that the agency develops a formalized process for documenting these housing considerations.</p> <p data-bbox="240 1942 1458 2002">115.242 (d) ABHS explains that a transgender or intersex client's own views with respect to his or her own safety shall be given serious consideration. The agency explained examples of that occurring in the past.</p> <p data-bbox="240 2092 1485 2152">115.242 (e) All clients at Chehalis Residential are given the opportunity to shower separately from other residents due to the privacy in the shower stalls. Even though there are private showers, staff said they would also provide transgender or</p>

intersex clients the ability to have their own shower time so other clients are not in the area when showering.

115.242 (f) ABHS states they do not place lesbian, gay, bisexual, transgender, or intersex clients in dedicated facilities, units, or wings solely on the basis of such identification or status. They have not had a consent decree, legal settlement, or legal judgment that states they must do that. There were no LGBTI clients that were at the facility for the auditor to interview but there was no indication this has taken place.

Conclusion: The auditor has found the facility in full compliance with this standard.

115.251	Resident reporting
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 1493 533">115.251 (a) ABHS provides multiple internal ways for clients to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The PREA Manual, 6.5 - PREA Reporting, Client and Staff state that "<i>clients, visitors, family member, and other community members can report by verbally notifying a staff member, verbally notifying their counselor, written Needs Resolution, written notes to staff or administrator, notifying their community corrections officer verbally, in writing or both, contacting the Staff of Duty, contacting the on-site program manager, contacting the ABHS PREA Coordinator, contacting the Director of ABHS, reporting directly to local police, writing a letter or contacting the WADOC through a toll-free number</i>".</p> <p data-bbox="244 618 1114 645">Interviews with staff and clients indicated they understood the various reporting options.</p> <p data-bbox="244 730 1473 864">115.251 (b) ABHS informs clients of two separate ways to report sexual abuse or harassment to a public or private entity or office that is not part of the agency and is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials. As previously mentioned, The PREA Manual states clients may report to the local police by calling at (360) 748-8605 or by contacting the WADOC by a toll-free number at 1 (800) 586-9431.</p> <p data-bbox="244 949 1481 1012">The PREA poster states that if you are a victim of sexual assault, sexual misconduct, or sexual harassment you can report it in several ways, including directly to local police by phone.</p> <p data-bbox="244 1097 1493 1294">The agency/facility head states that any of the outside reporting entities would keep an allegation anonymous, however, there was no formalized agreement from an outside entity explaining that they would immediately forward a report back and allow them to remain anonymous if the clients request. The auditor explained the outside agency needs to be aware of and agree to this requirement. The facility contacted the WADOC and they agreed to serve as this outside reporting entity. An MOU was developed, but as of the date of this report had not been executed. The MOU explained the requirements of both agencies to be compliant with this standard.</p> <p data-bbox="244 1379 1493 1541">The agency also updated ABHS PREA Manual, 6.5- PREA Reporting, Client and Staff to state "<i>Reports, including third-party reports, can be made directly to the Washington Department of Corrections by calling the toll-free number @ 1-800-586-9431. The Washington Department of Corrections will immediately forward the report back to ABHS officials and will allow a reporter to remain anonymous upon request.</i>" This information was also added to the PREA Client Orientation and the PREA posters and was distributed throughout the facility.</p> <p data-bbox="244 1626 1445 1724">The auditor contacted WADOC to "test" this process. The auditor left a voicemail on the reporting line and explained the request to remain anonymous. The facility was able to provide the auditor with proof of documentation they received the report, and the auditor was allowed to remain anonymous.</p> <p data-bbox="244 1809 1453 1939">115.251 (c) ABHS reports that staff will accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The PREA Manual, 6.5 - PREA Reporting, Client and Staff states "<i>staff must immediately report any allegation of sexual misconduct, including knowledge of staff violation of responsibilities.</i>" It also states that "<i>staff will document and complete all incidents using the ABHS Incident Report Form by the end of the shift.</i>"</p> <p data-bbox="244 2024 1465 2123">The PREA Manual, 6.5 - PREA Reporting, Client and Staff state that "<i>failure to report an allegation or knowingly or willfully submitting, threatening another, or submitting false information will be treated as a separate offense subject to disciplinary action up to and including prosecution if applicable.</i>"</p>

All staff interviewed understood that all reports of PREA allegations must be accepted regardless of how the information is presented and that they must promptly document any verbal reports. In reviewing the investigative files, staff accepted the report and promptly documented it.

115.251 (d) ABHS allows staff to privately report sexual abuse and sexual harassment of clients by utilizing the same reporting methods as clients. Staff interviewed were aware of their options to privately report although all said they would report it to their supervisor, or the supervisor in charge immediately.

Conclusion: Since the facility has formalized an agreement for an outside anonymous reporting option, and the auditor was able to verify it is working, the auditor has found the facility in full compliance with this standard. The executed MOU will be provided to the auditor once complete.

115.252	Exhaustion of administrative remedies
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1401 331">115.252 (a) ABHS does not have administrative procedures to address resident grievances regarding sexual abuse, however, they would accept a grievance as a reporting mechanism.</p> <p data-bbox="242 416 1484 515">Section 2.18 Complaints and Individual Grievances explains the client's options to submit a grievance. A client can submit a Needs Resolution form in a locked box, in which only the supervisor has the key. They check the box frequently and will contact the client to discuss their Needs Resolution. There were no examples of PREA grievances to review.</p> <p data-bbox="242 600 1465 660">The PREA Orientation Packet provided to client's states that they can submit a grievance letter to the program manager to send it to the director of ABHS.</p> <p data-bbox="242 745 1449 844">115.252 (b) The agency/facility head explained there is no time limit to file a grievance /Needs Resolution. There was no time limit outlined in the policy. There is no requirement for a client to use an informal grievance process, or otherwise attempt to resolve with staff.</p> <p data-bbox="242 929 1468 990">115.252 (c) The Needs Resolutions are submitted to supervisors, not referred to the staff member who is the subject of the complaint. The Agency/Facility head explained that most are directed to him for review.</p> <p data-bbox="242 1075 1492 1173">115.252 (d) The agency/facility head explained they would meet with the client to discuss the Needs Resolution form within a few days and the response would be that it has been forwarded for investigation. Under no circumstances would it be after 90 days of filing the Needs Resolution, and there would be no need to submit an extension.</p> <p data-bbox="242 1258 1481 1319">115.252 (e) The Agency/Facility head said that even though the grievance process isn't intended to file sexual abuse allegations, anyone could submit a report of sexual abuse on behalf of clients, and they would be responded to immediately.</p> <p data-bbox="242 1404 1497 1536">115.252 (f) ABHS does not have administrative procedures for filing sexual abuse grievances, however, they could do so by speaking with any staff member and it would be immediately reviewed for risk of imminent sexual abuse. If this occurred, the facility would take immediate actions to protect the client. They would ensure the resident is safe and immediately forward for investigation.</p> <p data-bbox="242 1621 1476 1682">115.252 (g) ABHS said they would not discipline a client for filing a grievance related to sexual abuse unless they were able to demonstrate the client filed the grievance in bad faith.</p> <p data-bbox="242 1769 1061 1798">Conclusion: The auditor has found the facility in full compliance with this standard.</p>

115.253	Resident access to outside confidential support services
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1490 465">115.253 (a) The facility provides clients with access to outside victim advocates for emotional support services related to sexual abuse through the Hope Alliance in Chehalis, Washington. The PREA Manual, 6.6 - PREA Response to Sexual Misconduct states " <i>All potential victims will be referred to mental health crisis counseling and/or medical services as needed, at no cost to the client. (see Mental Health Crisis Procedure) h. If the victim requests counseling, staff will refer them to their counselor during normal business hours. If it is after-hours staff will refer them to the crisis hotline and provide transportation as needed.</i>"</p> <p data-bbox="242 551 1490 678">The PREA poster states "<i>if you are in need of rape crises counseling, please notify staff so they can assist you. If you would prefer to receive confidential counseling, you can contact the following agency: Chehalis Human Response Network, Phone # 1 (800) 244-7414 Address: 245 East 8th Street, Chehalis, WA 98532.</i>" This was updated with the MOU with Hope Alliance.</p> <p data-bbox="242 763 1461 862">The facility enables reasonable communication in as confidential a manner as possible as the facility does not monitor or record any phone calls, including calls to advocacy centers, and it does not read any mail but does inspect for contraband. The auditor verified from staff onsite that calls were not monitored or recorded, and letters were not read for content.</p> <p data-bbox="242 947 1461 1046">The auditor tested the phones during the site review to ensure the phones were able to call the advocacy center. An advocate answered the call and was able to answer basic questions about providing services to a survivor calling from the facility.</p> <p data-bbox="242 1131 1490 1229">115.253 (b) The facility does not monitor calls or forward those communications to authorities in accordance with mandatory reporting laws since they allow confidentiality. This was verified by the auditor during the site review. Clients knew the phone was not monitored and recorded and understood conversations with outside advocates were confidential.</p> <p data-bbox="242 1314 1474 1473">115.253 (c) The facility originally was unable to provide documentation of attempts to enter into memoranda of understanding or other agreements with the Chehalis Human Response Network. The facility entered into a Memorandum of Understanding (MOU) with Hope Alliance, a community-based, confidential victim advocacy rape crises center on 7/19/2022. The auditor reviewed the MOU and it outlines services provided to clients at Chehalis Residential that are compliant with the PREA standards.</p> <p data-bbox="242 1559 1485 1588">The auditor reached out to Hope Alliance to discuss the relationship several times by phone and email but did not hear back.</p> <p data-bbox="242 1673 1059 1702">Conclusion: The auditor has found the facility in full compliance with this standard.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 190 1509 250">Auditor Discussion</p> <p data-bbox="229 250 1509 548">115.254 The agency has determined that third parties may report on behalf of clients in several ways. Third parties, including, but not limited to fellow clients, staff members, family members, attorneys, and outside advocates can assist clients in filing reports or filing on behalf of clients related to allegations of sexual abuse. Third parties can utilize any of the reporting methods that clients have, including outside agencies. Information is posted on the website, including information on contacting the Director of ABHS and reporting directly to local police. The auditor recommends the reporting policy that is currently on the website be updated with the most current version.</p> <p data-bbox="229 548 1509 660">Staff and clients were aware of third-party reporting options.</p> <p data-bbox="229 660 1509 707">Conclusion: The auditor has found the facility in full compliance with this standard.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1485 562">115.261 (a) The PREA Manual, 6.5 - Reporting, Client and Staff requires staff to 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. It states "<i>All allegations/incidents are reported to the supervisor on shift immediately. In the event the report is made during off-hours staff will notify the on-site Administrator via phone upon notification for all allegations.</i>" and "<i>staff will begin the investigation immediately upon notification, limiting information to only those needed to secure the facility and assist in the investigation.</i>". Later it reiterates the reporting requirements by saying "<i>staff must immediately report any allegation of sexual misconduct, including knowledge of staff violation of responsibilities.</i>"</p> <p data-bbox="240 651 1453 712">The training for staff reinforced ABHS requirements. All staff was aware of the need to immediately report. In some interviews with clients, they said they believed staff would take any reports seriously and report an allegation immediately.</p> <p data-bbox="240 801 1477 1160">115.261 (b) The PREA Manual, 6.5 - PREA Reporting, Client and Staff requires "<i>ABHS Staff will keep all information as confidential as possible.</i>" Additionally, The PREA Manual, 6.6 - PREA Response to Sexual Misconduct states "<i>ABHS requires that all reports of sexual misconduct remain confidential and limited to those on a need to know basis. a. ABHS will treat all violations of confidentiality as a separate offense subject to disciplinary action up to and including prosecution if applicable. All investigations will begin upon notification of an allegation. Information will be restricted to those individuals conducting or involved in the investigation and remain confidential.</i>" 115.261 (b) The PREA Manual, 6.9 - PREA Investigations and Case Review of Sexual Misconduct reiterates confidentiality by stating "<i>ABHS requires that all reports of sexual misconduct remain confidential and limited to those on a need to know basis. a. ABHS will treat all violations of confidentiality as a separate offense subject to disciplinary action up to and including prosecution if applicable. 4. All investigations will begin upon notification of an allegation. Information will be restricted to those individuals conducting or involved in the investigation and remain confidential.</i>"</p> <p data-bbox="240 1193 1493 1753">The PREA Manual, 6.8 - PREA Confidentiality discusses all confidentiality requirements in detail. It states "<i>A. All ABHS staff and clients must maintain confidentiality for any active investigation of sexual misconduct. Information may only be released to the following individuals or entities. 1. To any designated ABHS Prison Rape Elimination Act (PREA) staff, approved by the Appointing Authority, in order to conduct a thorough investigation. 2. To local law enforcement conducting an investigation. 3. To designated Washington State Department of Corrections Staff, as determined by the Qualified Service Organization Agreement (QSOA) between ABHS and the Department. (See QSOA) 4. To protect a client or staff's safety, secure mental health services. 5. If required to do so by subpoena, court order, or directed to do in this policy. B. ABHS staff members alleged to have engaged in sexual misconduct or who participate in an investigation may discuss the allegations with the following. 1. Union representation. 2. Legal counsel. 3. Anyone they designate to represent them during an investigation and disciplinary process. 4. Persons with whom they have a legally privileged relationship. (i.e. spouse, registered partner, clergy, etc.) C. Clients alleged to have engaged in sexual misconduct or who participate in an investigation as a witness may discuss the allegations with the following. 1. Legal counsel. 2. Persons with whom they have a legally privileged relationship with. (i.e. spouse, registered partner, clergy, etc.) D. All information related to sexual abuse or victimization is limited to the following. 1. To medical and mental health professionals. 2. Law enforcement agencies that have legally requested information. 3. Washington State Department of Corrections as designated by the QSOA. 4. Staff, as needed to develop treatment plans. 5. Management and staff as needed to secure the facility. (i.e. housing, education, or program assignments).</i>"</p> <p data-bbox="240 1787 1485 1910">The consistent message throughout policies ensures staff understands that apart from reporting to designated supervisors or officials, staff shall not reveal 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. Staff training also discussed confidentiality. and staff that was interviewed understood confidentiality.</p> <p data-bbox="240 2000 1477 2123">115.261 (c) Medical and mental health practitioners were all aware they are required to report sexual abuse allegations and that they needed to inform clients of their duty to report and the limitations of confidentiality at the initiation of services. They explained that clients signed informed consent form that explains this limitation of confidentiality but would also ensure they understood that prior to a client disclosing sexual abuse.</p>

115.261 (d) The medical and mental health practitioners interviewed explained they understood they would report allegations to designated state or local services under applicable mandatory reporting law if the victim was under the age of 18 or considered a vulnerable adult under a state or local vulnerable persons statute. The agency/facility head explained there are several clinical staff that this reporting responsibility and the facility would ensure this was completed for any allegation. There were no allegations that would require this notification for the auditor to review. All staff understood mandatory reporting responsibilities.

115.261 (e) All staff understood that they needed to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. When an allegation is made the facility head will assign it to an investigator for investigation, on a written document. Documentation was reviewed for both allegations in the documentation period and those referrals were made immediately following an allegation. Many of the staff interviewed were able to explain who the lead investigator would be at the facility.

Conclusion: The auditor has found the facility in full compliance with this standard.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 465">115.262 When ABHS learns that a client is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the client. The PREA Manual, 6.6 - PREA Response to Sexual Misconduct outlines the immediate responsibility to keep clients safe. It says: "<i>Staff will remain with the potential victim at all times. Do not let them take a shower. e. Reassure the potential victim that staff will keep them safe and remove them from the community to a secure environment until local authorities arrive and assume responsibility for the victim.</i>" Additionally, the policy outlines a step-by-step protocol for responding to allegations of sexual abuse.</p> <p data-bbox="240 551 1477 678">All staff interviewed understood their responsibilities under this standard. Most discussed separating the victim and the perpetrator and spoke about keeping the victim safe. The auditor was provided a first responder card that all staff is supposed to have on their person during work. This card explains immediate actions that need to be taken to protect clients when there is a substantial risk of imminent sexual abuse.</p> <p data-bbox="240 763 1422 826">Two investigative reports were reviewed. In both allegations there was no risk of imminent sexual abuse, therefore no immediate action was necessary, however, the allegations were immediately reported.</p> <p data-bbox="240 911 1059 940">Conclusion: The auditor has found the facility in full compliance with this standard.</p>

115.263	<p>Reporting to other confinement facilities</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.263 (a) ABHS reports that upon receiving an allegation that a client was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The auditor discussed this requirement with the facility/agency head and he understood the requirement in this standard but reported there had been no examples of clients reporting this information, therefore there were no examples to provide.</p> <p>In reviewing documentation provided to the auditor, there was no policy language that supported this requirement. ABHS updated policy 6.6 PREA Response to Sexual Misconduct to include the requirements in this standard.</p> <p>115.263 (b) The updated policy language in 6.6 PREA Response to Sexual Misconduct states that "<i>s uch notifications shall be provided as soon as possible, but no later than 72 hours after receiving the allegation</i>". The facility/agency head was aware of this time limit, however, he reported they had no examples to provide to the auditor. The auditor reviewed several PREA screenings as required by 115.241 and did not see any reports of previous sexual abuse in a confinement setting.</p> <p>115.263 (c) The updated policy language in 6.6 PREA Response to Sexual Misconduct states that "<i>The facility shall document that it has provided such notification.</i>" The facility/agency head was aware of this process. It is recommended that the facility develop some kind of formal process or form to track these notifications so they may be readily available for future audits.</p> <p>115.263 (d) The updated policy language in 6.6 PREA Response to Sexual Misconduct states that "<i>The facility Administrator or the PREA Coordinator shall ensure that the allegation is investigated in accordance with these standards.</i>" The facility/agency head was aware of the requirement to investigate.</p> <p>Conclusion: The auditor has found the facility in full compliance with this standard.</p>
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1493 898">115.264 (a) ABHS has a policy that outlines first responder duties upon learning of an allegation that a client was sexually abused. The PREA Manual, 6.5 - PREA Reporting, Client and Staff states " 1. ABHS Staff will keep all information as confidential as possible. 2. Staff will begin the investigation immediately upon notification, limiting information to only those needed to secure the facility and assist in the investigation.3. Staff will call 911 if it is an emergent issue, following ABHS Notification Procedures. 4. All allegations/incidents are reported to the supervisor on shift immediately. In the event the report is made during off-hours staff will notify the on-site Administrator via phone upon notification for all allegations. 5. For any sexual allegation, ABHS Staff will ensure the safety of the potential victim by separating the perpetrator and victim for the remainder of their treatment with ABHS. 6. Staff will secure all evidence and any room/area will be sealed until local authorities arrive on the site. 7. Staff will document and complete all incidents using the ABHS Incident Report Form by the end of the shift. (see attached ABHS Incident Report Form) a. Incident Report forms will be as detailed as possible including, but not limited to: i. Date & time reported ii. Date & time of incident iii. Location, being as descriptive as possible iv. Names of those involved, for each client involved a separate incident report will be issued. v. Source of information vi. Description of incident, being as specific as possible vii. Who was notified & at what time viii. If 911 was called the name of the reporting officer and time they arrived on the scene ix. Name of witnesses if any x. What was done to ensure the safety of the victim xi. When, if any, mental health services were offered and if the client chose to utilize them 8. ABHS Staff, at the direction of the program manager/administrator, will notify the local police department and report the allegation..a. PHONE NUMBERS FOR REPORTING non-emergent allegations to Local Police: Chehalis Police- 360-748-8605, Spokane Valley Police- 509-477-3300."</p> <p data-bbox="240 987 1493 1480">The PREA Manual, 6.6 - PREA Response to Sexual Misconduct states " 1. ABHS has developed procedures for all staff receiving a report of an allegation of sexual misconduct. a. ABHS Staff will adhere to and follow the Reporting Policy, section 6.5, upon notification of any allegation. b. In the event that an assault occurred in the facility ABHS Staff will preserve the evidence to the best of their abilities by performing the following functions: (See Reporting & Evidence Procedure) c. Call Local Law Enforcement to report a possible crime. d. Staff will remain with the potential victim at all times. Do not let them take a shower. e. Reassure the potential victim that staff will keep them safe and remove them from the community to a secure environment until local authorities arrive and assume responsibility for the victim. f. If an alleged crime occurred in a client room, staff will secure the room and keep it locked down until local authorities arrive. No one will enter the room, clients, or staff. (i) Secure all potential evidence, clothing, bedding materials, sheets, towels, etc. g. All potential victims will be referred to mental health crisis counseling and/or medical services as needed, at no cost to the client. (see Mental Health Crisis Procedure) h. If the victim requests counseling, staff will refer them to their counselor during normal business hours. If it is after hours staff will refer them to the crisis hot line and provide transportation as needed. (i) In Chehalis- Human Response Network- 1-800-244-7414 (ii) In Spokane- Spokane Rape Crisis Center- 509-624-7273 i. ABHS will make every effort to establish and maintain MOU's (Memorandums of Understanding) with local medical providers. j. Consistent with WAC 246-337-065 ABHS will make arrangements for forensic examinations with an outside medical facility."</p> <p data-bbox="240 1570 1493 1693">The PREA Coordinator updated the PREA Manual, 6.6 - PREA Response to Sexual Misconduct to request the victim not take any actions that could destroy physical evidence instead of "not let". The updated policy was provided to the auditor and now says "Staff will remain with the potential victim at all times. Encourage the victim to not take a shower to preserve evidence."</p> <p data-bbox="240 1783 1493 1872">If the abuse occurred within a time period that still allows for the collection of physical evidence, the PREA Manual, 6.10 PREA Collecting Evidence is outlined. It also states that the evidence will be gathered and documented using the ABHS Evidence Cards. The ABHS Evidence Cards give step-by-step instructions on how to collect evidence.</p> <p data-bbox="240 1962 1493 2051">The PREA Manual, 6.9 - PREA Investigations & Case Reviews states: " The investigator will collect and hold any evidence, both physical and photographic, using ABHS Evidence procedures. (see section 6.9 Evidence Collection Policy, attached Search Report, and Evidence Card)."</p>

115.264 (b) Chehalis Residential does not employ security staff, however, all staff are trained to request the alleged victim not take any action that could destroy physical evidence. Staff who were interviewed were able to explain evidence collection procedures as outlined in policy and in this standard.

Conclusion: The auditor has found the facility in full compliance with this standard.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 613">The auditor was unable to locate a written plan as required in this standard. In response, the facility developed a written plan that formalized its process to coordinate actions in response to an incident of sexual abuse, among first responders, medical and mental health practitioners, investigators, and facility leadership. The plan discusses evidence preservation, law enforcement contact, actions taken to keep the victim safe, referral to mental health providers to an outside provider, medical response including transport to the local hospital for a forensic medical examination if needed, referral to outside advocacy services through the Human Response Network, appropriate documentation of the incident, and notifications to facility leadership and other necessary facility staff. The plan is thorough and meets all requirements of this standard. The auditor discussed the plan with the PREA Coordinator and facility/agency head and they understood the purpose of the plan.</p> <p data-bbox="229 613 1509 663">Conclusion: With the development of the formal plan, the auditor has found the facility in full compliance with this standard.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1490 465">115.266 (a) ABHS has entered into a collective bargaining agreement with AFSCME, The Washington Federation of State Employees. The auditor was provided a copy of the most recent agreement, which is effective from July 1, 2021 - June 30, 2023. ABHS has the ability to remove staff who are under investigation from contact with clients pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The collective bargaining agreement states "<i>An employee may need to be placed on administrative leave during an investigation in order to protect the Employer's operations and/or the integrity of the investigation</i>".</p> <p data-bbox="242 555 1490 680">115.266 (b) Nothing in the agreement provided restricts the ability to enter into or renew agreements that govern the disciplinary process, as long as they are not inconsistent with the provisions of 115.272 and 115.276 or whether a no-contact assignment that is imposed shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p data-bbox="242 770 1059 797">Conclusion: The auditor has found the facility in full compliance with this standard.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1469 365">115.267 (a) The PREA Manual, Section 6.12 Retaliation & Prevention Plan outlines the agency's policy to protect all clients and staff who report sexual abuse or sexual harassment or cooperated with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.</p> <p data-bbox="240 450 1485 515">The PREA Manual, 6.12 PREA Retaliation Prevention Plan states "<i>ABHS prohibits all forms of retaliation and will treat each offense as a separate case with disciplinary sanctions up to and including termination and prosecution.</i>"</p> <p data-bbox="240 600 1469 761">Clients, staff, contractors, and volunteers are told about their right to be free from retaliation during the interview conducted. Each client would complete an Interview Acknowledgment form. This form states: "<i>ABHS prohibits retaliation against any person because of his/her involvement in the reporting or investigation of an allegation. ABHS will treat retaliation as a separate offense subject to investigation and prosecution. All concerns regarding retaliation should be reported to the appropriate staff or the Appointing Authority and can be reported following the PREA reporting guidelines.</i>"</p> <p data-bbox="240 846 1469 1008">The facility investigator is designated as the staff member who is responsible to monitor for retaliation. The primary investigator was interviewed during the site review. He said he will discuss retaliation with the client when conducting the investigation and let them know how they can report retaliation and that the agency has zero tolerance for retaliation for reporting or participating in an investigation. Suspects are also told of the expectations around retaliation and staff who are interviewed sign a form that states they are not allowed to retaliate during the investigation.</p> <p data-bbox="240 1093 1485 1187">115.267 (b) ABHS states it employs 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 clients or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p data-bbox="240 1272 1461 1433">115.267 (c) After discussions regarding the policy language, ABHS, the PREA Manual, 6.12 PREA Retaliation Prevention Plan was updated to include "<i>The ABHS Facility Administrator or designee and staff will monitor the parties involved periodically for a period of 90 days to ensure that retaliation does not occur. a. Monitoring can include but is not limited to: i. The disciplinary reports for involved staff/clients, ii. The disciplinary reports for involved staff/clients, iii. Performance Appraisals of involved staff, iv: Staff Reassignment.</i>"</p> <p data-bbox="240 1518 1469 1657">The investigator that is charged with retaliation monitoring also explained the client's counselor meets with the client periodically during the 90-day period, or longer if needed to ensure the client has not been retaliated against. He also monitors any client's disciplinary reports, housing, or program changes, negative performance reviews, or reassignments of staff. These would be documented in the investigative packet if needed.</p> <p data-bbox="240 1742 1485 1836">Investigative reports were reviewed as part of the documentation review and these complied with this standard, however, it is recommended clear documentation of retaliation reviews be placed in the file in a designated area, so the auditor does not need to review the whole packet to locate this information.</p> <p data-bbox="240 1921 1461 2049">115.267 (d) ABHS said In the case of clients, such monitoring shall also include periodic status checks. When discussing this with the investigator who is charged with retaliation monitoring, he explained the client's counselor does this, however they aren't provided details of the investigation. The auditor recommends these periodic status checks be completed by a staff member that has knowledge of the allegation.</p>

115.267 (e) ABHS said If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The investigator that is charged with retaliation monitoring was interviewed and understood that appropriate measures who be taken immediately to protect an individual from retaliation. He explained some of the actions he may take to protect them, including reassignment of suspects. The agency/facility head also understood these requirements and said he would often be involved in any protection measures taken.

Staff and clients who were interviewed understood that they have the right to be free from retaliation for reporting.

115.267 (f) ABHS understood its obligation to monitor shall terminate if the agency determines that the allegation is unfounded. The investigator who is charged with retaliation monitoring understood this requirement.

Conclusion: The auditor has found the facility in full compliance with this standard.

115.271 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.271 (a) ABHS reports when the agency conducts its own investigation 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. Once an allegation is made the appointing authority assigns it out for investigation utilizing a PREA Investigation Assignment Letter. A template of this letter was provided to the auditor for review. This letter explains the investigative assignment and allegations. It also states "It is my expectation that you will treat this investigation as a top priority and submit a draft written report for review by (date)"

There were two investigations in the twelve months prior to the audit. The auditor reviewed both investigative reports and they were both prompt, thorough, and objective. Each investigation included the requirements in this provision. The investigator interviewed was aware of these requirements.

115.271 (b) ABHS PREA Manual, 6.3 PREA Staff Training states "Specialized Investigation training is provided to designated ABHS staff members. B. Investigator Training 1. Training will be consistent with the Department, maintained by the PREA Coordinator and Human Resources Manager and include the following: a. Investigating sexual misconduct b. Interview techniques c. Crime scene management d. Crisis intervention e. Report writing f. Confidentiality for all investigations g. Evidence procurement and retention."

The auditor reviewed the Specialized Investigator Curriculum. The curriculum complied with the training requirements in 115.234. Documentation of completed training was reviewed for each investigator and provided to the auditor. The investigator interviewed discussed the training he had received.

115.271 (c) ABHS reports that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

ABHS updated the PREA Manual, 6.10 Evidence Collecting to include the requirement that "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator".

The appointing authority directs the investigator in the PREA Investigation Assignment Letter that once the draft investigative report is prepared, it should be sent to him for review and finalization so they can ensure the investigation was conducted appropriately. At the conclusion of unsubstantiated and substantiated allegations of sexual abuse, an incident review is completed within 30 days of case closure. The Appointing Authority reviews the credibility of victims, witnesses, and suspects and any prior complaints and reports of sexual abuse regarding the suspect.

The investigator that was interviewed was able to describe the requirements in this provision. Each investigative report provided to the auditor included the necessary components to be compliant with this provision.

115.271 (d) ABHS said that if the quality of evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle to subsequent criminal prosecution. It was explained that In this case, local law enforcement makes this determination and they would defer to them.

The investigator explained they would not conduct compelled interviews when the quality of evidence appears to support a

criminal prosecution. All criminal investigations are referred to law enforcement. The investigator was aware that they would need to consult with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Neither investigative report that was reviewed supported criminal prosecution or included compelled interviews.

115.271 (e) The PREA Manual, 6.10 PREA Evidence Collecting states that 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. ABHS shall not require a client 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.*"

The PREA Case Review form for sexual abuse incident reviews has the Appointing Authority review the credibility of the victim, suspect, and witnesses. The facility head/agency head and investigator interviewed understood that the credibility of an alleged victim, suspect, or witness should only be assessed on an individual bases and not determined by the person's status as a client or staff. They also understood that they could not require a client who alleges sexual abuse to a polygraph examination or other truth-telling devices as a condition for proceeding with the investigation of such an allegation. A review of both investigations supported compliance with this provision.

115.271 (f) ABHS PREA Manual, 6.9 - PREA Investigations & Case review of Sexual Abuse was updated to include that administrative investigations would include an effort to determine and whether staff actions or failures to act contributed to the abuse. They report this would be documented in written reports that would include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

ABHS has a template PREA Investigation Report. This template includes the name of the investigator, date opened, date closed, name of accused, name(s) of the alleged victim(s), the origin of the report, persons interviewed, referral to local law enforcement, and summary of allegations and exhibits. It is recommended this template be updated to include the requirements under this standard and an area for review, approval, and investigative findings.

The investigator understood the requirements of administrative investigations, and both administrative investigations the auditor reviewed complied with this provision in the body of the report.

115.271 (g) ABHS states criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Criminal investigations are referred to an outside agency for review. There were no criminal investigations during the documentation review period to review.

115.271 (h) ABHS states that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. PREA Manual, 6.9 - Investigations & Case Review explains that once a final decision has been made the Appointing Authority will remand the case for prosecution if substantiated. There were no substantiated allegations of sexual abuse for review, however, the investigators understood this requirement.

115.271 (i) ABHS states they retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The PREA Manual, 01.5 Maintenance of Records explains "*ABHS will maintain electronic records for all PREA investigations on ABHS's secure "S" drive for 20 years.*" In discussing this with the PREA Coordinator, she explained that this facility does not house clients long-term. Some clients will stay a month, and others could be up to six months, but there would be no reason a client would be at the facility for over five years. Since this would mean the agency would retain reports for over 19 years after release, it meets the standard. It would be recommended that policy language is updated to be more in line with the standards or explain the length of stay so the reader would understand it meets compliance with the PREA standards.

115.271 (j) ABHS reports 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. PREA Manual, 6.9 - Investigations & Case Review states that investigations of staff sexual misconduct will be completed regardless of staff employment status. It explains if staff resigns or is terminated as a result of a substantiated allegation the Appointing Authority will place a letter reflecting this in the staff's personnel file, however, investigators report this would not stop the investigation.

The investigator was aware of this requirement and said the investigation would continue regardless. There was no indication this had occurred in the past.

115.271 (k) ABHS said any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements. There was no investigation by either to review. The agency/facility head showed the auditor an email to a law enforcement agency asking them to comply with the PREA standard requirements regarding investigation, and they replied they would.

115.271 (l) ABHS reports that 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. The investigator and agency/facility head both explained they would cooperate and endeavor to remain informed. There were no investigations completed by outside entities during the documentation period for the auditor to review.

Conclusion: The auditor has found the facility in full compliance with this standard.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 336">115.272 ABHS imposes no standard higher than the preponderance of the evidence in determining whether an allegation of sexual abuse or sexual harassment is substantiated.</p> <p data-bbox="229 403 1509 582">The PREA Manual, 6.9 Investigations & Case Review of Sexual Misconduct states " <i>After meeting with the review board, the Appointing Authority will decide whether the allegation is one of the following. (see Investigative Finding Sheet).a. Substantiated: The allegation was determined by a preponderance of evidence to have occurred. Unsubstantiated: There was not sufficient evidence to determine if the allegation was true or false. c. Unfounded. The allegation was determined not to have occurred.</i>"</p> <p data-bbox="229 649 1509 730">The investigator and agency/facility head were aware of this requirement. There were no substantiated allegations for review and neither investigation had a higher standard than the preponderance of the evidence.</p> <p data-bbox="229 797 1509 860">Conclusion: The auditor has found the facility in full compliance with this standard.</p>

115.273	Reporting to residents
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1469 432">115.273 (a) The ABHS PREA Manual, 6.9 - PREA Investigations & Case Review of Sexual Misconduct explains that the alleged victim will be notified of the outcome of the investigation once a final decision has been made by the Appointing Authority. If the client remains at the facility the Appointing Authority will assign someone familiar with the case to meet the alleged victim and inform him of the final decision, confidentially. If the alleged victim is no longer in the facility the Appointing Authority may send a letter informing them of the outcome.</p> <p data-bbox="242 517 1485 613">115.273 (b) The PREA Manual, 6.5 - Reporting, Client & Staff was updated to include " <i>If local law enforcement assumes the investigation, the PREA Coordinator, or another designated party will request updates at least weekly on the ongoing investigation until completion and document in the investigative file.</i>"</p> <p data-bbox="242 698 1493 963">115.273 (c) The ABHS PREA Manual, 6.9 - PREA Investigations & Case Review of Sexual Misconduct states " <i>Ongoing investigation notification will be made to the client in the event that an allegation that a staff member has committed sexual misconduct, unless it is unfounded, in the following instances. a. The staff member is no longer employed. .b. The staff member has been placed on Administrative leave. c. The agency learns that the staff member has been indicted on charges of sexual misconduct within the facility. d. The agency learns that the staff member has been convicted of sexual misconduct within the facility.</i>" After discussions with the auditor, ABHS updated this policy to include " <i>If the alleged perpetrator is a staff member, volunteer, or contractor the person will be removed from contact with the potential victim. A. Once the staff member is no longer posted in the unit, the client will be notified of this change.</i>"</p> <p data-bbox="242 1048 1485 1209">115.273 (d) The ABHS PREA Manual, 6.9 - PREA Investigations & Case Review of Sexual Misconduct states " <i>Ongoing investigation notification will be made to the client in the event that an alleged client abuser has committed sexual misconduct, unless it is unfounded, in the following instance. a. The agency learns that the alleged abuser has been convicted on a charge related to sexual misconduct within the facility. b. The agency learns that the alleged abuser has been indicted on a related charge of sexual misconduct within the facility.</i>"</p> <p data-bbox="242 1294 1433 1359">115.273 (e) The ABHS PREA Manual, 6.9 - PREA Investigations & Case Review of Sexual Misconduct explains that all formal notifications will be documented and placed in the case file.</p> <p data-bbox="242 1444 1461 1509">In both investigative files reviewed the clients were no longer at the facility at the time of the case closure so there were no examples to review.</p> <p data-bbox="242 1594 1485 1789">115.273 (f) ABHS is aware that the obligation to report under this standard shall terminate if the resident is released from the agency's custody, however, the ABHS PREA Manual, 6.9 - PREA Investigations & Case Review of Sexual Misconduct states " <i>If the alleged victim is no longer in the facility the Appointing Authority may send a letter informing them of the outcome.</i>" This exceeds the standard requirement. In reviewing the investigative files the clients were no longer in the agency's custody and there was no documentation a letter was sent. Since the letter is not required by the standard, the auditor has found this meets the standards.</p> <p data-bbox="242 1874 1059 1904">Conclusion: The auditor has found the facility in full compliance with this standard.</p>

115.276	Disciplinary sanctions for staff
	<p data-bbox="240 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 453 239">Auditor Discussion</p> <p data-bbox="240 271 1485 365">115.276 (a) ABHS PREA Manual, 6.7 - PREA Sexual Misconduct states " <i>ABHS has a zero-tolerance for sexual misconduct. Incidents of sexual misconduct will be referred to law enforcement for prosecution when appropriate. ABHS will impose disciplinary sanctions for such conduct, up to and including dismissal of staff.</i></p> <p data-bbox="240 452 1027 481">The Human Resources staff that was interviewed understood this requirement.</p> <p data-bbox="240 566 1453 629">115.276 (b) ABHS reports that although there have not been any substantiated sexual abuse cases if there were then the presumptive disciplinary sanction would be termination.</p> <p data-bbox="240 714 1497 878">115.276 (c) The Human Resources staff that was interviewed said disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. There were no substantiated PREA allegations involving a staff person, so the auditor was unable to view any examples of this occurring.</p> <p data-bbox="240 963 1445 1093">115.276 (d) The Human Resources staff that was interviewed knew that 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, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies. Since there were no substantiated allegations, there were no examples of this occurring to review.</p> <p data-bbox="240 1178 1493 1240">BHS PREA Manual, 6.9 - PREA Investigations & Case Review states: "<i>In the event that the allegation was substantiated, the Appointing Authority will proceed with appropriate disciplinary sanctions, up to and including termination or prosecution.</i>"</p> <p data-bbox="240 1326 1059 1355">Conclusion: The auditor has found the facility in full compliance with this standard.</p>

115.277	<p>Corrective action for contractors and volunteers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.277 (a) The Human Resources staff interviewed said any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>ABHS PREA Manual, 6.7 - PREA Sexual Misconduct states that staff is trained that they are subject to disciplinary sanctions for violating the agency's sexual abuse and sexual harassment policies, including removal of the person (s) from proximity to offenders, removal of person(s) from contract work at DOC, contract termination, criminal and/or civil prosecution, or liability for damages to the offender/victim.</p> <p>ABHS PREA Manual, 6.9 - PREA Investigations & Case Review states "<i>American Behavioral Health Systems, Inc. (ABHS) has implemented policies and procedures to ensure the immediate and complete investigation for any allegation of sexual misconduct, sexual assault, and sexual harassment. ABHS will discipline and when appropriate refer for prosecution individuals determined to have participated in such conduct.</i>"</p> <p>115.277 (b) The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>At the time of the audit, the facility had one contractor and no volunteers. There had been no PREA allegations involving a contractor or a volunteer. The Human Resources staff interviewed was aware of the requirements in this standard.</p> <p>Conclusion: The auditor has found the facility in full compliance with this standard.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.278 (a) ABHS reports that if a client was found to have engaged in client-on-client sexual abuse following a criminal finding of guilt the client would be referred to local law enforcement and prosecutors and the client's housing at the facility would be discontinued.

115.278 (b) The provision to have sanctions be commensurate with the nature and circumstances of the abuse committed, the client's disciplinary history and the sanctions imposed for comparable offenses by other clients with similar histories are not applicable since the facility would not allow the client to continue to be housed at the facility if there were substantiated allegations.

115.278 (c) The provision to have a disciplinary process to consider whether a client's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed is not applicable since the facility would not allow the client to continue to be housed at the facility if there were substantiated allegations.

115.278 (d) Chehalis Residential does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse.

115.278 (e) The PREA Manual, 6.9 Investigations & Case Review states "*In the case of staff sexual misconduct, clients are not subject to disciplinary sanctions.*"

There were no instances of clients being disciplined for sexual contact with staff and staff were aware this should never occur unless the staff member did not consent to such contact.

115.278 (f) The agency reported on the PAQ that it prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The PREA Manual, 6.9 PREA Investigations & Case Review said, "*In the event that a client falsely accused, as determined by a preponderance of the evidence, an innocent person the client will be remanded to Department of Corrections custody and removed from the ABHS facility.*"

In a review of the language, it does not meet the standards required. Clients should only be disciplined when it is determined the allegation was unfounded and in bad faith. The PREA Coordinator updated the policy to add language to say, "*for the purpose of disciplinary action, a report of sexual abuse made in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.*" The auditor believes this language is sufficient to meet the intent of this standard.

115.278 (g) ABHS reported on the PAQ that it prohibits all sexual activity between clients. The PREA Manual, 6.6 Response to Sexual Misconduct states that if the sexual activity between clients is determined to be consensual, they will receive a violation and be staffed clinically for discharge on the next business day. If the sexual activity occurs after business hours, the clients involved will be separated and be placed on a running log until they are notified by the administration to discontinue. If the incident was not consensual and coercion, threats, or force was used the incident will be reported to the Appointing Authority using ABHS PREA Reporting Procedures.

Conclusion: With the update in policy, the auditor has found the facility in full compliance with this standard.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.282 (a) ABHS reported on the PAQ that client victims of sexual abuse shall 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.

ABHS PREA Manual, 6.6 PREA Response to Sexual Misconduct says that ABHS will make arrangements for forensic examinations with an outside medical facility and refer to mental health crisis counseling and/or medical services as needed.

The auditor reviewed a contract with a local medical provider to provide services. Access to emergency medical treatment and crisis intervention services would be conducted at the hospital if needed.

ABHS Facility Plan states "*All potential victims will be referred to mental health crisis counseling and/or medical services to an outside provider as needed, at no cost to the client.*"

Medical and mental health staff interviewed understood those client victims should receive timely, unimpeded access to crisis intervention services. They explained the nature and scope of those services would be determined by the medical and mental health practitioners' professional judgment.

The auditor reviewed two investigations. In both investigations, the access to emergency medical treatment and crisis intervention services was appropriate for the allegation.

115.282 (c) ABHS reports that If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners. This response is outlined in the newly created facility plan and PREA response protocols in place. All staff interviewed understood the need to take preliminary steps to protect the victim and provide immediate mental health and medical referrals. These referrals would all be completed to off-site facilities/providers.

115.282 (c) ABHS reported on the PAQ that client victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Medical and mental health staff interviewed were aware of this requirement. There were no allegations during the documentation period that would require this to be provided.

115.282 (d) ABHS reported on the PAQ that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation.

ABHS PREA Manual, 6.6 PREA Response to Sexual Misconduct states "*all potential victims will be referred to mental health crisis counseling and/or medical services as needed, at no cost to the client.*"

Medical and mental health staff were aware of this requirement. There was no indication that victims were charged for any treatment services.

Conclusion: The auditor has found the facility in full compliance with this standard.

115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.283 (a) ABHS reported on the PAQ that the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

The PREA Manual, 6.6 PREA Response to Sexual Misconduct outlined the procedure of responding to an allegation including providing medical and mental health care.

All clients have access to medical and mental health care as needed. Clients who have been abused in a prison, jail, lockup, or juvenile facility will receive a mental health evaluation upon arrival at the facility and have the ability to be referred to an outside provider for ongoing services if determined by the professional judgment of the staff completing the evaluation.

Medical and mental health staff were aware of this requirement. There were no examples where this had occurred for the auditor to review.

115.283 (b) Medical and mental health staff who were interviewed at the facility said that the evaluation and treatment of such victims shall 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. All follow-up services are completed by an outside provider. Although there were no examples of this occurring for the auditor to review, there was also no indication follow-up services were needed in any instance.

115.283 (c) All medical and mental health services provided are consistent with the community level of care. All response to sexual abuse for victims is provided to an off-site provider, in the community. Medical and mental health staff interviewed explained all medical and mental health services are consistent with the community level of care, or higher since there is access to mental health staff and any time if needed.

115.283 (d) Chehalis Residential is a facility that is designated to house male clients, therefore the requirement to provide victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

115.283 (e) Chehalis Residential is a facility that is designated to house male clients, therefore the requirement that if pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to lawful pregnancy-related medical services.

115.283 (f) The PAQ and medical and mental health staff said victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. There were no allegations reviewed for the documentation period that this would have been appropriate, therefore no examples to review.

115.283 (g) ABHS medical and mental health staff were aware that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

PREA Manual, 6.6 - Response to Sexual Misconduct states, " *All potential victims will be referred to mental health crisis counseling and/or medical services as needed, at no cost to the client*" Medical and mental health staff also explained all treatment services would be provided to the victim without financial cost, and regardless of whether the victim names the

abuser or cooperates with any investigation arising out of the incident.

115.283 (h) ABHS offers all clients a mental health evaluation when entering the facility and would offer 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. The agency/facility head explained that clients would not continue to be housed at the facility with this abuse history and would likely be released.

Conclusion: The auditor has found the facility in full compliance with this standard.

115.286	Sexual abuse incident reviews
	<p data-bbox="240 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1469 398">115.286 (a) The PREA review checklist was provided, which outlines how the facility conducts 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. The checklist states it must be completed for all substantiated and unsubstantiated investigations of PREA violations.</p> <p data-bbox="240 488 1485 577">The auditor interviewed a member of the incident review team. That manager stated that a review is always completed at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. Examples of PREA Incident Reviews were reviewed while onsite.</p> <p data-bbox="240 667 1469 795">115.286 (b) The PREA review checklist states the checklist should be completed within 30 days of findings. The manager who was interviewed as part of the Incident Review team explained this would be completed as soon as the case is closed. The two Incident Reviews that were completed during the documentation period were completed within the 30-day timeframe.</p> <p data-bbox="240 884 1485 1012">115.286 (c) ABHS states the review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The form includes a space for attendees' information/input received from management, supervisors, investigators, medical and mental health, and others. The appointing authority has a section to approve and make comments, and then the form is forwarded to the PREA Coordinator.</p> <p data-bbox="240 1102 1066 1131">Two examples were provided to the auditor and included the necessary attendees.</p> <p data-bbox="240 1220 1485 1348">115.286 (d) ABHS PREA Review Checklist form includes considerations: "<i>As a result of the investigation, is a change to ABHS policy or procedure indicated? Was the incident motivated by: race or ethnicity, actual or perceived sexual orientation, actual or perceived transgender/intersex status, gang affiliation, other group dynamics.</i>" If any of those items are true, they must provide recommendations to address the issue.</p> <p data-bbox="240 1438 1469 1527">The PREA Case review checklist asks if physical barriers or physical layout of the facility enabled the abuse if the company-approved staffing models were followed and if the staffing in the affected areas is adequate and recommendations. It also reviews if monitoring technology is available or adequate and if not asks to provide recommendations.</p> <p data-bbox="240 1617 1485 1706">The PREA Case Review checklist serves as a report of its findings, including but not limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this provision, and provides recommendations for improvement, which are then submitted to the facility head and PREA Coordinator.</p> <p data-bbox="240 1796 1217 1825">Two examples were provided to the auditor that considered all elements required in this provision.</p> <p data-bbox="240 1915 1485 2101">115.286 (e) The PREA Case Review checklist also includes additional items to assess if a thorough investigation was completed. The Appointing Authority reviews the credibility of the victim, suspect, and witnesses assess if prior complaints and reports of sexual abuse were reviewed regarding the suspect, and decides if recommendations from the Local Review Committee are accepted and or not and why. The form explains an action plan needs to be submitted to the PREA Coordinator and the form will track the action item, the person responsible, the planned completion date and the date actually completed.</p>

In both examples of Incident Reviews reviewed by the auditor, there were no recommendations for improvement. The manager on the PREA Incident Review team that was interviewed understood that all recommendations for improvement would be documented, or it would be documented the reason for not doing so.

Conclusion: The auditor has found the facility in full compliance with this standard.

115.287	Data collection
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1473 331">115.287 (a) The PAQ said the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p data-bbox="242 418 1425 479">During each PREA investigation, a PREA Data Collection Sheet is completed. The collection sheet covers a variety of pertinent data that the facility is to collect. These sheets are retained for tracking purposes.</p> <p data-bbox="242 566 1390 627">The agency PREA coordinator developed a case tracking spreadsheet to also assist in data collection. The auditor recommended adding additional data to the spreadsheet.</p> <p data-bbox="242 714 1490 775">115.287 (b) The PAQ said the agency aggregates the incident-based sexual abuse data at least annually. The PREA annual report is posted on the website and shows the aggregated data. https://www.americanbehavioralhealth.net/prea/</p> <p data-bbox="242 862 1477 990">115.87 (c) The PAQ said the incident-based data collected shall 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. The facility was familiar with the Survey of Sexual Violence but it has never been requested that they complete it that the current PREA Coordinator or agency/facility head is aware.</p> <p data-bbox="242 1077 1469 1171">A PREA Data Collection Sheet is completed for each PREA incident. The data collected includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. These sheets are retained in case they are asked to complete the SSV.</p> <p data-bbox="242 1258 1481 1319">Additionally, the PREA Coordinator developed a case tracking spreadsheet. The auditor provided the agency with copies of the most recent SSV to ensure the spreadsheet covers all data in the SSV.</p> <p data-bbox="242 1406 1485 1467">115.287 (d) ABHS maintains, reviews, and collects data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. These documents were reviewed and provided to the auditor.</p> <p data-bbox="242 1554 1385 1583">115.287 (e) ABHS does not contract with a private facility, therefore this provision of the standard is not applicable.</p> <p data-bbox="242 1671 1485 1731">115.278 (e) The Department of Justice has not requested any data from ABHS/Chehalis Residential, however, the PREA Coordinator is aware that if it is requested, they must provide the data from the previous calendar year no later than June 30.</p> <p data-bbox="242 1818 1059 1848">Conclusion: The auditor has found the facility in full compliance with this standard.</p>

115.288	Data review for corrective action
	<p data-bbox="240 143 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 453 239">Auditor Discussion</p> <p data-bbox="240 271 1497 432">115.288 (a) ABHS reviews data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response, policies, practices, and training. The annual report was provided to the auditor for review. The report did not include identifying problem areas and taking corrective action on an ongoing basis. The report did include an overview of the agency, the purpose of the report, background, agency achievements, and data aggregated for the agency.</p> <p data-bbox="240 517 1362 580">The agency updated the annual report for 2021 to include the necessary provisions. The agency is aware of the requirements moving forward with future year reports.</p> <p data-bbox="240 665 1436 728">The report states that Chehalis Residential that there were no identified areas of improvement or corrective action. The facility refreshed staff on ethics and proper boundaries.</p> <p data-bbox="240 813 1484 943">115.288 (b) The annual report provided for 2021 did not include each facility, but only the agency as a whole. The facility modified the annual report to include each facility, as well as the agency information and will provide it to the auditor upon completion and update on their website. Previous annual reports included on the website did include information broken out by facility.</p> <p data-bbox="240 1028 1362 1090">The agency updated the annual report for 2021 to include the necessary provisions. The agency is aware of the requirements moving forward with future year reports.</p> <p data-bbox="240 1176 1481 1238">115.288 (c) The annual report provided did include a comparison of the current year's data and corrective actions with those from prior years and provided an assessment of the agency's progress in addressing sexual abuse.</p> <p data-bbox="240 1323 1481 1453">115.288 (d) The agency understands it 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. There was no information provided in the report that would need to be redacted. The PREA Coordinator understood what should be redacted and the requirement to explain what was redacted.</p> <p data-bbox="240 1538 1497 1601">Conclusion: With the updated 2021 Annual Report that has been posted on the website and the awareness of what is needed in future reports, the auditor has found the facility in full compliance with this standard.</p>

115.289	<p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.289 (a) The agency ensures all data collected pursuant to 115.287 is securely retained. All data is under lock and key or is in an electronic, password-protected format. The PREA Coordinator understood the need to have data securely retained and explained various protection measures to ensure information is held with the highest confidentiality.</p> <p>115.289 (b) ABHS makes 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. The annual report is posted on its website for the public to view every year. Additional information can be requested and released if approved by the Chief Operations Officer.</p> <p>115.289 (c) ABHS removes all personally-identifying information prior to posting on the agency website or otherwise making it available to the public. In reviewing the annual report and other information posted on the website, there was no personally-identifying information. The PREA Coordinator understood the need for the highest amount of confidentiality.</p> <p>115.289 (d) The PAQ said the agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection unless federal, state, or local law requires otherwise.</p> <p>PREA Manual, 6.13 Maintenance of PREA Records states "<i>ABHS will maintain electronic records for all PREA investigations on ABHS's secure "S" drive for 20 years.</i>"</p> <p>Retaining the records for 20 years exceeds the 10-year requirement.</p> <p>Conclusion: The auditor has found the facility in full compliance with this standard.</p>
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115.401	Frequency and scope of audits
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1485 432">115.401 (a) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency ensures that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. ABHS had audits delayed this audit cycle slightly due to Covid-19, however, all audits that are required this cycle are already scheduled to occur before the end of this cycle year. Chehalis Residential received past PREA audits in 2015 and 2018. The auditor reviewed previous audit reports during the pre-audit phase.</p> <p data-bbox="242 517 1477 613">115.401 (b) ABHS ensures that during each one-year period starting August 20, 2013, that the agency ensures at least one-third of each facility operated by the agency is audited. Each audit is posted on the agency's website at: https://www.americanbehavioralhealth.net/prea/ .</p> <p data-bbox="242 698 1469 795">115.401 (c) The Department of Justice may send a recommendation to an agency for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA-related issues.</p> <p data-bbox="242 880 1485 943">115.401 (d) The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.</p> <p data-bbox="242 1028 1422 1090">115.401 (e) The agency bears the burden of demonstrating compliance with the standards. The agency made several corrective actions as part of this PREA audit in order to meet the auditor's compliance determination of the compliant.</p> <p data-bbox="242 1176 1465 1238">115.401 (f) This auditor reviewed all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type.</p> <p data-bbox="242 1323 1461 1386">115.401 (g) The auditor reviewed a sampling of relevant documents and other records and information for the most recent one-year period, and in some instances since the last PREA audit.</p> <p data-bbox="242 1471 1273 1500">115.401 (h) The facility provided this auditor access to all areas of Chehalis Residential for observation.</p> <p data-bbox="242 1585 1046 1615">115.401 (i) The auditor requested and received copies of all relevant documents.</p> <p data-bbox="242 1700 1437 1762">115.401 (j) The auditor will retain and preserve all documentation (including, e.g., videotapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.</p> <p data-bbox="242 1848 1469 1910">115.401 (k) The auditor interviewed a representative sample of inmates, residents, and detainees, and of staff, supervisors, and administrators.</p> <p data-bbox="242 1995 1442 2058">115.401 (l) The auditor reviewed a sampling of any available videotapes and other electronically available data that was relevant to the provisions being audited.</p>

115.401 (m) The auditor was permitted to conduct private interviews with clients. This was completed in a private office, where others couldn't overhear.

115.401 (n) Inmates, residents, and detainees were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor provided instructions to the facility prior to posting a notice that the mailroom staff should be instructed they are not to inspect outgoing mail to the auditor. The auditor did not receive any mail as part of this PREA audit, but the auditor was able to verify the audit notice had been posted for over six weeks prior to the audit and the auditor observed such postings onsite.

115.401 (o) The auditor contacted the local community-based victim advocacy center as part of this audit. The auditor also contacted Just Detention International to see if they had any concerns about this facility. There were no concerns noted from either advocacy center.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1469 331">115.403 (a) The auditor certified that no conflict of interest exists with respect to their ability to conduct an audit of ABHS or Chehalis Residential.</p> <p data-bbox="242 394 1398 454">115.403 (b) The auditors report states whether the agency-wide policies and procedures comply with relevant PREA standards.</p> <p data-bbox="242 517 1474 680">115.403 (c) For each PREA standard, the auditor determined whether the audited facility reaches one of the following findings: Exceeds Standard (substantially exceeds requirement of standard); Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period); Does Not Meet Standard (requires corrective action). The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.</p> <p data-bbox="242 743 1477 804">115.403 (d) This audit report describes the methodology, sampling sizes, and basis for the auditor’s conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action</p> <p data-bbox="242 866 1481 927">115.403 (e) The auditor will redact any personally identifiable client or staff information from this report but it will be provided to the agency or the Department of Justice upon request.</p> <p data-bbox="242 990 1422 1050">115.403 (f) The auditor will instruct the agency to post the final report on its website or make otherwise available to the public. All previous PREA audits are posted on the website at https://www.americanbehavioralhealth.net/prea/ .</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	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
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	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?	yes

115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	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?	no
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	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 any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	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 conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	na
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	na
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	na
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring 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
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

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

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

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

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	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 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.273 (a)	Reporting to residents	
	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
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are 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
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. 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.)	na

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(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.)	na
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	no
	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes