

## Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

☐ Interim ☒ Final

Date of Report July 18, 2019

### Auditor Information

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Telephone: 713-818-9098	Date of Facility Visit: October 22-24, 2018

### Agency Information

Name of Agency King County Department of Adult and Juvenile Detention (DAJD)		Governing Authority or Parent Agency (If Applicable) King County Government	
Physical Address: 500 5th Avenue		City, State, Zip: Seattle, Washington 98104	
Mailing Address: Not Applicable		City, State, Zip: Not Applicable	
Telephone: 206-296-1234		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: The DAJD contributes to the public safety of the citizens of King County and Washington State by operating safe, secure, and humane detention facilities and community correctional programs, in an innovative and cost-effective manner.			
Agency Website with PREA Information: www.kingcounty.gov			

### Agency Chief Executive Officer

Name: William Hayes	Title: Department Director
Email: William.hayes@kingcounty.gov	Telephone: 206-477-3830

### Agency-Wide PREA Coordinator

<b>Name:</b> Dawn Holmes	<b>Title:</b> Project/Program Manager IV
<b>Email:</b> dholmes@kingcounty.gov	<b>Telephone:</b> 206-477-3830
<b>PREA Coordinator Reports to:</b> Steve Larson, Chief of Administration	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 4

### Facility Information

<b>Name of Facility:</b> Division of Youth Services				
<b>Physical Address:</b> 1211 East Alder Street, Seattle, Washington 98122				
<b>Mailing Address (if different than above):</b> Not Applicable				
<b>Telephone Number:</b> 206-205-9635				
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit	
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal	
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake	<input type="checkbox"/> Other
<b>Facility Mission:</b> The DAJD contributes to the public safety of the citizens of King County and Washington State by operating safe, secure, and humane detention facilities and community correctional programs, in an innovative and cost-effective manner.				
<b>Facility Website with PREA Information:</b> www.kingcounty.gov				
<b>Is this facility accredited by any other organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

### Facility Administrator/Superintendent

<b>Name:</b> Pam Jones	<b>Title:</b> Division Director
<b>Email:</b> Pam.Jones@kingcounty.gov	<b>Telephone:</b> 206-205-9620

### Facility PREA Compliance Manager

<b>Name:</b> Lisa Hymes-Davis	<b>Title:</b> Chief of Operations/Security
<b>Email:</b> Lisa.hymes-davis@kingcounty.gov	<b>Telephone:</b> 206-477-9929

### Facility Health Service Administrator

<b>Name:</b> Dr. Ann Giesel	<b>Title:</b> Juvenile Medical Director
<b>Email:</b> Ann.giesel@kingcounty.gov	<b>Telephone:</b> 206-477-9925

### Facility Characteristics

<b>Designated Facility Capacity:</b> 128		<b>Current Population of Facility:</b> 63	
<b>Number of residents admitted to facility during the past 12 months</b>			1,066
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:</b>			431
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			761
<b>Number of residents on date of audit who were admitted to facility prior to August 20, 2012:</b>			0
<b>Age Range of Population:</b>	11-18 years of age		
<b>Average length of stay or time under supervision:</b>			14 days
<b>Facility Security Level:</b>			Maximum
<b>Resident Custody Levels:</b>			Maximum
<b>Number of staff currently employed by the facility who may have contact with residents:</b>			130
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>			16
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>			7
<b>Physical Plant</b>			
<b>Number of Buildings:</b> 1		<b>Number of Single Cell Housing Units:</b> 8	
<b>Number of Multiple Occupancy Cell Housing Units:</b>		0	
<b>Number of Open Bay/Dorm Housing Units:</b>		0	
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		0	
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>  The King County King County Department of Adult and Juvenile Detention (DAJD) Facility has a total of 176 facility cameras. Cameras are in all the housing units, indoor recreation, medical wing, school wing, all hallways, processing/ intake, holding cell, front entrance, master control, visitation area, school, kitchen, facility perimeter, post areas, and upper and court levels. The hardware is PELCO security cameras and the system does not have recording capabilities. DAJD stores video camera footage is maintained on average for 60 days. The video is stored on an off-site secure server and DAJD personnel do not have access to the storage building. The Division's Special and Internal Investigation Units are the gateway to retrieve video. The control room is located upon entry into the lobby of the detention center. Cameras are prohibited in the shower areas and inside resident rooms.			
<b>Medical</b>			
<b>Type of Medical Facility:</b>		Medical Suite with five (5) Infirmary Rooms, Medical services available 24 hours	

Forensic sexual assault medical exams are conducted at:	Harborview Medical Center
Other	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	117
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	6

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

The PREA audit of the Division of Youth Services Juvenile Detention Facility, ("The Facility") operates under the parent company of the King County Government and under the King County Department of Adult and Juvenile Detention (DAJD "The Agency"). The on-site audit phase was scheduled for three days beginning on the morning of Monday, October 22, 2018 at the Agency's main building, King County Courthouse located at 500 5<sup>th</sup> Avenue, Seattle, Washington. Later that morning and throughout the first day, the audit occurred at the juvenile detention facility located at 1211 East Alder Street, Seattle, Washington. The second and third on-site audit days were conducted at the facility and concluded on Wednesday, October 24, 2018.

### Pre-Audit Phase:

During the Pre-Audit phase, on August 29, 2018, the facility received instructions both in English and Spanish to post the required PREA Audit Notice for confidential communications by September 10, 2018, six weeks prior to the on-site phase. On September 7, 2018, the Auditor received photographs indicating the required audit notices were posted in various locations throughout the facility. This auditor did not receive any communication from the facility or agency staff or residents as a result of the posted notices. The notices were posted in color with decent sized text, both in English and Spanish versions. The audit notices explained that correspondence would be treated as legal mail to ensure confidentiality and privacy.

On September 9, 2018, the Pre-Audit Questionnaire along with supportive documentation was received, completed, and sent to the auditor as required with ample time to review. The Auditor wishes to extend his appreciation to the Agency Executive Staff, PREA Coordinator, facility PREA Compliance Manager and Program Director and all employees of the King County Department of Adult and Juvenile Detention Facility for their professionalism, hospitality, and kindness.

The Auditor completed a documentation review using the Pre-Audit Questionnaire, internet research, policies and procedures review, and additional documentation provided on the secure I-cloud storage drive, to include the Agency and the Facility policies and procedures, Agency Mission Statement, and daily population reports. The results of the Pre-Audit Questionnaire and supporting documentation review were shared on an issue log with the PREA Coordinator. The auditor requested additional documentation relating to policy updates (minimal changes and amendments), and clarification with facility and agency operations. Additional request for information was received back and forth during the pre-audit phase. Phone conversations were conducted, and emails exchanged with the agency PREA Coordinator.

On October 18, 2018, the auditor received the staff roster, staff schedule for random and specialized staff for the three (3) on-site audit days. The auditor was also provided a complete resident roster by name, date of birth, race, housing unit, county of residence, and facility case manager. Lastly, the PREA Coordinator provided a list identifying targeted resident interviews. The Auditor contacted Just Detention International to inquire if that Agency or Facility had received any information regarding the facility. A check of their records showed no complaints on file regarding the King County Department of Adult and Juvenile Detention Agency/Facility.

#### **Outreach to Outside Advocates:**

The auditor contacted and interviewed staff from the Harborview Center for Sexual Assault and Traumatic Stress (HMSATS) and the King County Sexual Assault Resource Center (KCSARC.) Staff indicated they provide their services to residents free and in a confidential manner, they provide a hotline for residents to contact them to report sexual abuse or sexual harassment or to access an advocate who will meet and accompany them during the forensic examination. The staff at both organizations reported they have not received a call on the hotline from any resident during the past 12 months. In addition to serving as an advocate, they are available to deal with sexual trauma from the past or in the facility. They also provide and offer follow-up if the resident requests it. Victim advocates are available twenty-four (24) hours a day and can respond on weekends. The victim advocates are required and complete forty hours of advocacy related trainings.

#### **On-Site Phase:**

Day one of the on-site phase began on Monday October 22, 2018, at approximately 7:00 a.m. The entrance conference took place at the agency's main building, King County Courthouse located at 500 5<sup>th</sup> Avenue, Seattle, Washington. The entrance meeting was held and attended by the PREA Coordinator and the Facility PREA Compliance Manager. After introductions, discussion on the audit process, and an explanation of the audit logistics were completed, the Auditor conducted two specialized staff interviews and record reviews with the Internal and Special Investigations Unit Investigations Captain and Human Resources Director. After the file review and interviews concluded the Auditor met the PREA Coordinator and Compliance Manager at the juvenile detention facility a short drive away located at 1211 East Alder Street, Seattle, Washington.

After arriving at the facility a brief facility entrance meeting was held with the PREA Coordinator and Facility PREA Compliance Manager and based on staff scheduling, the Auditor began interviewing Specialized Staff- namely the Medical Director, Mental Health Manager, Nurse, Nursing Assistant, Intermediate Level Staff, Intake and Screening staff; Random Staff titled First and Second Shift Juvenile Detention Officers, Volunteers, Educational Administrator and one Teacher. In the middle of the morning after movements concluded, the guided tour with the PREA Coordinator and PREA Compliance Manager began which covered half of the facility in areas beginning in the Main Entrance/Lobby area, Administrative Offices with conference room, Visitation area consisting of an open area with tables and two separate private meeting rooms, Medical Suite and Infirmary. Due to random and specialized staff schedules and security measures, interview with specialized and random staff resumed in the Medical Suite area. Later that evening, the PREA Compliance Manager and Auditor completed the tour of the School, library (King County Library System), Gymnasium, Outdoor Recreation/Courtyard area, Intake and Orientation office

area, and the eight living units. After the tour concluded, a review of the video cameras placements was completed with the PREA Compliance Manager.

On Tuesday October 23, 2018, the second day of the on-site audit, the auditor began at approximately 5:30 a.m. to begin interviewing third shift (night shift) random staff. The auditor began by randomly selecting four staff to be interviewed and all four random staff declined to be interviewed. The auditor continued with several remaining third shift staff and to the auditor's surprise all scheduled third shift staff declined to be interviewed. The auditor informed the PREA Coordinator and PREA Compliance Manager of the interview outcome and offered the option to interview all willing third shift staff in the morning of the third and final on-site day. Thereafter, the remaining interviews with specialized and random staff continued throughout the morning. Once all staff interviews were completed, the auditor began interview random residents.

There were nineteen (19) resident interviews conducted with one youth declining for interview. There was one resident interviewed who had a physical disability, none that were blind, deaf, or hard of hearing, or spoke with limited English proficiency; however, there was one resident interviewed described as having a cognitive disability. There were no residents in the current population who identified as lesbian, gay, bisexual, transgender or intersex.

Based on the randomly selected resident interviews, there was one resident who reported sexual abuse or sexual harassment and one resident who disclosed a prior sexual victimization during screening process. After nearly all resident interviews were completed, the auditor reviewed supporting documentation that was available at the facility. Documentation included staff logbooks, medical and mental health files, and volunteer, and contractor records.

On Wednesday, October 24, 2018, day three of the on-site audit began at 5:30 a.m. by interviewing third shift staff. All random and specialized staff for the third shift (night shift) volunteered and were willing to be interviewed. After interviews were completed with third shift staff, additional documentation was reviewed, and few additional resident interviews were completed prior to the exit conference. The exit conference was held with the Deputy Director via Skype, PREA Coordinator, Facility Director, Facility Assistant Director, facility PREA Compliance Manager, and Policy Specialist.

The auditor gave an overview of the audit and commented on the on-site observations, interviews, and summarized the strengths and weaknesses after completing the Pre-Audit and On-Site Audit phases. Based on the findings during the Pre-Audit and On-Site Audit phases, corrective action was discussed to address the issues noted during the audit. The auditor still needed to complete the full evaluation during the evidence review phase of the PREA audit by reviewing all evidence collected including policies and procedures, observations of routine practices in the facility, what the auditor learned in the course of interviewing staff and residents, documentation obtained while on-site in order to make a compliance determination for each standard resulting in an interim report.

#### **Tour:**

In two phases during the first audit day, a complete guided tour of the entire detention facility with the PREA Coordinator and PREA Compliance Manager began covering half of the facility in areas beginning in

the Main Entrance/Lobby area, Administrative Offices with conference room, Visitation area consisting of an open area with tables and two separate private meeting rooms, Medical Suite and Infirmary. In the evening, the PREA Compliance Manager and Auditor completed the tour of the School, Library (King County Library System), Gymnasium, Outdoor Recreation/Courtyard area, Intake and Orientation office area, and the eight living units. After the tour concluded, a video camera review was completed with the PREA Compliance Manager.

The following observations were noted during the tour:

- As required by the auditor, On-Site Audit notices of the PREA audit were posted throughout the facility in areas where the public have access, and all living units
- Grievance Boxes were posted on the living units
- Reporting Boxes, for written and anonymous reports of sexual abuse and harassment were in the Gymnasium, Library and in the waiting area of the Medical Suite.
- The facility has no segregated or isolation rooms/cells.
- PREA Posters on ways to report sexual abuse were posted throughout on the facility.
- Resident files are kept in secure area.
- PREA information is posted and is available in Spanish and English to include reporting information.
- The cameras do not have a line of sight into resident's rooms, or the toilet and showers.
- There were several blind spots identified and Administrative staff was aware of those locations. Staff keys are restricted to limit staff access and staff supervision.
- There are no youthful offenders.
- There were no new or renovated areas observed within areas residents have access to. There was construction occurring for the new juvenile facility beside the existing facility and away from areas accessible to staff or residents.
- Telephone test call was completed to verify the reporting system.

**Tour areas of concern with corrective action recommendations:**

- In the School area there were numerous offices that had signs and or documents preventing a visible line of sight when staff is meeting with residents. According to the PREA Compliance Manager, since August, school is occurring on the living units; however, staff continues to have access to the area. By removing or adjusting the signs or documents, staff or supervisors walking through during an unannounced round would have access to a clear line of sight that would prevent any possible allegations and limit employee liability. It was recommended this issue be corrected prior to the end of the on-site visit.
- Throughout the facility there were several doors accessible to certain staff and restricted to residents. To reduce facility liability, the recommendation was to place a restricted area sign on identified doors to give clear visual for authorized personnel only, no youth are allowed. The locations were noted during the tour to the PREA Coordinator and PREA Compliance Manager.
- Video camera review was conducted with the facility PREA Compliance Manager and this auditor. Review was completed by using a laptop/desktop computer. The video camera system is only accessible to facility administration and the Agency's Investigative Unit. There were numerous cameras located throughout the facility in need of angle adjustments to allow for maximum viewing, as well as to capture blind spots. There were also camera views that appeared blurry and not operating properly. The list of deficiencies was recorded and given to the PREA Compliance



Manager and the facility was to complete a work order so necessary repairs can be corrected. Once the repairs are completed documentation will be forwarded to the auditor. In addition to verifying the repairs, the facility will follow the recommendation to review the current system the facility has in place, make any modification verifying on a regular basis all cameras are in good working order and provide documentation of how the facility will do so.

- The resident reporting telephone system was tested on one living unit where residents were being housed. Youth telephones are located on each living unit. Residents have access to the telephones on an unlimited and continual basis where they can make telephone calls to authorized persons such as a parent or family member. At each telephone, in small print there are calling instructions both in English and Spanish. Along with calling instructions, there are three numbers available for residents to make a report of abuse or harassment to an outside private entity which were the King County Office of Citizen Complaints-Ombudsman Office, Harborview Center for Sexual Assault and Traumatic Stress, and King County Sexual Assault Resource Center (KCSARC). After a brief hold, the auditor was able to connect with a call specialist at KCSARC. The call specialist was informed this was a test call to verify the telephone reporting system. The call specialist walked the auditor through the reporting process and what services could be provided for a resident making a call. A second test call was made to the Ombudsman Office which resulted in speaking with the call specialist. The auditor was informed that the office provides residents with ways to report an allegation such as file a grievance, tell staff, and can provide guidance and emotional support should they have suffered sexual abuse or harassment. The auditor was informed the test call information would be noted, processed to the Ombudsman Director and notifications made to the PREA Coordinator and Agency Investigative Unit. The third test call was made to Harborview Center for Sexual Assault and Traumatic Stress. Several calls were made to speak with a call specialist. After being hung up on three occasions resulting in an unsuccessful attempt, the PREA Coordinator was informed of the outcome. After inquiry, the auditor was notified that the telephone number assigned to Harborview Medical Center was the main number requiring the call to be transferred to the Center, which could not be completed by the facility's telephone system. In addressing the deficiency, the recommendation is to have the telephone carrier change the assigned number established for Harborview Center for Sexual Assault or to remove the number from the telephone calling instructions and resident handbook. The facility inquired into the telephone number and discovered the problem. The facility will be publishing a notice outlining in further detail of the telephone instructions and revising the resident handbook. As for corrective action, the draft notices with instructions are pending approval prior to the submission at the time of the interim report.
- During the tour, the auditor tested the grievance and reporting process by placing a written notice inside the boxes verifying the reporting mechanism. While on-site the auditor did not receive any indications from staff of receiving such letters. It was after the on-site visit I inquired to the PREA Coordinator to verify receipt. Apparently, the grievance box tested in no longer in use on one of the living units and the reporting box was checked but staff assumed that the letter was an on-site audit notice and discarded the notice. The results of the test verified boxes are only checked when a resident request a grievance form and reporting boxes do not get checked often as required by policy. For corrective action, the facility directed the designated staff to check the boxes as required by policy. The facility monitors video camera checks showing staff checked on the boxes and completed a log of daily box checks and the facility will provide copies of the log verifying the boxes are routinely checked as policy requires.

### **Verification with areas of concern with recommendations of action**

- School area: On the last day of the on-site audit, the school area signs were adjusted or removed to allow for a clear line of sight into all teacher offices and classrooms. The recommendation was resolved by viewing the area and a photograph was provided to confirm compliance.
- Restricted area signs: On December 5, 2018, the PREA Coordinator provided photographs of all doors noted that were accessible to staff but restricted for residents. The auditor's recommendation was addressed and matter in compliance.
- Video camera review: The video cameras list noting deficiencies such as those not operating properly, blurry camera views or angles, and in need of angle adjustments were corrected by December 5, 2018. Facility administration developed an operating instruction procedure requiring the Chief of Operations/Security to inspect on a monthly basis all cameras and monitoring equipment, noting any issues, and recording the correction. The monthly inspection is recorded on a newly created video monitoring checklist. The facility provided monthly inspection sheets from December through June 2019 to verify the systems check and verify compliance.
- Youth Telephone System: Within the first two weeks after the on-site visit, the facility worked with Harborview Medical Center to change the routing telephone number and amend the calling instructions on all relevant documents. The PREA Coordinator provided an amended telephone instructions document and revised the resident handbook.
- Youth Grievance Reporting Process Test: Facility Administration verified all grievance boxes that are in use and verified box checks and provide video coverage of assigned staff checking the grievance box as required by policy and procedures. The grievance test notice placed in the medical suite was retrieved within policy timelines and receipt was provided to the auditor. Facility administrators began monitoring video camera checks and began completing a log of grievance box checks and the facility provided log checks verifying routine checks and policy compliance. Based on the supporting documentation provided by the facility and agency this area of concern was completed and in compliance.

### **Random Staff Interviews:**

The auditor selected staff at random from the staffing roster provided by the facility prior to the on-site audit dates. The selection included a cross section of staff to ascertain the training levels of staff in various positions and all three (3) shifts. Twelve (12) Random Staff, four (4) from each shift were selected and formally interviewed over the three (3) day on-site phase. The auditor was provided a private room within the facility from which to work from and conduct confidential interviews with random and specialized staff. The private room was in the medical suite which allowed for a non-threatening or intimidating environment resulting in staff being comfortable during the interview process. Overall, the interviews revealed random staff had average knowledge and understanding of the questions asked by the auditor. Knowledgeable strengths from the random staff were in areas of the following: prohibition from searching or physically examining a transgender or intersex residents for the sole purpose of determining genital status (115.315), staff reporting requirements and the agency/facility's procedure for reporting (115.361), agency's use of resident interpreters when making an allegation (115.316), agency's protocol for obtaining physical evidence if resident alleges abuse (115.321), knowing or learning a resident is at imminent risk and how quickly staff takes action (115.362), opposite gender entering the housing unit and residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender. Knowledgeable

weaknesses from random staff were in the areas of knowing the dynamics of sexual abuse and sexual harassment in confinement (115.331), knowing how to conduct a cross gender pat down search and exigent circumstances (115.315), how can staff privately report sexual abuse of residents, how residents can privately report (115.351), first responder duties (115.364.)

**Corrective action required:**

- Because of the lack of staff knowledge and understanding, additional staff remedial training is necessary for staff to increase and clearly demonstrate their understanding of the extent of their responsibilities under the PREA standards, as well as the obligations imposed on the facility and agency. In the areas and standards mentioned above, interviews question the extent to which a zero-tolerance culture for sexual abuse and sexual harassment has been implemented in the facility.

Remedial staff training can be achieved by creating “refresher” training exercises with the required information to increase staff knowledge and understanding in the above-mentioned standards. The PREA Coordinator and Compliance Manager have developed training material on topics where random staff need improvement. The draft notices with instructions are pending approval prior to the submission at the time of the interim report. After staff training is completed the facility will provide sign in sheets/documentation indicating participation and an understanding of the training they received.

**Verification of corrective action since the on-site audit**

- The PREA Coordinator and PREA Compliance Manager developed refresher training exercises on staff training topics identified to improve direct care staff knowledge and understanding that needed improvement. All required staff received the refresher training and noted on the training lessons and staff sign in sheets. On May 2, 2019, ten (10) juvenile detention officers were interviewed by telephone on topics of the dynamics of sexual abuse and sexual harassment in confinement (115.331), knowing how to conduct a cross gender pat down search and exigent circumstances (115.315), how can staff privately report sexual abuse of residents, how residents can privately report (115.351), first responder duties (115.364.) Based on their responses, all staff interviewed acknowledged they completed the refresher training and all staff interviewed knew all training topics. Based on the findings, the facility is compliant with the standard.

**Specialized Staff Interviews:**

During the pre-audit phase prior to the on-site visit, several Specialized Staff at the agency level were interviewed via telephone with the Agency Director, Deputy Director, PREA Coordinator, PREA Compliance Manager, Facility Director (Superintendent), Sexual Assault Forensic Examiners. While on-site interviews were conducted with the Medical Director, Mental Health Manager, Nurse, Nursing Assistant, Intermediate Level Staff, Intake Staff, Staff who perform Screening for risk of victimization and abusiveness, Security staff first responders, Investigative staff, Intermediate level staff, Volunteers and Contractors, and Educational staff. Overall specialized staff interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

The Agency and Facility staff selected for interviews included:

<b>Staff Interviews and Interactions</b>	<b>Number (#)</b>
Agency Director	1
Agency Deputy Director	1
Agency PREA Coordinator	1
Division Director of Juvenile Facility	1
Agency Contract/Finance Administrator	1
Medical Staff	4
Mental Health Staff	1
Non-Medical Staff Involved in Cross-Gender Strip or Visual Searches	0
Human Resources Staff	1
Volunteer/Contractor Coordinator	1
Volunteers who have Contact with Residents	2
Contractors who have Contact with Residents	2
Investigative Staff (Agency)	1
Investigative Staff (Facility)	1
Staff who Perform Screening for Risk of Victimization and Abusiveness	2
Staff on the Sexual Review Incident Review Team	3
Designated Staff Member Charged with Monitoring Retaliation	2
First Responder (Non-Security)	0
First Responder (Security)	12
Intake Staff	3
Staff conducting Unannounced Rounds	3
SANE/SAFE Staff	3
Staff Who Supervise Resident in Isolation	0
1 <sup>st</sup> Shift Random Staff	4
2 <sup>nd</sup> Shift Random Staff	4
3 <sup>rd</sup> Shift Random Staff	4
<b>Number of Random Staff Interviews</b>	12
<b>Number of Targeted Staff Interviews</b>	46
<b>Total Number of Staff Interviews</b>	58

*Note:* Some randomly selected staff serve in one or more specialized roles and duties based on the facility size and characteristics of the facility. Some staff were interviewed more than once if their duties covered more than one specialized area.

### **Residents Interviewed:**

The number of residents housed during the first and second days of the audit was 63. The auditor documented Resident selection and interview on the PREA Audit Agenda/Tally Sheet. Prior to and/or during the entrance conference, the auditor scheduled all interviews and documented Residents who were interviewed by number. The auditor was provided a private room within the facility from which work from and conduct confidential interviews with residents. The private room was in the medical suite which allowed for a non-threatening or intimidating environment, which resulted in the resident being comfortable during the interview process.

<b>Resident Interviews and Interactions</b>	<b>Number (#)</b>
Residents with Physical Disability	1
Residents who are Blind, Deaf, or Hard of Hearing	0
Residents who are Limited English Proficient (LEP)	0
Residents with a Cognitive Disability	1
Residents who Identify as Lesbian, Gay, or Bisexual	0
Residents who Identify as Transgender or Intersex	0
Residents who Reported Sexual Abuse or Sexual Harassment	1
Residents who Reported Sexual Victimization During Risk Screening	1
Residents who are Randomly selected from each Living Area/Room	16
<b>Number of Random Resident Interviews</b>	<b>16</b>
<b>Number of Targeted Resident Interviews</b>	<b>4</b>
<b>Total Number of Resident Interviews</b>	<b>19</b>

Interviews with residents confirmed that they are informed and educated on the agency's Zero Tolerance Policy, their rights to be free from sexual abuse and sexual harassment, how to report sexual abuse or sexual harassment. They were notified of the rules against sexual abuse, and the right to be free from retaliation for reporting. Furthermore, residents are never naked in full view of any male or female staff or resident and when staff conducts pat down or strip searches, they are conducted by same gender staff and there is more than one staff present when a search is being performed. All residents reported they feel safe and more importantly feel sexual safe with the facility.

Most residents were aware and knew if there were services available outside of the facility for dealing with sexual abuse if they would ever need it. However, only less than half of the residents only knew what kinds of services were available, received mailing addresses, and understood what is said remains private or told or listened to by someone else. (115.353)

When asked, "do staff of the opposite gender announce their presence when entering your housing area or area where you shower or perform bodily functions", only six (6) out of nineteen (19) reported that staff of the opposite gender do announce their presence when entering the unit. Furthermore, fifteen (15) of the nineteen (19) youth did not know the reason why staff of the opposite gender are to announce their presence. (115.315)

With regards to youth screening questions (115.341), all nineteen residents were asked when first coming to the facility, do you remember being asked questions like whether you have ever been sexually abused, whether you identify with being gay, bisexual, or transgender, whether you have any disabilities, and whether you think you might be in danger of sexual abuse all residents. They were asked if they remember being asked by and during the admissions and orientation process and on the first day upon entering the facility. The Auditor asked if staff ever asked at the screening questions again having been detained for nearly two weeks, of the nineteen (19) residents, fourteen (14) residents indicated they were not asked again, four (4) residents were not applicable because they were recently detained and one (1) resident stated he was asked the question.

#### **Corrective Action:**

- Because of the lack of knowledge and understanding, remedial resident education is required and necessary. This is so that residents understand the facility practices, procedures, and culture of the

detention facility. Additionally, to determine the extent to which residents are knowledgeable about the facility's obligations to keep them safe from sexual abuse and harassment. In the areas and standards mentioned above, interviews question the extent to which a zero-tolerance culture for sexual abuse and sexual harassment has been implemented in the facility.

Remedial resident education can be achieved by creating "refresher" training exercises with the required information to increase resident knowledge and understanding in the above-mentioned standards. The PREA Coordinator and Compliance Manager are in the process of developing education material in topics where improvement is needed. The draft notices with instructions are pending approval prior to the submission at the time of the interim report. After resident education is completed the facility will provide sign-in sheets/documentation indicating participation and understanding of the training they received.

#### **Verification of corrective action since the on-site audit**

- The PREA Coordinator and PREA Compliance Manager developed refresher training exercises on resident education topics identified to improve resident knowledge and understanding particularly areas in need of improvement. Residents received the required education as noted on the lesson plans and confirmed on the sign in sheets. On April 8, 2019, residents within the population received the information related to cross-gender pat down searches (115.315), ways to make a report (115.351), and outside counseling services (115.353.) Based on supporting documentation submitted, the facility follows the standards.

#### **Documentation requested by the facility and received prior to on-site:**

- Resident Roster
- Residents with Disabilities
- LGBTI Residents
- Residents who Reported Sexual Abuse
- Residents who Reported Sexual Victimization During Risk Screening
- Staff Roster
- Specialized Staff
- Contractors who have contact with Residents
- Volunteers who have contact with Residents
- Grievances made in the 12 months preceding the audit
- Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit

#### **On-site Documentation Review:**

- Five (5) resident medical and mental health files
- Five (5) resident social files
- Six (6) employee, contractor, volunteer human resources files. List of staff, contractors, and volunteers to verify 115.317 Hiring and Promotion standard
- Three (3) Investigation files indicating findings and outcomes, and if referred for criminal investigations
- Logbooks and Binder Review of random living units over the past twelve (12) months

## Post-Onsite Audit Phase

On December 9, 2018, the PREA audit interim report was submitted to the agency PREA Coordinator for agency designees and facility administrator review. Based on the findings, correction action was required for several standards. After administrative review, approximately one and half weeks later a telephone conference call was held to consult with staff and administrators to provide information and guidance on deficiencies, recommendations for corrective action and an agreed upon deadline for implementing all requirements. As a way of moving forward during the corrective action period, it was agreed upon to use a corrective action tracking form to guide the agency/facility and auditor on completion requirements, note the status of all requirements, and note the completion date of all corrective action requirements. Monthly telephone conference call meetings were held with this auditor and agency and facility administrators. Throughout the corrective action period, supporting documentation was exchanged provided by using the secure I-cloud storage drive for standard compliance. Throughout the corrective action period, agency and facility administrators persevered in completing the required corrective action in order to meet the PREA standards. Their hard work, dedication is commendable and deserves acknowledgement on behalf of this auditor.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

### Department of Adult and Juvenile Detention Mission

"The Department of Adult and Juvenile Detention contributes to the public safety of the citizens of King County and Washington State by operating safe, secure, and humane detention facilities and community corrections programs, in an innovative and cost-effective manner."

### Department of Adult and Juvenile Detention Vision

"The Department of Adult and Juvenile Detention is a professional and nationally recognized organization that supports safe, vibrant, and health communities in partnership with other criminal justice and human service agencies." The Department's first goal is to provide adult and juvenile detention facilities that are safe, secure, humane, orderly and cost-effective. The second goal is to support and be responsive to the public and other criminal justice and human services agencies' interest and objectives. Third, they hope to provide a catalyst for change in the lives of offenders by providing cost-effective programs and community corrections alternatives to secure detention in the least restrictive setting without compromising public safety. The fourth goal is to promote the development of a professional, accountable and respectful work environment.

**Accreditation:**

Since 2005, the agency/facility has been accredited Juvenile Detention Alternatives Initiative (JDAI) replication site. The facility has adopted JDAI as a detention reform and system improvement initiative with the primary goals to reduce detention overcrowding, and racial disparities in the juvenile justice system. The facility's last review was in 2015-2016.

**Facility Background, Physical Plant and Security Supervision:**

The Department of Adult and Juvenile Detention (DAJD), Juvenile Division is one component in the complex, inter-related structure of the King County Criminal Justice System. The King County Youth Service Center (YSC) is co-located with the courthouse at 1211 E Alder, Seattle, WA. This is a single-story, direct supervision detention facility which opened in 1992 and located in the Squire Park neighborhood near downtown Seattle. The lower level of the facility consists of the school area, gymnasium, Intake and Orientation office area, and eight (8) living units.

The second level consists of main entrance, administrative area, Main Entrance/Lobby area, Administrative Offices with conference room, Visitation area consisting of an open area with tables and two separate meeting rooms. A new facility is being built but will not be completed until October 2019. The facility occupies the ground level of the complex and houses an average daily population (ADP) of 51 male/female detainees. There is a total of twelve (12) living units in total; however, there were eight (8) living units in use on the on-site audit days. The eight living units consist of five (5) male, one (1) female, and one (1) status offender unit.

Each living unit is enclosed in glass with an entrance door opening into a small dayroom area with tables, a staff desk work area. They are single celled and can house up to ten (10) residents at a time. The resident rooms are laid out in a linear fashion and two tiered; the first level is one enclosed bathroom/shower room and five single cell rooms and on the second tier are also one enclosed bathroom shower area and five single cell rooms. Each resident room has a sink, toilet, and a bed. Each resident room has a windowed door, with a locking mechanism and a call button/light to notify staff of any safety and security concerns.

Central Control monitors all movement throughout secure detention via camera monitors and controls all access into detention. All visitors must check-in at Central Control, meet visitation requirements, and provide a photo ID prior to entering visitation. All staff and visitors must go through a magnetometer, and lockers are provided for personal belongings. Staff have access to doors that are electronically controlled along with key override in the event of an emergency.

**Facility Programming:**

All youth housed in detention attend school daily either in the school area or on the living units. On the on-site audit dates school was being held on the living unit. Education services are provided through Seattle Public Schools.



Health Services are provided through an in-house clinic with DAJD and University of Washington Seattle Children's Hospital staff and off-site care through Harborview Medical Center. Medical services provided by the facility are medical, dental, vision, psychiatric and counseling services, pre-natal care for female residents, and substance abuse screenings.

Programs and services are provided through in-house programs, King County Youth Chaplaincy and King County Library System. Other programming services provided by the facility/agency are the following: Chaplaincy and religious services, Behavior Management Classes, Structured large muscle activities, Substance Abuse Treatment Programs, Small talking groups / Healing Circles, Creative Expression Activities, King County Library System Services, Recreation & Youth Development Activities, Alternatives to Secure Detention (ASD), Electronic home monitoring (EHM) and Youth Care – contracted to provide beds in the Adolescent Shelter.

#### Facility Demographics:

- Designed Facility Rated Capacity: 128
- Average Daily Population: 52
- Actual Population on 1st Day of the on-site audit: 63
- Youthful Residents Housed: 0
- Residents Age Range: 11-18
- Gender = Male and Female Residents
- Custody/Security Level in the facility = Maximum
- Average Length of Stay: 14 days

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

**Auditor Note:** No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

#### Number of Standards Exceeded:

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#### Number of Standards Met:

41

115.311, 115.312, 115.315, 115.316, 115.317, 115.318, 115.321, 115.322, 115.331, 115.332, 115.333, 115.334, 115.335, 115.341, 115.342, 115.351, 115.352, 115.353, 115.354, 115.361, 115.362, 115.363, 115.364, 115.365, 115.366, 115.367, 115.368, 115.371, 115.372, 115.373, 115.376, 115.377, 115.378, 115.382, 115.383, 115.386, 115.387, 115.377, 115.389, 115.401, 155.403

**Number of Standards Not Met:**

1

115.313

**Summary of Corrective Action (if any)**

The summary of corrective action can be found in the listing below and in the findings section of each standard. Corrective action is an expected part of the PREA audit. During the corrective action phase, the auditor assisted the agency and facility, as a collaborator by consulting with administrators, to provide information and guidance, and direct staff to seek additional information and technical assistance available from the PREA Resource Center.

115.313 (a) The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. (b) The agency shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances. (c) Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance. During the 180-day corrective action period, the agency and facility aggressively pursued several options to increase staffing levels to meet the 1:8 and 1:16 staffing ratio by having security or direct care staff presently assigned to primarily or exclusively supervise resident on all three shifts. After reviewing all the supporting documentation that were sent during the corrective action period, the agency/facility did not correct the standard and does not meet the standard.

115.315 (d) The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. (f) The agency shall 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.

After staff received refresher training on the topic of cross gender pat down searches and exigent circumstances, ten staff were re-interviewed which resulted in all ten (10) staff knew the correct and appropriate response. Staff refresher training sign in sheets were sent and provided to the auditor and the deficiency was corrected on by the PREA Coordinator and corrected on April 15, 2019. Residents received the required education as noted on the lesson plans and confirmed on the sign in sheets. On April 8, 2019,

residents within the population received the information on opposite gender announcements. Based on supporting documentation submitted by the agency, the facility follows the standard.

115.317 (c) Before hiring new employees who may have contact with residents, the agency shall: (2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and (d) The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents. The Department of Adult and Juvenile Detention policy requires employees, contractors, and volunteers to submit to a criminal background check to include child abuse registry checks. After reviewing six (6) random human resource files, records indicated that staff hired beyond six (6) or more years child abuse registry checks were not completed. As a result of the findings, the request was made for the agency to complete all necessary child abuse registry checks on experienced employees as well as verify child abuse registry checks on all employees, contractors, and volunteers. On May 15, 2019 prior to the 180 days, the agency PREA Coordinator submitted documentation indicating employees, contractors, and volunteers have received a child abuse registry check.

115.331 The agency shall train all employees who may have contact with residents on: (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities. The agency/facility training material indicates the presence on the topic of dynamics of sexual abuse and harassment in a juvenile facility, however when twelve (12) random staff were interviewed and asked the question, eight (8) out of twelve (12) staff did not know the answer to the question. After staff received refresher training on the topic, ten staff were re-interviewed which resulted in all ten (10) staff knew the correct and appropriate response. Staff refresher training sign in sheets were sent and provided to the auditor and the deficiency was corrected on by the PREA Coordinator and corrected on May 7, 2019, within the 180 day of the receipt of the interim report.

115.341 (a) Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. (c) At a minimum, the agency shall attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. The agency policy did not include residents who have disclosed prior sexual victimization of sexual abuse or sexual harassment while confined at the facility, which shall prompt and result in a re-assessment to determine if there needs to be any housing or programming changes for victims. Being a victim of sexual abuse or sexual harassment warrants, by the circumstances (e.g., incident of sexual abuse), or other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. The standard requires periodic screening throughout a resident's confinement and is warranted when any other specific information about individual resident that may indicate heightened needs for supervision, additional safety precautions, or separation from certain residents. On January 25, 2019, the agency policy was updated to reflect PREA standard language, re-assessments of the resident population were completed, and verification was submitted by the PREA Coordinator. The Orientation and Admissions staff began using a script with objective language when questioning completing all assessments and re-assessments. All required work was completed prior to the 180-day time period.

115.342 (a) The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents

safe and free from sexual abuse. The agency policy did not include residents who have disclosed prior sexual victimization of sexual abuse or sexual harassment while confined at the facility, which shall prompt and result in a re-assessment to determine if there needs to be any housing or programming changes for victims. The specialists could not demonstrate or show how they use information for the risk screening during the intake process to keep residents safe and free from sexual abuse and harassment. The facility improved upon the housing and programming assignments including location color grid that shows appropriate housing and programming that uses all information obtained in 115.341 and subsequently, keeps all residents safe and free from sexual harassment to make housing, bed, program, education, and work assignments for residents safe and free from sexual abuse. On January 25, 2019, the facility completed all required work prior to the 180-day time period.

115.351 (b) provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. The PREA Coordinator and PREA Compliance Manager developed refresher training exercises on resident education topics identified to improve resident knowledge on how residents can make third party reports. Resident's received the required education as noted on the lesson plans and confirmed on the sign in sheets. On April 8, 2019, residents within the population received the educational information. Based on supporting documentation submitted by the agency, the agency/ facility is in full compliance of this standard.

(c) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The PREA Coordinator and PREA Compliance Manager developed refresher training exercise. All required staff received the refresher training and noted on the training lesson and staff sign in sheets. On May 2, 2019, ten (10) juvenile detention officers were interviewed by telephone on how can staff privately report sexual abuse of residents, how residents can privately report. Based on their responses, all staff interviewed acknowledged they completed the refresher training and all staff interviewed knew all training topics. Based on the findings, the facility is compliant with the standard.

115.353 (a) The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. Agency policies require the facility to provide residents with access to outside victim advocates for emotional support. When randomly selected residents were interviewed knew about outside victim advocate services; however, only eight (8) out of nineteen (19) residents interviewed stated knew what kind of services were available and received mailing addresses, when you are able to talk with people from these services, and knowing what is said remains private related to mandatory reporting law. The PREA Coordinator and PREA Compliance Manager developed refresher training exercises on resident education topics identified to improve resident knowledge and understanding particularly areas in need of improvement. Resident's received the required education as noted on the lesson plans and confirmed on the sign in sheets. On April 8, 2019, residents within the population received the information on victim advocate and outside

counseling services (115.353.) Based on supporting documentation submitted by the agency, the facility follows the standard.

115.364 (a) Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request 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; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. (b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

The agency's PREA policy and checklists did not resemble the PREA standard language relating to "request the victim" and "ensure the alleged abuser" 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. All nineteen (19) staff interviewed could not indicate the action steps identified in the policies and procedures, had limited knowledge of their responsibilities and duties as first responders, and unaware of why they do these duties. April 15, 2019, facility administration updated the policy and checklist and re-trained staff on staff first responder duties. On May 7, 2019, ten (10) staff were re-interviewed and all staff interviewed could confidently list and explain all first responder duties. The correction was made prior to the end of the 180-day corrective action period.

115.365 The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility PREA response and containment and DAJD PREA sexual abuse checklists that track coordinated response plan steps update the first responder duties, specifically the wording of "request the victim" and "ensure the alleged abuser" be corrected to match the agency policy and PREA standard. Furthermore, mostly all staff interviewed was aware the facility had a coordinated response plan but were unsure of the plan's location in cases where they may have to refer to when a sexual abuse allegation happens. On April 15, 2019, facility administration updated all relevant checklists and re-trained staff on the where the coordinated response plan is located within the facility if a sexual abuse allegation occurs. The correction was made prior to the end of the 180-day corrective action period.

115.367 (c) For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Update the policies to reflect standard language, and if necessary, the

checklist to allow for consistency and to comply with the standard. Also, the checklist states under Supervisors duties to monitor by conducting weekly checks, which is not identified in the policies. By adding to the frequency of weekly checks, the policies will clarify and reduce any confusion by staff. For future sexual abuse allegations, document the periodic checks were completed along with any findings. On April 14, 2019, the facility submitted the updated policy change and revised the PREA sexual abuse checklist. The facility also submitted documentation on follow up periodic checks of retaliation monitoring for an allegation that occurred after the on-site audit phase. The correction was made prior to the end of the 180-day corrective action period and compliant with the standard.

## PREVENTION PLANNING

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

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

#### 115.311 (a)

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

#### 115.311 (b)

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

#### 115.311 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy and Supporting Documents Reviewed, Interviews and Observations:

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Inmate Classification and Discipline Policy Number 6.04.001 Prison Rape Elimination Act (PREA)
- Agency Organizational Chart
- Facility Organizational Chart identifying Facility PREA Compliance Manager
- Facility Staff Schedule
- Pre-Audit Questionnaire

### Interviews:

- Agency Designee – Director
- Agency Designee- Deputy Director
- Agency PREA Coordinator
- Facility Director
- PREA Compliance Manager

The policy, Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23 mandates a zero tolerance toward all forms of sexual abuse and sexual harassment. The policies outline the agency's approach to prevent, detect, and respond to sexual abuse and sexual harassment. The policy clearly defines general definitions and definitions of prohibited behaviors to include sexual abuse and sexual harassments. The Department cooperates fully with Federal, State, and other local officials in fulfilling the requirements of PREA.

The Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Inmate Classification and Discipline Policy Number 6.04.001 Prison Rape Elimination Act (PREA) policy designates an upper level PREA Coordinator for the agency that has sufficient time and authority to develop, implement and oversee Agency and Program efforts to comply with the PREA Standards in all its facilities.

**Interview Results:**

- The Agency Director and Deputy Director confirmed the appointment of the Program Manager IV as the Agency PREA Coordinator for both the Adult and Juvenile Facilities.
- Interview with the Agency PREA Coordinator indicated that she has experience and sufficient time and authority to coordinate that agency's effort to comply with the PREA Standards. She oversees PREA compliance and works within the division to implement the agency's efforts toward compliance at both the Adult and Juvenile Facilities. The PREA Coordinator facilitates meetings with the PREA Compliance Manager to discuss any needs, problems, ideas, or suggestions for improvement.
- Interview with the Division Director of the Juvenile Facility indicated that the facility Chief of Operations and Security is assigned as the facility PREA Compliance Manager.
- In an interview with the facility Chief of Operations and Security, she indicated she was assigned as the facility PREA Compliance Manager. For the past year, the PREA Compliance Manager is assigned the duties to coordinate and oversee the facility's efforts to comply with the PREA standards. She further indicated she has enough time to manage all PREA related responsibilities. When she identifies issues or problems, she informs and processes any issues with the facility administrative team to include the Facility Director, Department Heads, and the PREA Coordinator.

**Standard 115.312: Contracting with other entities for the confinement of residents****All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.312 (a)**

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

**115.312 (b)**

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

**Auditor Overall Compliance Determination**

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



☐ **Does Not Meet Standard** (Requires Corrective Action)

### **Instructions for Overall Compliance Determination Narrative**

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

#### **Supporting Documents, Interviews and Observations:**

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Inmate Classification and Discipline Policy Number 6.04.001 Prison Rape Elimination Act (PREA)
- Memorandum of Understanding between King County Department of Adult and Juvenile Detention Alternatives to Secure Detention Program and YouthCare
- Pre-Audit Questionnaire

#### **Interviews:**

- Agency Designee – Director
- Agency Designee- Deputy Director
- PREA Coordinator
- Assistant Finance Manager

The Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Inmate Classification and Discipline Policy Number 6.04.001 Prison Rape Elimination Act (PREA) policy states that should the department contract for the confinement of residents with other entities, including other government agencies, any new contract or contract renewal shall include the entity's obligation to adopt and comply with PREA. Any new contract or contract renewal shall provide for agency contract monitoring to ensure the contractor is complying with PREA standards.

The facility provided a Memorandum of Understanding between the King County Department of Adult and Juvenile Detention, Alternatives to Secure Detention Program and YouthCare. In addition to the MOU, the agency/facility requested further guidance on the need for YouthCare program required to also undergo a PREA audit under the Juvenile Facilities Standards. According to the MOU, YouthCare is an off-site shelter and alternative to detention program providing residential care, supervision, and programming for twelve (12) youth and up to four (4) DAJD involved youth. After reviewing the MOU, the auditor consulted for additional guidance from the PREA Resource Center to determine the need for an audit of the YouthCare program. Based on all relevant documentation and correspondence guidance provided the requirement of an audit does not apply to YouthCare because it does not meet the definition of a juvenile facility. Further rationale with the number of beds reserved for juvenile justice placements and whether they account to a majority of the total twelve beds, when taken together the result in this shelter is not considered a juvenile facility for the purposes of the standards. The number of the beds reserved for juvenile justice involved

youth do not account for most beds at the facility. As a best practice and stated in the MOU, Youthcare does comply with all child abuse reporting laws in the State of Washington, including reporting of custodial sexual misconduct by YouthCare or Department of Adult and Juvenile Detention staff. In addition, YouthCare promptly notifies the DAJD Division Director of any sexual abuse allegations made by youth against DAJD staff. YouthCare staff participates in the PREA training as requested by DAJD and submits to full DAJD criminal background checks conducted by and at the expense of DAJD.

**Interview Results:**

- The Agency Director, Deputy Director, PREA Coordinator, and Assistant Finance Director confirmed the agency and facility does not contract with other entities for the confinement of residents.

## **Standard 115.313: Supervision and monitoring**

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

#### **115.313 (a)**

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☐ Yes ☒ No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☐ Yes ☒ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☐ Yes ☒ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☐ Yes ☒ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? ☐ Yes ☒ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? ☐ Yes ☒ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? ☐ Yes ☒ No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? ☐ Yes ☒ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? ☐ Yes ☒ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? ☐ Yes ☒ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? ☐ Yes ☒ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? ☐ Yes ☒ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? ☐ Yes ☒ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? ☐ Yes ☒ No

#### 115.313 (b)

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

#### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  
☐ Yes ☒ No ☐ NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  
☐ Yes ☒ No ☐ NA

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

#### 115.313 (d)

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

#### 115.313 (e)

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

#### Auditor Overall Compliance Determination

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

☒ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

**Supporting Documents, Interviews and Observations**

- Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Supervision and Safety of Detainees Policy Number 10.05
- 2018 Staffing Plan Overview
- DAJD Juvenile Division Staffing Plan Development Process
- Supplemental Budget Request for 2018
- Supervisor PREA Unannounced Round Log Sheet
- DYS Camera Tree
- PREA Post Orders for Night Shift
- PREA Post Orders for Active Shifts
- Description of Video Monitoring System
- King County Youth Services Center Camera Schedule dated 11/14/2013
- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Notification Requirements to Call Officer of the Day Policy Number 6.10
- Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Mandatory Overtime Policy Number 3.15
- Operating Instructions for Supervisor PREA Unannounced Rounds, J-CpreaOI-005-2018
- 2017 Staffing Plan Overview Power Point Presentation
- 2016 Staffing Plan Overview Power Point Presentation
- Mandatory Overtime Analysis
- List of Contractors, Volunteers, Visitors
- Juvenile Daily Detention Population Summary, Example 8/20/2018 and chart for past 12 months
- Bookings last 12 months
- Daily Population for the past 12 months
- Mental Health Level 2 Care Plan
- Pre-Audit Questionnaire
- PREA Compliant Staffing-Additional Staffing needs for YSC
- Video camera coverage youth cell call button alarm
- Photograph of dorm room call button and door alarm light
- Random sample of staff entering dorm form
- Database employee schedule and roster notes
- Video camera footage of post line of sight
- Request for daily mental health briefing schedule
- PREA Compliant Staffing- Additional Staffing Needs for YSC

According to the agency's 2016, 2017, and 2018 staffing plans, the facility has developed, implemented, and documented a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect residents against sexual abuse. The facility has taken into consideration the 11 criteria in subsection(a) to any prevailing staffing patterns, the facility's deployment of video monitoring systems and other monitoring technologies, and resources the facility has available to commit to ensure adherence to the staffing plan. However, based on the current 2018 staffing plan and not maintaining the required ratio, the staffing plan must be modified to meet the 1:8 and 1:16 staff ratio.

The 2018 Staffing Plan states the facility does not deviate from the established staffing plan. A mandatory overtime policy is utilized in exigent circumstances to ensure a minimum level of required staffing on all shifts. As a result, there are zero (0) times when there is a shortfall. Mandatory overtime is used to ensure staffing ratios in the case of inclement weather or illness that would otherwise result in staffing shortages. The facility identified times during third shift break times where the staffing plan and ratio were deviated not during limited and discrete exigent circumstances. The deviation which is not considered an exigent and discreet circumstance was noted in the log and occurs frequently.

The Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23, and #8 requires DYS shall develop, implement, and document a staffing plan for supervision and monitoring which protects against detainee abuse, including sexual abuse. From all documents reviewed as listed above including the 2018 Supplemental Budget Request detailing the need for additional staff based on the return of auto decline youth (transfer of juvenile offenders to juvenile facility, who are charged with an auto adult offense), complying with the solitary confinement ordinance passed by the King County Council a budget increase was requested for an additional thirteen Juvenile Detention Officers (JDO) and overtime coverage for additional posts opened for the auto decline youth. The supplemental request to add the additional staff was approved and is currently in the process of being fulfilled. The request was based on an average daily population of sixty-one (61) youth and two (2) male resident auto decline units, four (4) male resident units, one (1) female unit, and one (1) status offender unit, which amounts to a total of eight (8) living units.

During the on-site audit phase, the current population of sixty-three (63) residents with eight (8) open living units, the detention location list of residents and staff indicated living units with a ratio more than 1:8 during waking hours and 1:16 during non-waking hours. The facility includes additional staff who were posted at the station. Each post station is positioned in the middle and separates two to four living units. There are four (4) post stations located in the corridor with living units to the left and right. At the post stations, there appears to be an over reliance on the use video monitoring cameras, use of a distress button and other technology instead of directly, actively supervising, and control of resident while directly on the living unit.

After reviewing all relevant documentation, including consultation with the PREA Resource Center, the facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in the ratios. The calculation of the current staffing plan and ratio practice is by an aggregated approach which is not allowed. Staff must be in the same room as they apparently are during first and second shifts. Staff should be stationed inside the space where the two

tiers exist. When staff are at the post, they are stationed outside of the living units. The ratio is an at-all-hours requirement not only during certain hours and times of the day.

The agency/facility provided copies of the 2016, 2017, and 2018 Staffing Plan Overviews. The overviews were reviewed by the PREA Coordinator, Division Director (Facility Superintendent), and the PREA Compliance Manager. It is unclear when the review was completed due to no date written on the document. The staffing plan was assessed, determined and documented whether adjustments are needed to the staffing plan established pursuant to the 11 criteria in (a.); to any prevailing staffing patterns, the facility's deployment of video monitoring systems and other monitoring technologies, and resources the facility has available to commit to ensure adherence to the staffing plan.

The Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23, and #8 requires DYS shall develop, implement, and document a staffing plan for supervision and monitoring which protects against detainee abuse, including sexual abuse. In the Procedure section, the Corrections Supervisor conducts and documents unannounced rounds on every work shift to prevent staff sexual abuse or other misconduct. The Chief of Operations/Security duty #7 for prevention purposes ensures that Corrections Supervisor conducts regular, unannounced rounds on the Detention Floor on all shifts. The Chief also periodically conducts unannounced visits to the facility and detention floor to deter sexual abuse or other misconduct of detainees.

The Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Supervision and Safety of Detainees Policy Number 10.05, Policy section, #23 and #24 states Correctional Supervisors shall conduct and document unannounced rounds on all shifts to indent and deter staff sexual abuse and sexual harassment, as well as other inappropriate behaviors. Such rounds shall be conducted at random times and #24 Staff are prohibited from alerting other staff members that the supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. According to the two policies, the frequency of the unannounced rounds is left unspecified, making the policies quite vague and nonspecific.

Operating Instructions for Supervisor PREA Unannounced Rounds, J-CpreaOI-005-2018, reads, "supervisors" will conduct unannounced rounds on every shift; at least monthly using the supervisors PREA unannounced rounds form. As a best practice, the Standards in Focus for 115.315 recommends conducting unannounced rounds more than once a month on all shifts. Ideally, rounds should be conducted weekly on each shift or more frequently if deemed necessary or prudent.

While on-site, the auditor randomly reviewed logbooks for the past twelve months, records indicated rounds were being conducted more than one time of month and since 9/21/18 there was a new form over the past. The Operating Instructions document addresses the frequency; however, the recommendation is to modify the form to state, "weekly or more frequently" and add additional items for the supervisors to monitor or check on when make an unannounced round such as checking area where staff have access to take a resident and check the counts and locations of all residents, monitor vulnerable areas or blind spots.

#### **Interviews:**

- Agency Designee – Director, Deputy Director

- PREA Coordinator
  - Division Director
  - PREA Compliance Manager
- 
- Interview with the Division Director revealed that at least annually, in collaboration with the PREA Coordinator, the facility reviews the staffing schedule to see whether adjustments are needed in:
    - The staffing plan/schedule;
    - Prevailing staffing patterns;
    - The facility's deployment of video monitoring systems and other monitoring technologies;
    - The resources the agency/facility has available to commit to ensure adequate staffing levels.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- The average daily number of residents on which the staffing schedule was predicated was 61.
- Since the last PREA audit the average daily number of Residents reported was 50.
- Since the last PREA audit the average daily number of Residents on which the staffing plan was predicated reported was 61.

### **Interview Results**

- Interview with the PREA Coordinator, Division Director, PREA Compliance Manager indicated that they are consulted regarding any assessment of or adjustments to, the staffing plan.
- Interview with the PREA Coordinator, Division Director, PREA Compliance Manager indicated that the facility has a staffing plan. When assessing adequate staffing levels and the need for video monitoring they consider all the components listed in the standard.
- Interviews with intermediate or higher-level facility staff indicated they perform unannounced rounds and document on the unannounced rounds sheet located at the post station.
- Interview with the PREA Compliance Manager indicated that she verifies rounds are being conducted by random reviews and noting them on the sheet. She assisted with creating the Operating Instructions and noting when updates are complete training staff will follow.
- The PREA Coordinator and Division Director 's interview confirmed the process for conducting annual reviews.

### **Corrective action required and verification of corrective action since the on-site phase:**

#### **(a), (b), (c):**

- Redevelop the staffing plan to support the ratio requirements and having staff stationed inside the living units where the sleeping rooms, resident activities, and programming are located.
- Move, adjust, or collapse post to have the staff coverage on the living units.
- The second option is to have fewer residents, but that depends on the day and circumstances.
- All corrective action documentation be submitted within the 180 days of the date of the interim report so that a final report can be issued.

During the 180-day corrective action period, the agency and facility aggressively pursued several options to increase staffing levels to meet the 1:8 and 1:16 staffing ratio by having security or direct care staff



presently assigned to primarily or exclusively supervise resident on all three shifts. DAJD considered the auditor's recommended corrective actions to become compliant. The agency considered revised staffing approaches as suggested and found that collapsing posts and living halls would not allow us to meet the Standard in full. DAJD also pursued adding staff beyond the current staffing level to better allow us to implement a revised staffing plan. Despite best efforts, we were unable to fill required vacancies during this 180-day period. DAJD did identify and execute several efforts to become compliant over the corrective action period. DAJD effectively continued open recruitment for the entire duration of the corrective action period. Open recruitments opened on the following two time periods: 7/01/2018-12/31/2019 and 1/14/2019-6/30/2019. The facility's current staffing level includes thirteen (13) vacancies. While the ongoing recruitment did add new hires, these hires are offset by separations and by restrictions in the use of staff as allowed for in their labor contracts. There were seven (7) new hires during the corrective action period; 3 started June 15, 2 to start on July 8, 2 to start on Sept 9. Along with attempting to hire new staff, there were also six (6) terminations, four (4) resignations, one (1) retirement, one (1) termination. There were some restrictions in use of existing staff such as thirty (30) staff on FMLA/KCFML certification (intermittent and/or full-time, twenty-three (23) staff have restrictions on use through overtime to fill posts, and three (3) staff currently on Administrative Leave.

After reviewing all the supporting documents that were sent during the corrective action period, the agency/facility has attempted and clearly made "best efforts" to comply with the staffing plan and the required staffing ratio however, juvenile facilities must adhere to the staffing plan and justify all deviations and comply with the mandatory staffing ratio of 1:8 during waking hours and 1:16 during sleeping hours except in limited and discrete exigent circumstances. The staffing ratio is not an aggregated ratio but describes the ratio of staff to residents that must be maintained in every area throughout the facility. Based on a triangulation of the evidence, the agency/facility did not correct subsections a- c and does not meet the standard.

**(d):**

- Amend and revise both policies and the Operating Instructions for Supervisors conducting unannounced rounds. After revisions are made, have supervisors training on the changes and staff sign off acknowledging receipt of the updated policies. The facility provided facility operating instructions, monthly video monitoring system inspection forms, document number J-CpreaF-9.012-2018, indicating a monthly inspection will occur to ensure that each camera is in good working order, review the unannounced rounds logbook to identify blind spots or issues.
- Video camera review was conducted with the facility PREA Compliance Manager and this auditor. Review was completed by using a laptop/desktop computer. The video camera system is only accessible to facility administration and the Agency's Investigative Unit. There were numerous cameras located throughout the facility in need of angle adjustments to allow for maximum viewing, as well as to capture blind spots. There were also camera views that appeared blurry and not operating properly. The list of deficiencies was recorded and given to the PREA Compliance Manager and the facility was to complete a work order so necessary repairs can be corrected. Once the repairs are completed documentation will be forwarded to the auditor. In addition to verifying the repairs, the facility will follow the recommendation to review the current system the facility has in place, make any modification verifying on a regular basis all cameras are in good working order

and provide documentation of how the facility will do so. The video cameras list noting deficiencies such as those not operating properly, blurry camera views or angles, and in need of angle adjustments were corrected by December 5, 2018. Facility administration developed an operating instruction procedure requiring the Chief of Operations/Security to inspect on a monthly basis all cameras and monitoring equipment, noting any issues, and recording the correction. The monthly inspection is recorded on a newly created video monitoring checklist. The facility provided monthly inspection sheets from December through June 2019 to verify the systems check and verify compliance.

## **Standard 115.315: Limits to cross-gender viewing and searches**

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

#### **115.315 (a)**

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

#### **115.315 (b)**

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

#### **115.315 (c)**

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

#### **115.315 (d)**

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

### 115.315 (e)

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

### 115.315 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Supporting Documents, Interviews and Observations

- Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Supervision and Safety of Detainees Policy Number 10.05
- Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Pat Search Policy Number 10.17
- Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Strip Search Policy Number 10.18
- Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Transgender and Intersex Detainees Policy Number 16.10

- 2018 PREA Online Refresher Training Power Point Presentation
- King County DAJD Cross Gender Pat Down Searches and Searches on Transgender Inmates Online Power Point Presentation Training
- Cross Gender Pat Down Searches and Searches on Transgender Inmates Online Training Class dated August 22, 2018
- Cross Gender Pat Search Literature Policy 10.17
- Operating Instructions for Supervisor PREA Unannounced Rounds, Document Number J-CpreaOI-9.005-2018
- Pre-Audit Questionnaire
- DAJD Summary of Shower Procedure
- Detainee Strip Search Record Form
- Detainee Pat Search Record Form
- Pre-Audit Questionnaire
- Operating Instructions- Supervisor PREA unannounced rounds
- Monthly Supervisor PREA Unannounced Rounds Form
- Monthly detention location list of residents
- Refresher staff training sheets

#### **Interviews:**

- Agency Designee- Director, Deputy Director
- Agency PREA Coordinator
- Random Staff
- Random Residents

The initial review of the Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Supervision and Safety of Detainees Policy Number 10.05, Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Pat Search Policy Number 10.17, Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Strip Search Policy Number 10.18, Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Transgender and Intersex Detainees Policy Number 16.10 revealed policy and procedures prohibit any cross-gender strip search or visual body cavity searches or cross-gender pat down searches to same gender staff absent exigent circumstances, shower procedures, female and male staff announcing their presence when entering housing areas, and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status. Also, the policies indicated any cross-gender searches are required to be documented.

A review of the training documentation and detention staff interviews confirmed training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents are conducted in a respectful and professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. Most detention staff interviewed were not able to describe what an exigent circumstance would be nor the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches. All residents stated that they had never been searched by a staff member of the opposite sex nor had they ever seen a staff conduct a cross gender

pat down search. The residents described staff conducting pat down searches in a respectful and professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents.

Mostly all detention staff interviewed, specifically those of the opposite gender indicated they announce themselves when entering a housing area. During the tour it was observed a female medical staff did not announce her presence when entering the male living unit. After interviewing a female mental health staff, she honestly admitted to not knowing the practice of announcing herself when entering a male living unit. Prior to the end of the on-site visit, facility administration discussed the announcement procedure with support staff to include medical and mental health staff of the announcement requirement. Detention staff and resident interviews confirmed residents can shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them.

During the detention center's tour, the auditor observed all the shower/toilet areas in both the male and female housing/dorm areas did allow for privacy. Each resident room is described as "wet" meaning residents have a toilet in their room. The shower area is a separate room with a solid door. There are two (2) shower rooms on each unit, one on each tier.

During the on-site audit visit there were no transgender or intersex residents housed. If the facility were to receive a transgender or intersex resident, the Agency/facility staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the Resident's genital status is unknown, the facility determines 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. The PREA Coordinator, PREA Compliance Manager, and Facility Director confirmed there have been no cross-gender strips or visual body cavity searches conducted within the audited cycle.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- In the past 12 months, the number of cross-gender strip or cross gender visual body cavity searches of Residents reported was zero.
- In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff reported was zero.
- The number of pat-down searches of female Residents that were conducted by male staff reported was zero.
- The number of pat-down searches of female Residents conducted by male staff that did not involve exigent circumstances reported was zero.
- In the past 12 months, the number of transgender or intersex residents search or physically examine for the sole purposes of determining the resident's genital status was zero.

#### **Interview Results:**

- Two (2) Specialized staff interviewed were not aware they had to make opposite gender announcement. One staff did not know she had to do so, and the other staff stated that the staff on post was required to make the announcement.

- Six (6) out of nineteen (19) youth reported that staff of the opposite gender do not announce their presence when entering the unit.
- Fifteen (15) out of nineteen (19) youth did not know the reason why staff of the opposite gender are to announce their presence.
- Twelve (12) out of twelve (12) residents interviewed from all housing units stated that they and other residents are never naked in full view of staff, when using the toilet, showering, or changing clothing.
- All residents interviewed have undergone a pat down search conducted by same gender staff and conducted in a professional and respectful less intrusive manner.
- All residents interviewed have undergone a strip search conducted by same gender staff and conducted in a professional and respectful less intrusive manner.

**Corrective action required and verification of corrective action since the on-site phase:**

- Some additional follow up training is needed to increase awareness relating to all staff knowing the perimeters of restrictions on conducting cross gender pat down searches and searches of transgender and intersex residents and providing examples of circumstances that would warrant such a search.
- Train and instruct all opposite gender staff when entering a living unit to announce their presence loud enough for residents to hear. This is especially so for support staff or staff who may not normally enter the living units.
- Conduct resident education informing residents on the purpose of why staff of the opposite gender announce their presence when entering an area where residents are showering, changing clothes, or performing bodily functions. This is referred to as the cover up rule.

**Corrective action required and verification of corrective action since the on-site phase:**

**(d)** requires opposite gender staff to announce their presence when entering a resident housing unit. The agency policy states this in policy however not in practice. During the facility tour, the auditor observed a medical staff entering the living unit did not announce her presence. While interviewing mental health staff, staff admitted that she does not announce her presence when entering the opposite- gender living unit. Furthermore, resident interviews indicated that staff of the opposite gender do not announce when entering the living unit and did not know the exact reason why opposite gender staff announce their presence when entering the living unit.

**(f)** The agency shall 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.

After staff received refresher training on the topic of cross gender pat down searches and exigent circumstances, ten staff were re-interviewed which resulted in all ten (10) staff knew the correct and appropriate response. Staff refresher training sign in sheets were sent and provided to the auditor and the deficiency was corrected on by the PREA Coordinator and corrected on April 15, 2019. Residents received the required education as noted on the lesson plans and confirmed on the sign in sheets. On April 8, 2019, residents within the population received the information on opposite gender announcements. Based on

supporting documentation submitted by the agency, the agency/facility is in full compliance of the standard.

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

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

#### **115.316 (a)**

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

#### 115.316 (b)

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

#### 115.316 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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



**Supporting Documents, Interviews and Observations:**

- Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Alternative Communication for Detainees with Disabilities or Limited English Proficient Policy Number 13.04
- Pre-Audit Questionnaire
- 2018 PREA New Employee Orientation Training Power Point Presentation
- 2018 PREA Online Juvenile Division Refresher Training Power Point Presentation
- King County Juvenile Detention Juvenile Detainee Information Handbook, English Version
- King County Juvenile Detention Juvenile Detainee Information Handbook, Spanish Version
- DAJD Language Stipend Process- Collective Bargaining Unit Agreement
- DAJD Current Juvenile Detention Officer Translator Designee List
- DAJD Training Master Class List 2018 PREA Online Refresher Training Roster
- DSHS email indicating criminal background checks and child abuse registry checks

**Interviews:**

- Agency Designee- Director
- Agency Designee- Deputy Director
- Agency PREA Coordinator
- Facility Division Director
- Facility PREA Compliance Manager
- Random Staff
- Random Residents
- Low Cognitive Resident

Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Alternative Communication for Detainees with Disabilities or Limited English Proficient Policy Number 13.04 states that the facility has taken 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 facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. In addition, the facility ensures that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

The facility has taken reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. There are ten (10) Juvenile Detention Officers (JDO) that are qualified as interpreters or translators in the Spanish and Vietnamese languages. When JDO staff perform interpreter/translator services they receive a stipend. Furthermore, the facility has access to telephonic bilingual services, Language Bank Hotline Services, to provide residents who are limited English proficient with various interpreters' services on an as needed basis as well as sign language interpreter services. There are postings throughout the detention center in English and Spanish. The staff training documentation, pamphlet, and DAJD "Juvenile Detention Handbook" in English and

Spanish contained information providing appropriate explanations regarding PREA to residents based upon their individual needs.

The facility does not rely 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 or the investigation of the resident's allegations.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- In the past 12 months, the number of instances where Resident interpreters, readers, or other types of Resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under 115.364, or the investigation of the resident's allegations reported was zero (0).

**Interview Results:**

- Interviewed staff consistently stated they would not allow, except in emergency situations, a resident to translate or interpret for another resident in making an allegation of sexual abuse. They indicated that they can contact the staff who speak Spanish if the need arises. There are several program staff who are bi-lingual and effluent in Spanish and Vietnamese. This would allow for non-English speaking residents receive the necessary accommodations and information in formats and through methods that ensure effective communication with residents identified as limited English proficient.
- Interview with the resident with a cognitive disability reported that he was provided materials in format that ensured effective communication that he understood all material presented. Furthermore, staff took the necessary time to fully explain all PREA related material.

## **Standard 115.317: Hiring and promotion decisions**

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

#### **115.317 (a)**

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

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

#### 115.317 (b)

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

#### 115.317 (c)

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

#### 115.317 (d)

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

#### 115.317 (e)

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

#### 115.317 (f)

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

#### 115.317 (g)

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

#### 115.317 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Supporting Documents, Interviews and Observations:**

- Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Administration and Personnel Management, Background Investigations Policy Number 1.03.016
- King County DAJD Adult and Juvenile Detention Background Investigation Questionnaire
- King County Juvenile Detention Officer Job Announcement
- King County DAJD Authorization for Criminal History Reference Check Form
- Waiver and Authorization to Release Information Form
- DAJD PREA Security Orientation for Contracted Professionals, Agency Service Providers and Volunteers Form
- Selection Standards for King County DAJD
- Employee Code of Ethics
- Staff list hired in the past 12 months
- PREA Disclosure (Prison Rape Elimination Act)
- Pre-Audit Questionnaire
- PREA Child abuse registry check guideline document
- PREA child abuse registry checks form for employees, volunteers, and contractors
- DSHS email indicating criminal background checks and child abuse registry checks

**Interviews:**

- Agency PREA Coordinator
- Administrative Human Resource Director
- Investigation Unit Captain

The Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Administration and Personnel Management Policy Number 1.03.016, King County DAJD Adult and Juvenile Detention Background Investigation Questionnaire, King County DAJD Authorization for Criminal History Reference Check Form, Waiver and Authorization to Release Information Form, Agency Service Providers and Volunteers Form, Selection Standards for King County DAJD, and Employee Code of Ethics contain all the elements required by this standard and all background checks are conducted initially on new employees, contractors, volunteers and promotion decisions of employees and contractors.

Additionally, the policies identify the requirement of all supervisors to keep the workplace free of sexual harassment, monitor working conditions to detect and stop sexual harassment, and report complaints to those responsible for resolving them. Incidents of sexual harassment will be considered in determining whether to hire, appoint, or promote anyone, or enlist the services of any individual contractors.

The initial background checks include the screening for criminal record checks, possible checks on criminal convictions and pending criminal charges, access to local, state and federal criminal databases to conduct background checks, child abuse registry checks (Department of Social and Health Services) and best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse. During the hiring process, potential detention staff completes the “King County DAJD Authorization for Criminal History Reference Check Form and Waiver and Authorization to Release Information” forms that contains the questions regarding past misconduct.

The agency tracks and has a system in place for otherwise capturing such information for current employees. The agency submitted a spreadsheet of list of staff names, dates of hire, date of last criminal background check, and future completed check. The Investigative Unit maintains a spreadsheet listing to monitor background checks are completed once every five (5) years.

After interviewing the Human Services Director, a file review of six (6) personnel files of current employees, contractors and volunteers with various hiring dates was conducted with the findings that newly hired employees, volunteers, and contractors had the required documentation indicating the necessary checks completed. For staff hired beyond six or more years, child abuse registry checks were not completed. As a result of the finding, the agency was requested to complete the necessary child abuse registry checks on older employees and verify all employees, contractors, and volunteer's registry checks were completed.

According to the Employee Code of Conduct, the agency shall impose upon employees a continuing affirmative duty to disclose any such misconduct; however, when asked if staff sign in writing documentation could not be provided upon request and required such language placed in writing such as in policy or an employee's code of ethics where staff would sign acknowledging such a duty to report to the agency. The Agency prohibits staff from material omissions and the provision of materially false information shall be grounds for termination.

Additional documentation was requested as to how the agency tracks and has a system in place for otherwise capturing such information for current employees.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background checks: 16.
- In the past 12 months, the number of persons promoted who may have contact with residents who have had criminal background checks: 0.
- In the past 12 months, the number of contract for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with residents: 7.

**Interview Results:**

- Interview with Agency Human Resource Director and Investigation Unit Captain confirmed a hiring process performs criminal record background check on newly hired employees and contractors. The agency performs criminal record background checks on employees and contractors at least every five years.
- Given the initial finding that older employees, contractors, and volunteers needed an updated child abuse registry check, the tracking and monitoring system was improved to track background checks at the time of hire and conduct checks for employees at least every five years.

**Corrective action required and verification of corrective action since the on-site phase:**

- Provide proof that all employees, contractors, and volunteers have an up to date record check including child abuse registry check. The Investigation Unit collaborating with Human Resources office will provide an evidence log verifying completion.

- After the on-site phase was completed, the PREA Coordinator work with the agency human resources department and the Department of Social and Health Services to complete the child abuse registry check requirement.
- All corrective action documentation be submitted within the 180 days of the date of the interim report so that a final report can be issued.

**(c)(2), (d)** As a result of the findings, the request was made for the agency to complete all necessary child abuse registry checks on experienced employees as well as verify child abuse registry checks on all employees, contractors, and volunteers. The agency compiled a cumulative list of all staff, contractors, and volunteers and requested child abuse registry check to the Department of Social and Health Services. The agency updated the tracking spreadsheet to reflect the recent checks which will be maintained by the Special Investigative Unit and Human Resources. On May 15, 2019 prior to the 180 days, the agency PREA Coordinator submitted documentation indicating employees, contractors, and volunteers have received a child abuse registry check and the agency is in full compliance of this standard.

## **Standard 115.318: Upgrades to facilities and technologies**

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

#### **115.318 (a)**

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

#### **115.318 (b)**

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

### **Auditor Overall Compliance Determination**

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

## **Instructions for Overall Compliance Determination Narrative**

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

### **Supporting Documents, Interviews and Observations:**

- Department of Adult and Juvenile Detention (DAJD), Construction of Detainee Living Units and Installation of Video Monitoring Systems Policy Number 2.5
- Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Physical Plant Policy Number 2.02.001
- Description of Video Monitoring System
- DYS Camera Tree
- Pre-Audit Questionnaire
- Video monitoring system inspection operating instructions

### **Interviews:**

- Agency Designee-Director
- Agency Designee-Deputy Director
- PREA Coordinator
- Facility Division Director
- Facility PREA Compliance Manager

The review of the Department of Adult and Juvenile Detention (DAJD), Construction of Detainee Living Units and Installation of Video Monitoring Systems Policy Number 2.5 , Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Physical Plant Policy Number 2.02.001 indicated when designing or acquiring any new facility, planning any substantial expansion or modification of existing facilities, DAJD will consider the effect of the design, acquisition, expansion or modification upon the ability to protect inmates from sexual abuse. Also, when installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, facilities will consider how such technology may enhance the ability to protect residents from sexual abuse. The facility has not been newly designed nor had a substantial expansion or modification since August 20, 2012.

During the tour, a review of the video monitoring system and electronic surveillance cameras were completed. As noted in the Audit Narrative under the Tour section, there were numerous cameras located throughout the facility in need of angle adjustment to allow for maximum viewing and capture blind spots and camera views appeared blurry and not operating properly. As the camera review concluded a list of deficiencies were recorded and the facility was going to complete a work order to make the necessary repairs. Once the repairs were completed documentation will be forwarded to the auditor. In addition to verifying the repairs, the facility was recommended to review the current system the facility has in place, make any modification verifying on a regular basis all cameras are in good working order and provide documentation of how the facility will do so. By doing so, this enables the detention staff to monitor residents more efficiently throughout the physical plant of the detention center.



**Interview Results:**

- Interviews with the Director, Deputy Director, PREA Coordinator and the Compliance Manager indicated that there was no major expansion since 2012 or their last audit in 2015. If there were any major building expansions or upgrades to the video monitoring system, the Administrative team would be involved in the planning process.

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

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

#### 115.321 (a)

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

#### 115.321 (b)

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

#### 115.321 (c)

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

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

#### 115.321 (d)

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

#### 115.321 (e)

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

#### 115.321 (f)

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

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

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

#### Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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

### **Supporting Documents, Interviews and Observations:**

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Administration and Personnel Management Policy Number 1.05.001 Special Investigations Unit
- Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Security and Control, Evidence Collection and Storage Policy Number 4.01.021
- King County Sexual Assault Resource Center (KCSARC) Memorandum of Agreement between King County and the KCSARC
- KCSARC Summary of Services Document
- DAJD King County Division of Youth Services PREA Check List for Sexual Abuse
- DAJD King County Division of Youth Services PREA Check List for Sexual Harassment
- Hospital Services Agreement between King County, Harborview Medical Center (HMC), and University of Washington
- 2017 Guidelines for Sexual Assault Emergency Medical Evaluation for Washington State, Adult and Adolescents
- Email indicating DAJD-HMC SAFE/FNE Examinations
- King County DAJD and Harborview Center for Sexual Assault and Traumatic Stress (HCSATS) Memorandum of Understanding
- Memorandum of Understanding between King County DAJD, Seattle Police Department and the King County Sheriff's Office
- Memorandum of Understanding with DAJD, Kent Police Department, and King County Sheriff's Office
- DAJD PREA Response and Containment Check List
- Sexual Abuse Allegation Reports from Special Investigation and Internal Investigation Units
- Juvenile Detainee Information Handbook
- Pre-Audit Questionnaire

### **Interviews:**

- Investigation Unit Captain
- Agency PREA Coordinator
- Facility Compliance Manager
- Facility Division Director

- Random Residents
- Random Staff
- Assistant Director, Clinical Supervisor/Coordinator, Coordinator for SAFE/SANE Examiners at Harborview Medical
- King County Sexual Assault Resource Center staff

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23, Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Administration and Personnel Management Policy Number 1.05.001 Special Investigations Unit, Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Security and Control, Evidence Collection and Storage Policy Number 4.01.021 policies contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. Additionally, policy requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies.

Documentation and interviews confirmed that the Seattle Police Department (SPD); Kent Police Department (KPD), King County Sheriff's Office, and DAJD Special and Internal Investigations Units conducts the criminal investigations and administrative investigations of allegations of sexual abuse and sexual harassment for residents under the age of 18 and they receive reports through their hotline. Residents 18 years of age are referred to the appropriate law enforcement agency to investigate allegations of sexual abuse and sexual harassment. Investigators are trained to follow the DOJ Violence Against Women publication, a national protocol for Sexual Assault Medical Forensic Examination for Adults and Adolescents.

There is evidence of the DAJD PREA Coordinator obtaining a Memorandum of Agreement and summary of services with the "King County Sexual Assault Resource Center" (KCSARC), and MOU with Harborview Center for Sexual Assault and Traumatic Stress provides confidential emotional support to residents who are victims of sexual abuse and forensic exams. The Agency/facility offers all residents who experience sexual abuse access to forensic medical examination, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) located at Harborview Medical Center located in Seattle, Washington.

The detention center has available in poster form a listing of resources namely (King County Sexual Assault Resource Center and Harborview Medical Center) that identifies for the residents to call or write the centers for emotional support services and SAFE/SANE services. The resources are also published in the Juvenile Detainee Information Handbook. Residents can also make a telephone call to the Ombudsman's Office. Additionally, the detention center has mental health professionals available that will serve as an advocate to link services and provide confidential emotional support to residents who are victims and/or report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer. These individuals are screened for appropriateness to serve as a victim advocate and receive specialized training.

According to a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of forensic medical exams conducted during the past 12 months reported was zero.
- The number of exams performed by SANEs/SAFE during the past 12 months reported was zero.
- The number of exams performed by a qualified medical practitioner during the past 12 months reported was zero.

**Interview Results:**

- Interviewed staff, including the PREA Coordinator and Program Director, were familiar with the evidence protocol and roles they would play as first responders. The staff stated they would “make sure the resident victim was stable,” preserve the evidence and, if the mental health staff are on site, the mental health staff would conduct an assessment.
- For victims of sexual assault, interviewed staff including Assistant Director and Clinical Supervisor, and the SAFE Coordinator at Harborview Medical Center indicated that the facility will offer all victims access to forensic medical examinations without financial cost. Staff indicated that SANE/SAFE are provided by the local hospital. Furthermore, the facility provides sexual assault crisis counselors’ accompaniment and support to the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed.
- Most all staff interviewed indicated knowledge with evidence protocol to preserve evidence until local law enforcement officers arrived at the facility.
- Fourteen (14) out of residents (19) interviewed knew services were available outside the program for dealing with sexual abuse if they would need services.

## **Standard 115.322: Policies to ensure referrals of allegations for investigations**

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

#### **115.322 (a)**

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

#### **115.322 (b)**

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

- Does the agency document all such referrals? ☒ Yes ☐ No

#### 115.322 (c)

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

#### 115.322 (d)

- Auditor is not required to audit this provision.

#### 115.322 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Supporting Documents, Interviews and Observations:

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Administration and Personnel Management Policy Number 1.05.001 Special Investigations Unit
- Memorandum of Understanding between DAJD, Seattle Police Department, and King County Sheriff's Office
- Picture of Notice for Reporting Sexual Abuse
- Pre-Audit Questionnaire
- Incident report of allegations

### Interviews:

- Agency Designee- Director

- Agency Designee- Deputy Director
- Investigations Unit Captain
- PREA Coordinator
- Random Staff

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23, Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Administration and Personnel Management Policy Number 1.05.001 Special Investigations Unit requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. All staff are required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation.

All detention staff are required to refer all alleged incidents of sexual abuse and sexual harassment for investigation to the Agency's Special and Internal Investigation, Department of Social and Health Services (DSHS-CPS) for administrative investigations and to Seattle Police Department (SPD); Kent Police Department (KPD), King County Sheriff's Office for the determination of criminal charges. CSP provides services on a 24-hour basis that will include the responsibility of investigating allegations of sexual abuse by qualified staff who have received training concerning sexual abuse and forensic examination issues. Also, the Corrections Supervisor notifies the Chief of Operations/Security (PREA Compliance Manager) then the Facility Division Director (Facility Superintendent) to review the complaint and determine if the detention staff will conduct an internal investigation. The PREA policy can be found on the King County Department of Juvenile Division website

Per a review of the Pre-Audit Questionnaire, documentation, and confirmation by staff interviews the following has been recorded:

- The number of allegations of sexual abuse and sexual harassment received during the past 12 months was three (3).
- The number of allegations resulting in an administrative investigation during the past 12 months was three (3).
- The number of allegations referred for criminal investigation during the past 12 months was three (3).
- Additional documentation including investigation and incident reports indicate proper notification to authorities conducting administrative and criminal investigation investigations.

**Interview Results:**

- All random staff interviews reflected and confirmed their knowledge on the reporting, referral process and policy's requirements; to report all allegations to their immediate supervisor and an internal and criminal investigation would occur.
- Specialized staff based on job duties and responsibilities knew the agency's procedure when and who conducts administrative and criminal investigation in response to an allegation of sexual abuse and sexual harassment.

## TRAINING AND EDUCATION

## Standard 115.331: Employee training

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

### 115.331 (a)

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

### 115.331 (b)



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

#### 115.331 (c)

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

#### 115.331 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Supporting Documents, Interviews and Observations:

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23

- Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Inmate Classification and Discipline Policy Number 6.04.001 Prison Rape Elimination Act (PREA)
- Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Administration and Personnel Management Policy Number 1.07.004 General Training Standards
- 2018 PREA Online Juvenile Division Refresher Training Power Point Presentation
- 2018 PREA Online Refresher Training Master Class List
- 2017 PREA Online Refresher Training Master Class List
- 2018 PREA New Employee Orientation Training Power Point Presentation
- PREA Specialized Training for Medical and Mental Health Staff
- King County DAJD Receipt of Receiving Training
- Pre-Audit Questionnaire / Community Confinement Facilities
- 2018 PREA Online Test Questions
- 2018 PREA Refresher Quiz
- PREA debriefing and refresher training for Supervisors dated 12/12/18
- Dynamics of sexual abuse and harassment training handout
- Refresher staff training sheets, January- April 2019

#### **Interviews:**

- PREA Coordinator
- Division Director
- Random and Specialized Staff

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23, Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Inmate Classification and Discipline Policy Number 6.04.001 Prison Rape Elimination Act (PREA) requires PREA Training, New Employee Orientation upon initially becoming an employee (new employee orientation training), as well as refresher training. All the PREA training provided to employees at the detention center contains all eleven (11) topics consistent with this standard's requirements and is tailored to this detention facility and the gender of their resident populations.

The staff training documentation includes a power-point presentation and detention staff interviews confirmed that staff receives PREA training during initial pre-service training and during refresher in-service training. All employees are trained as new hires regardless of their previous experience. All new employees receive the DAJD policies and procedures on prevention strategies to maintain a professional atmosphere and sign a training sheet indicating they received the training and understand their responsibilities for all the different training modules upon completion of the initial PREA training. Once every two years thereafter, employees are required to attend a PREA Refresher training and sign a training sheet indicating they received the training and understand they training they received. For 2018 all staff have received the required training.

A review of all detention staff and training education forms, observation of the day-to-day operations as well as detention staff interviews confirmed that staff are receiving their required PREA training. The PREA Coordinator indicated that in addition to "refreshers" took place during shift meeting on different policies,

which sporadically includes PREA. Detention staff interviews confirmed their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and/or sexual harassment however, most staff struggled on the topic of dynamics of sexual abuse and harassment within a confined setting. During staff interviews, the auditor had to probe staff in order to get a correct response. It was recommended that staff could benefit with some additional follow up training in that area.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of staff employed by the facility, who may have contact with Residents, who were trained on the PREA requirements reported were 125 which matches the training records.

**Interview Results:**

- Twelve (12) out of twelve (12) random staff interviewed consistently stated they receive PREA Training in a variety of ways. These include PREA Training as part of the training provided for newly hired during orientation. Additionally, they consistently indicated they receive the training at the time of hire and annual refresher training.
- Eight (8) out of twelve (12) random staff had difficulty knowing the dynamics of sexual abuse and sexual harassment in a confinement setting.

**Corrective Action:**

- Re-train random staff on the topic of dynamics of sexual abuse and sexual harassment in a confinement setting.
- Provide documentation verifying staff completed the training and sign off stating staff understand the training received.
- All corrective action documentation be submitted within the 180 days of the date of the interim report so that a final report can be issued.

**Corrective action required and verification of corrective action since the on-site phase:**

**(a) 5** The agency shall train all employees who may have contact with residents on: (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities. The agency/facility training material indicates the presence on the topic of dynamics of sexual abuse and harassment in a juvenile facility, however when twelve (12) random staff were interviewed and asked the question, eight (8) out of twelve (12) staff did not know the answer to the question. After staff received refresher training on the topic, ten staff were re-interviewed which resulted in all ten (10) staff knew the correct and appropriate response. Staff refresher training sign in sheets were provided to the auditor and the deficiency was corrected on by the PREA Coordinator and corrected on May 7, 2019, and the agency is in full compliance of this standard.

## **Standard 115.332: Volunteer and contractor training**

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

### **115.332 (a)**

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

#### 115.332 (b)

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

#### 115.332 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Supporting Documents, Interviews and Observations

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Administration and Personnel Management Policy Number 1.07.004 General Training Standards
- King County DAJD Authorization for Criminal History Reference Check Form
- Waiver and Authorization to Release Information Form
- DAJD PREA Security Orientation for Contracted Professionals, Agency Service Providers and Volunteers Form
- Selection Standards for King County DAJD
- Pre-Audit Questionnaire

#### Interviews:

- Agency PREA Coordinator
- Facility Division Director
- Volunteer Coordinator
- Facility Division Director
- Volunteers and Contractors

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23 requires volunteers and contractors who have contact with residents to receive in-depth PREA training. All volunteers, contractors, educators and interns receive the DAJD PREA training and sign the volunteer and contractor sign-in sheet upon completion of the PREA training they received. The training consists of a PowerPoint presentation that includes the following: policies, PREA definitions, reporting requirements and other required procedures. The facility has two levels of access to the facility involving volunteers, contractors, and service providers. The first level is full floor access authorization; Volunteers and Service/Contract Providers seeking floor access are required to complete our three-hour Detention Orientation, which includes both a safety/security briefing and a review of DAJD's PREA policies. At the two-year renewal, they are required to read, sign and date the PREA Signature Statement form again and submit it along with their CHRC background renewal form. The second level is Visitation Room Only Access Authorization: Service/Contract Providers authorized to meet with clients in our Visitation Room are initially required to read, sign and date DAJD's PREA Signature Statement, which they submit along with their CHRC background form.

At the two-year renewal, they are required read, sign and date the PREA Signature Statement form and submit it along with their CHRC background renewal form. The facility's Volunteer Coordinator tracks and maintains all PREA training signature sheets for all volunteers, temporary staff, contractors and service providers. A review of the file documentation confirmed they are aware of the detention center's requirement for confidentiality and their duty to report any incidents of sexual abuse and/or sexual harassment.

Interviews with two volunteers, one volunteer chaplain, an Assistant Principal, one teacher, medical and mental health contracted staff confirmed their knowledge of the required PREA training and DAJD's zero tolerance of any form of sexual activity at the detention center as well as their duty to report sexual abuse or sexual harassment.

## **Standard 115.333: Resident education**

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

#### **115.333 (a)**

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Is this information presented in an age-appropriate fashion? ☒ Yes ☐ No

#### 115.333 (b)

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

#### 115.333 (c)

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

#### 115.333 (d)

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

#### 115.333 (e)

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

#### 115.333 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Supporting Documents, Interviews and Observations:

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Alternative Communication for Detainees with Disabilities or Limited English Proficient Policy Number 13.04
- Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Assessment and Classification Policy Number 16.8
- King County Juvenile Detention Juvenile Detainee Information Handbook, original and revised English Version
- King County Juvenile Detention Juvenile Detainee Information Handbook, original and revised Spanish Version
- King County Detainee PREA Intake Information Form, English Version
- King County Detainee PREA Intake Information Form, Spanish Version
- King County DAJD Reporting Poster, Male and Female Picture Spanish Version
- Pre-Audit Questionnaire
- Facility Reporting Notice
- Facility Grievance/PREA report Notice Form
- Detainee PREA Acknowledgement Signature Sheet---include in the narrative
- Detainee PREA Information Form-Intake
- PREA poster for living units, English and Spanish revised versions
- Resident education training sheets

**Interviews:**

- Intake Staff
- Orientation and Assessment Specialist
- Random Residents

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23, Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Assessment and Classification Policy Number 16.8, Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Alternative Communication for Detainees with Disabilities or Limited English Proficient Policy Number 13.04 requires that during the initial intake process, detainees shall receive information regarding the DAJD's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

Within twenty-four (24) hours of intake, during orientation and assessment, DYS provides comprehensive age-appropriate education to detainees regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding policies and procedures for respondent to such incidents. This process occurs through a face to face review of the Detainee Handbook, which each detainee keeps and refers to. Unit staff reviews the contents of the Handbook with detainees at least once per week, including the right to be free from sexual abuse, sexual harassment and how to report such incidents.

Also at intake, intake staff have residents sign and acknowledge the "Detainee Intake PREA Information Form" informing residents on how to make reports of sexual abuse and sexual harassment along with the contact numbers to outside counseling services and to make reports outside of the agency, the Ombudsman Office.

File review and documentation of residents' signatures were reviewed and confirmed during resident interviews. Residents are provided information on prevention/intervention, self-protection, reporting and treatment/counseling and it is available in accessible formats for future reference.

Most residents interviewed stated that they received this information the same day they arrived at the detention center and identified signing some forms. The assigned intake staff presents PREA information in a manner that is accessible to all residents and provides education on an ongoing basis individually or in a group session. Every time a resident enters the detention center, the orientation is completed and documented in the resident's Child Care file. PREA postings were observed during the detention center tour in the housing units, common areas, and residents identified the postings as another source of information for them.

Resident interviews confirmed that the facility provides resident education in formats accessible to all residents, including those who are limited in English proficiency, deaf, visually impaired, disabled, as well as to residents who have limited reading skills. Staff and resident interviews reveal that the facility provides the PREA Education in English and Spanish, to include resident handbooks and posters.



Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of Residents admitted during past 12 months who were given this information at intake and received age appropriate education reported was 1,066.

**Interview Results:**

- The Intake staff indicated that during orientation all residents, to include transfers from other facilities, are educated on the zero-tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment. This information is given during the intake process and is given on the date of admission. The Intake staff also at intake, also reviews with residents and have them sign and acknowledge the "Detainee Intake PREA Information Form" informing residents on how to make reports of sexual abuse and sexual harassment along with the contact numbers to outside counseling services and to make reports outside of the agency, the Ombudsman Office.
- Eighteen (18) out of nineteen (19) residents interviewed stated that when they first enter the facility they received information regarding facility rules against sexual abuse and harassment.
- Residents were interviewed using the following statement, when you came to this facility, were you told about:
  - Your right to not be sexually abused or sexually harassed, all residents answered yes.
  - How to report sexual abuse or sexual harassment, all but three residents answered yes, one did not know and two could not remember.
  - Your right not to be punished for reporting sexual abuse or sexual harassment, all but one resident answered yes.

## **Standard 115.334: Specialized training: Investigations**

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

#### **115.334 (a)**

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

#### **115.334 (b)**

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

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

#### 115.334 (c)

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

#### 115.334 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Supporting Documents, Interviews and Observations:

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Administration and Personnel Management Policy Number 1.07.004 General Training Standards
- Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Administration and Personnel Management Policy Number 1.05.001 Special Investigations Unit
- DAJD Internal Investigation Unit Training Log
- 2018 PREA Online Refresher Training Master Class List
- 2017 PREA Online Refresher Training Master Class List

**Interviews:**

- Agency Designee- Executive Director
- Agency Designee- Deputy Director
- Investigation Unit Captain
- Investigation Unit Sargent
- Agency PREA Coordinator
- Facility Division Director

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23, Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Administration and Personnel Management Policy Number 1.07.004 General Training Standards, Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Administration and Personnel Management Policy Number 1.05.001 Special Investigations Unit requires the executive administration to ensure all investigators are properly trained in conducting investigations in confinement settings. The required training 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 or prosecution referral. All investigators under-go an extensive training developed by NIC's PREA: Investigating Sexual Abuse in a Confinement Setting and additional PREA training developed by DAJD.

For DAJD, their six (6) assigned PREA investigators, three (3) Special Investigation investigators and three (3) Internal Investigations investigators, will conduct an initial inquiry into the alleged allegation of sexual abuse or sexual harassment and conduct administrative investigations. Within the agency, resident-on-resident sexual abuse allegations investigators in the Special Investigations Unit conducts the investigation. For allegations of staff sexual misconduct, the Internal Investigation Unit conducts the investigation and the Seattle Police Department (SPD), Kent Police Department, (KPD), and the King County Sheriff's Office conduct criminal investigations of allegations of sexual abuse and sexual harassment for residents. All DAJD investigators completed both NIC's PREA: Investigating Sexual Abuse in a Confinement Setting and the additional PREA training developed by DAJD. An interview with the Investigation Unit Captain, who oversees the investigations and the documentation, confirmed the compliance with the PREA requirements for specialized training for investigators who investigate allegations of sexual abuse and sexual harassment in confinement. An interview with the Investigation Unit Sargent indicated he has taken the NIC PREA: Investigating Sexual Abuse in a Confinement Setting and the additional PREA training developed by DAJD.

**Standard 115.335: Specialized training: Medical and mental health care****All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.335 (a)**

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

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.335 (b)

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

#### 115.335 (c)

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

#### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Supporting Documents, Interviews and Observations:**

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- 2018 PREA Online Juvenile Division Refresher Training Power Point Presentation
- 2018 PREA Online Refresher Training Master Class List
- 2017 PREA Online Refresher Training Master Class List
- 2018 PREA New Employee Orientation Training Power Point Presentation
- PREA Specialized Training for Medical and Mental Health Staff
- Medical and Mental Health Training Signature Sheets
- King County DAJD Receipt of Receiving Training
- Pre-Audit Questionnaire

**Interviews:**

- Medical Director of Medical Services
- Contracted Medical Nurse
- Contracted Mental Health Staff
- Nurse Assistant

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23 requires PREA training and specialized training for medical and mental health staff who work at the detention facility. It was evident through the medical and mental health staff interviews that they had received the basic PREA training provided to all detention staff and the specialized training offered formatted from NIC by the Agency: Medical Health Care for Sexual Assault Victims in a Confinement Setting and Medical Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. The initial review of training documentation contained the training completed by all forty-two (42) of the medical and mental health staff. Also, all medical and mental health staff participated in annual PREA training. The medical staff at the detention facility do not conduct forensic examinations. Forensic exams are completed by Harborview Medical Center. Interviews with the Medical Director, contracted nurse, nurse assistant, and the contracted mental health staff confirmed their understanding of the requirement to complete the specialized training and verified completing the course and participating in the annual basic PREA training.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.341: Screening for risk of victimization and abusiveness**

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

#### **115.341 (a)**

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

#### 115.341 (b)

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

#### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? ☒ Yes ☐ No

#### 115.341 (d)

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

#### 115.341 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Supporting Documents, Interviews and Observations:

- Department of Adult and Juvenile Detention, King County Division of Youth Services, Assessment and Classification Policy Number 16.8
- DAJD Juvenile Detention Youth Assessment Form and Instructions
- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Mental Health Services and Suicide Prevention Policy Number 8.14
- King County DAJD Juvenile Intake Health Screening Form
- MAYSI Intake Screening Form

- Transgender and Intersex Detainees Form
- Women's Health Intake Form
- Pre-Audit Questionnaire
- Agency Database System
- RMS Detention Location Form dated 12/11/18
- Resident and random DAJD Juvenile Detention Youth Assessment Forms
- PREA lessons learned for Orientation and Admissions form
- Samples of PREA risk assessment results
- Photograph of file tracking system
- Request for daily mental health briefing schedule
- Photograph of the visual tracking system for childcare folders (color coded)
- Visual youth placement system operating instructions

#### **Interviews:**

- Agency PREA Coordinator
- Facility Division Director
- Facility Orientation and Admissions Specialists
- Intake Staff
- Random Staff
- Random Residents

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services, Assessment and Classification Policy Number 16.8, DAJD Juvenile Detention Youth Assessment Form and Instructions, Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services, Transgender and Intersex Detainees Policy Number 16.10, Department of Adult and Juvenile Detention, King County Division of Youth Services, Mental Health Services and Suicide Prevention Policy Number 8.14, requires prior to placement as part of the screening process each resident is screened upon admission and within twenty-four (24) hours unless extenuating circumstances exist, however under no circumstances shall the assessment occur later than seventy-two (72) hours. This process includes an objective screening instrument for risk of victimization and sexual abusiveness called "DAJD Juvenile Detention Youth Assessment Form" along with instructions. All residents are screened within twenty-four hours upon arrival at the detention center to determine placement and their special needs.

The orientation and assessment process consists of the Orientation and Assessment Specialists initial intake assessment, the DAJD Juvenile Detention Youth Assessment Form (YAT), which acquires a baseline assessment to obtain and use information about the residents personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Specifically, the YAT, an objective screening instrument, inquires in the areas of school history, social activities, family history, medical and mental health history, social skill level, gang involvement history, anger control, and risk of victimization and vulnerability, and any gender nonconforming appearance or manner of identification as lesbian, gay, bi-sexual, transgender and intersex, and whether the resident may therefore be vulnerable to sexual abuse. The Youth Assessment Form (YAT) is completed and stored on an electronic database. The YAT assessment has two sections; the first section are the questions asked by O&A specialist and the second section records the overall score including sensitive PREA related information (with restricted access available only to certain staff). Section one is



placed in the Child Care folder that accompanies the youth to the living unit and section two is limited to the O&A specialist and the PREA Coordinator.

During the second day of the on-site visit, the auditor observed an actual screening between the Orientation and Assessment Specialist and a newly admitted resident. The assessment interview took place in a private setting outside of earshot of other staff and residents in order to protect the privacy of the resident. The specialist reviewed and completed all required documentation including the Youth Assessment (YAT). The specialist affirmatively afforded an opportunity to self-identify as LGBTI. The manner in which the questions were asked did not seem clear and understood by the resident and did not mention they are under no obligation to reply. Overall, the specialist followed policy by attempting to ascertain information about any gender nonconforming appearance or manner of identification as lesbian, gay, bi-sexual, transgender and intersex, and whether the resident may therefore be vulnerable to sexual abuse. Furthermore, he completed the Youth Assessment (YAT), by asking the resident's gender identity whether female, male, transgender, and intersex; and sexual orientation whether gay, lesbian, straight, or neither.

The recommendation by the auditor for corrective action is for O&A specialist to rephrase inquiry in an objective manner in which the questions is asked when affirmatively afforded an opportunity to self-identify as LGBTI. An example, "I have to ask everyone the following questions and you are under no obligation to reply. I am asking these questions for your own safety. Do you identify as lesbian, gay, bisexual, or straight? Do you identify as either transgender or intersex or neither?"

Also, upon admission, Mental Health staff screen residents for acute mental health issues. The "Juvenile Division Intake Health Screening" assessment form is completed by medical and mental health staff. Based on the outcome of the mental health assessment to include the MAYSI, mental health staff triages the resident for further services and determine the specific mental health level care plan. Their assessment includes the following: gathering information through conversations with the residents during the intake process, completing the classification assessment, and medical and mental health assessments. The Orientation and Assessment Specialist gathers pertinent information from residents through a face-to-face conversation with the detainee, a review of pertinent court records and information gathered from others involved in the detainee's care (for example health/ mental health, behavioral records, staff, JDO, Correction Supervisors, Probation) during the classification process.

According to the King County Division of Youth Services Operations Manual, Assessment and Classification Policy Number 16.8, Procedures for Orientation and Assessment Specialist (O&A) #27) Detainees that have engaged in sexual abuse or sexual harassment during their detention stay shall be re-assessed to determine if there needs to be any housing or programming changes. The policy indicates that re-assessments will be conducted only if detainees have engaged in sexual abuse and sexual harassment. However, the policy does not include residents who have disclosed prior sexual victimization of sexual abuse or sexual harassment while confined at the facility, which shall prompt and result in a re-assessment to determine if there needs to be any housing or programming changes for victims. Being a victim of sexual abuse or sexual harassment warrants, by the circumstances (e.g., incident of sexual abuse), or other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

When interviewing one resident who reported sexual abuse within the facility to determine if he was asked by staff on more than one occasion whether he identified as gay, bisexual, or transgender, whether he has any disabilities, and you think you might be in danger of sexual abuse here”, his response was “No, I was not asked again” which indicates the resident was not re-assessed by the Orientation and Assessment Specialist. After reviewing the resident’s Child Care file to verify if a re-assessment was completed, this resulted with no re-assessment found indicating one was not completed after the allegation occurred. A second Child Care file was reviewed on the resident who disclosed prior sexual victimization which again indicated no re-assessment completed. When interviewed, the resident was asked by staff on more than one occasion whether he identified as gay, bisexual, or transgender, whether he has any disabilities, and you think you might be in danger of sexual abuse here; his response was “No.”

When interviewed and asked by the auditor, “how often are resident’s risk levels reassessed?” the two Orientation and Assessment Specialists responded not unless something comes up or flagged re-assessment is required. The standard requires periodic screening throughout a resident’s confinement and is warranted when any other specific information about individual resident that may indicate heightened needs for supervision, additional safety precautions, or separation from certain residents. Which, in a case when a resident reports sexual abuse within the facility as well as a resident who discloses prior sexual abuse the standard was not met given no re-assessment was completed. The best practice is to complete a re-assessment when required by policy, given the two examples above, re-assess all residents within a set time frame based on resident’s average length of stay and when warranted.

The detention facility’s policies limits staff access to this information on a “need to know basis.” DYS ensures that appropriate controls on the dissemination of information obtained through the classification process are in place and that the information is handled with the highest level of confidentiality and is not exploited to the detainee’s detriment by staff or other detainees. This information is contained in Child Care folders, which is stored in the O&A office and locked, which is a secure area not accessible by other residents and staff.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexually victimization or risk of sexually abusing other Residents with 72 hours of their entry into the facility was 761.

#### **Interview Results:**

With regards to youth screening questions (115.341), all nineteen residents were asked when first coming to the facility, do you remember being asked questions like whether you have ever been sexual abused, whether you identify with being gay, bisexual, or transgender, whether you have any disabilities, and whether you think you think you might be in danger of sexual abuse all residents remember being asked by and during the admissions and orientation process and on the first day upon entering the facility.

If staff ever ask the screening questions again having been detained for nearly two weeks, of the nineteen (19) residents, fourteen (14) residents indicated they were not asked again, four (4) residents were not applicable because they were recently detained and one (1) resident stated he was asked the question.

**Corrective Action:**

- Obtaining information periodically throughout a resident's confinement by re-assessing residents when necessary based on the PREA standard, policy and procedures, and practice. Require policy change and consider when re-assessments are warranted in a case such as a resident is the victim or perpetrator of an allegation. Re-assess current population.
- Objective questioning of residents when conducting the YAT assessment. Have the A&O specialist use a script with objective language as mentioned above.
- Verify by providing documentation that re-assessments were completed, lessons learned sheet reviewed by the O&A specialist within the next 30 days.
- All corrective action documentation be submitted within the 180 days of the date of the interim report so that a final report can be issued.

**Corrective action required and verification of corrective action since the on-site phase:**

(a) Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. (c) At a minimum, the agency shall attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. The agency policy did not include residents who have disclosed prior sexual victimization of sexual abuse or sexual harassment while confined at the facility, which shall prompt and result in a re-assessment to determine if there needs to be any housing or programming changes for victims. Being a victim of sexual abuse or sexual harassment warrants, by the circumstances (e.g., incident of sexual abuse), or other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. The standard requires periodic screening throughout a resident's confinement and is warranted when any other specific information about individual resident that may indicate heightened needs for supervision, additional safety precautions, or separation from certain residents. On January 25, 2019, the agency policy was updated to reflect PREA standard language, re-assessments of the resident population were completed, and verification was submitted by the PREA Coordinator. The Orientation and Admissions staff began using a script with objective language when questioning completing all assessments and re-assessments. All required work was completed prior to the 180-day time period and the agency/facility is in full compliance of the standard.

**Standard 115.342: Use of screening information**

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

**115.342 (a)**

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

**115.342 (b)**

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

**115.342 (c)**

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

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

#### 115.342 (d)

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

#### 115.342 (e)

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

#### 115.342 (f)

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

#### 115.342 (g)

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

#### 115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) ☒ Yes ☐ No ☐ NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) ☒ Yes ☐ No ☐ NA

### 115.342 (i)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Supporting Documents, Interviews and Observations:

- Department of Adult and Juvenile Detention, King County Division of Youth Services General Manual, Inmate Classification and Discipline Prison Rape Elimination Act (PREA) Policy Number 6.04.001
- Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Transgender and Intersex Detainees Policy Number 16.10
- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Assessment and Classification Policy Number 16.8
- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Removal of Detainees from General Population Policy Number 16.9
- Transgender and Intersex Detainees Form, Juvenile Detention Meeting Information Form
- PREA Audit: Pre-Audit Questionnaire
- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Mental Health Services and Suicide Prevention Policy Number 8.14
- Transgender and Intersex Detainees Form
- Resident and random DAJD Juvenile Detention Youth Assessment Forms
- PREA lessons learned for Orientation and Admissions form
- Samples of PREA risk assessment results
- Photograph of file tracking system
- Request for daily mental health briefing schedule
- Photograph of the visual tracking system for childcare folders (color coded)

- Visual youth placement system operating instructions

**Interviews:**

- Agency PREA Coordinator
- PREA Compliance Manager
- Orientation and Admission Specialist
- Intake Staff
- Random Residents

The review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Assessment and Classification Policy Number 16.8, indicated that the facility has a classification system for gathering and assessing pertinent housing information regarding residents for the purpose of ensuring safe and appropriate housing and programming while in detention. The classification process is performed by the Orientation & Assessment Specialist(s) (O & A) to determine a resident's assignment to a particular living hall. Housing decisions are made on an individual basis using the results of an objective assessment tool, unless other considerations determine placement, such as medical or mental health concerns (as defined by Health or Mental Health professionals), or as required by consent decree, legal decision, or court order. Interviews with the Orientation and Assessment Specialists indicated that all residents are housed on an individual basis using the YAT and pertinent information residents are appropriately housed and programmed while in detention. The specialists could not demonstrate or show how they use information for the risk screening during the intake process to keep residents safe and free from sexual abuse and harassment. The facility was unable to show a system in place that uses all information obtained in 115.341 and subsequently, keeps all residents safe and free from sexual harassment to make housing, bed, program, education, and work assignments for residents safe and free from sexual abuse.

Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Removal of Detainees from General Population Policy Number 16, uses the least restrictive means for managing resident's behavior. "least restrictive" includes: 1) problem solving, brief periods of dorm confinement as "time out," Specific Intervention Programming (SIP), Behavior Incentive Program (BIP), and the requirement that residents are only be removed from general population and isolated when there is a reasonable cause to believe that failure to do so would present: a. An immediate threat of physical harm to others or themselves; or b. An immediate threat of escape; or c. An immediate threat of substantial destruction of property; or d. A continuing disturbance by the detainee in his/her room such that sleep or program activity of other residents is seriously disrupted. When residents are removed from general population, they are entitled to large muscle exercise, educational programming, medical and mental health services, other programs, and work opportunities. The Supervisor documents cases of isolation by completing an Urgent Transfer Form and develops and implements a Transition Plan which is followed by the resident during the time of isolation.

Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Transgender and Intersex Detainees Policy Number 16.10 and the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Assessment and Classification Policy Number 16.8, indicates and prohibits gay, bi-sexual, transgender and intersex residents

being placed in a dorm area, bed or other assignments based solely on their identification or status, or status as an indicator or likelihood of being sexually abusive.

The Department of Adult and Juvenile Detention, King County Division of Youth Services General Manual, Inmate Classification and Discipline Prison Rape Elimination Act (PREA) Policy Number 6.04.001, states the agency policies indicate whether to assign a transgender or intersex resident to a facility for male or female residents by first inquiring, "Does the agency consider on a case-by-case basis whether a placement would ensure the residents health and safety, and whether a placement would present management or security problems?"

In deciding whether to assign a transgender or intersex detainee to a unit for male or for female detainees, and in making other housing and programming assignments, DYS shall consider on a case-by-case basis which placement would ensure the detainee's health and safety, and whether the placement would present management or security problems. Consideration is also given to a transgender or intersex resident's own views with respect to his/her safety. The facility did not have any transgender or intersex residents during the audit period. However, if the facility receives a transgender resident and in deciding whether to assign a transgender or intersex resident to which male/female living unit and in making other programming assignments, the facility will consider on a case-by-case basis whether a placement would ensure the residents health and safety and whether the placement would present management or security problems. Transgender and intersex residents are given the opportunity to shower separately from other residents.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation was 0.
- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, treatment or special education services was 0.
- In the past 12 months, the average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization was 0.

**Interview Results:**

- The interviews with the PREA Coordinator, Compliance Manager, the O&A specialist indicated that the facility will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units, or wings solely based on identification status for protecting such residents.
- Interviewed staff indicated that the facility is not subject to a consent decree, legal settlement, or legal judgment. Staff indicated that the facility ensures against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated units or wings solely on the basis of their sexual orientation, genital status, or gender identity. They specified that the facility will house these residents in the general population unless requested by the resident for special housing for safety issues.



**Corrective Action:**

- The facility must develop and show a system to that uses all information obtained in 115.341 and subsequently, keeps all residents safe and free from sexual harassment to make housing, bed, program, education, and work assignments for residents safe and free from sexual abuse.
- The facility is developing a youth housing location grid that shows appropriate housing and programming that uses all information obtained in 115.341 and subsequently, keeps all residents safe and free from sexual harassment to make housing, bed, program, education, and work assignments for residents safe and free from sexual abuse. By not using all the information in 115.341 to make housing, bed, program, education, and work assignments for residents, this will ultimately impact the facility's ability to comply with all subsections (b) through (i.)
- The estimated timeline to develop and these suggestions is within the 180-day corrective action period.

**Corrective action required and verification of corrective action since the on-site phase:**

(a) The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. The agency policy did not include residents who have disclosed prior sexual victimization of sexual abuse or sexual harassment while confined at the facility, which shall prompt and result in a re-assessment to determine if there needs to be any housing or programming changes for victims. The specialists could not demonstrate or show how they use information for the risk screening during the intake process to keep residents safe and free from sexual abuse and harassment. The facility improved upon the housing and programming assignments including location color grid that shows appropriate housing and programming that uses all information obtained in 115.341 and subsequently, keeps all residents safe and free from sexual harassment to make housing, bed, program, education, and work assignments for residents safe and free from sexual abuse. On January 25, 2019, the facility completed all required work prior to the 180-day time period.

## REPORTING

**Standard 115.351: Resident reporting****All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.351 (a)**

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

#### 115.351 (b)

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

#### 115.351 (c)

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

#### 115.351 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

*conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Supporting Documents, Interviews and Observations:**

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Detainee Grievance Policy Number 14.4
- Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Supervision and Safety of Detainees 10.5
- King County Juvenile Detention Juvenile Detainee Information Handbook, English Version
- King County Juvenile Detention Juvenile Detainee Information Handbook, Spanish Version
- King County Ombudsman and King County DAJD Memorandum of Understanding
- PREA Posters
- Pre-Audit Questionnaire / Community Confinement Facilities
- Reporting Notice Posted on the Agency's website
- Facility Reporting Notice
- Facility Grievance/PREA report Notice Form
- King County DAJD Juvenile Division Level System- A System for Managing Youth Behavior
- Youth Grievance /Complaint Form
- Video camera footage verify receipt of grievance box checks
- Facility grievance process system check notice
- Detainee PREA Information Form-Intake
- Refresher resident education sign in sheets

**Interviews:**

- PREA Coordinator
- Division Director
- Random Staff
- Random Residents

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23, Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Detainee Grievance Policy Number 14.4 provides multiple internal ways for residents to report sexual abuse and harassment retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents.

Residents are informed verbally and in writing on how to report sexual abuse and sexual harassment. These various ways of reporting included: telephoning the hotline number, a written or verbal complaint to the Ombudsman, advising an administrator, or staff member, placing a written complaint in the grievance box, or reporting box, and making an external complaint to a third party (i.e. family member). Also, during the intake and admission process residents are advised of their rights as written in the Juvenile Detainee Information Handbook and the Juvenile Division Level System Handbook.

While touring the entire detention facility, it was observed in the living areas postings of the PREA information (posters), other facility information, reporting boxes (located in the Gymnasium, Medical Suite, and Library), and the grievance boxes with forms near each area. The victim advocate information postings were observed near the telephone. Reporting procedures are provided to residents through the juvenile detainee information handbook.

During the tour, the auditor tested the grievance and reporting process by placing a written notice inside the boxes verifying the reporting mechanism. While on-site the auditor did not receive any indications from staff of receiving such letters. It was after the on-site visit I inquired to the PREA Coordinator to verify receipt. Apparently, one of the grievance box tested is no longer in use on one of the living units and the reporting box was checked but staff assumed that the letter was an on-site audit notice and discarded the notice. The results of the test verified boxes are only checked when a resident request a grievance form and reporting boxes do not get checked often as required by policy.

Facility Administration verified all grievance boxes that are in use and verified box checks and provide video coverage of assigned staff checking the grievance box as required by policy and procedures. The grievance test notice placed in the medical suite was retrieved within policy timelines and receipt was provided to the auditor. The facility provided video camera coverage of the staff checking the grievance box in the medical suite showing staff checked the box. The facility took the step of randomly reviewing video camera footage and complete a log of daily box checks, provided copies of the log verifying the boxes are routinely checked as policy requires. Based on the supporting documentation provided by the facility and agency this area of concern was completed and in compliance.

Resident interviews indicated that they know at least one way to report sexual abuse and sexual harassment by telephoning the hotline, speaking with a staff they trust, and about the anonymous reporting capability but possessed limited knowledge of third party reporting by having or knowing someone else make the report for you so that you do not have to give your name. Ten (10) out of nineteen (19) residents only knew the reporting method of third-party reporting. The facility will need to provide follow up resident education in the future about third party reporting during orientation process and during group sessions while at the detention facility.

Staff interviews indicated that staff only knew of at least one way to privately report sexual abuse of resident, by telling their immediate supervisor. To identify additional ways staff can privately report by prompting, staff were unable to give additional ways they could privately report. The facility will need to provide follow up staff training on all the ways staff can privately report sexual abuse of residents. This can be accomplished by training staff during shift change/muster meetings.

Furthermore, random staff interviews revealed a lack of understanding on how residents can privately report sexual abuse, sexual harassment, retaliation by other residents or staff for reporting or staff neglect or violations of responsibilities that may have contributed to an incident of sexual abuse or harassment. Staff responded by saying that residents can tell staff or supervisor; however, staff did not identify reporting anonymously by using the grievance and reporting boxes or by making a third-party report. The facility will need to provide follow up staff training on the methods residents can privately report sexual abuse. Seven (7) out of twelve (12) staff did not mention residents could report anonymously through the grievance and reporting boxes or by making a third-party report.

**Correction Action:**

- Provide follow up resident education on third party reporting as a method to report sexual abuse allegations.
- Create and submit a teaching lesson on the above-mentioned topic, reporting method of third-party reporting, conduct the resident education, maintain documentation of resident participation in these education sessions.
- Create and submit a teaching lesson on the mentioned topic, conduct staff training to resident population, maintain documentation of staff training sign offs sheets acknowledging understanding.
- Concerning resident reporting by filing a grievance and reporting boxes, the facility directed the designated staff to check the boxes as required by policy. The facility started to monitor video camera checks and began completing a log of box checks and the facility will provide copies of the log verifying the boxes are routinely checked as policy requires.
- All corrective action documentation be submitted within the 180 days of the date of the interim report so that a final report can be issued.

**Corrective action required and verification of corrective action since the on-site phase:**

**(b)** The agency shall provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. The PREA Coordinator and PREA Compliance Manager developed refresher training exercises on resident education topics identified to improve resident knowledge on how residents can make third party reports. Resident's received the required education as noted on the lesson plans and confirmed on the sign in sheets. On April 8, 2019, residents within the population received the educational information. Based on supporting documentation submitted by the agency, the agency/ facility is in full compliance of this standard. Facility administration verified all grievance boxes that are in use and verified box checks and provide video coverage of assigned staff checking the grievance box as required by policy and procedures. The grievance test notice placed in the medical suite was retrieved within policy timelines and receipt was provided to the auditor. The facility began conducting random video camera checks, completed a log of grievance box checks, and provided log checks verifying routine checks and policy compliance. Based on the supporting documentation provided by the facility and agency this area of concern was completed and in compliance.

**(c)** Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The PREA Coordinator and facility PREA Compliance Manager created and submitted a staff training lesson pertaining to the acceptable ways staff can accept reports from residents including third party reporting. On May 2, 2019, ten (10) juvenile detention officers were interviewed by telephone on how can staff privately report sexual abuse of residents and how residents can privately report. Based on their responses, all staff interviewed acknowledged they completed the refresher training and all staff interviewed knew all training topics. Based on the findings, the facility is compliant with the standard.

**Standard 115.352: Exhaustion of administrative remedies**

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

**115.352 (a)**

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

**115.352 (b)**

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

**115.352 (c)**

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

**115.352 (d)**

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

#### 115.352 (e)

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

#### 115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes   ☐ No   ☐ NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
☒ Yes   ☐ No   ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes   ☐ No   ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
☒ Yes   ☐ No   ☐ NA

- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

### 115.352 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Supporting Documents, Interviews and Observations:

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Detainee Grievance Policy Number 14.4
- King County Sexual Assault Resource Center (KCSARC) Memorandum of Agreement between King County and the KCSARC
- Youth Grievance /Complaint Form
- Refresher resident education training sheets

### Interviews:

- Agency Designee- Director, Deputy Director
- PREA Coordinator
- Division Director



- Random Residents
- Random Staff

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23, Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Detainee Grievance Policy Number 14.4, King County Sexual Assault Resource Center (KCSARC) Memorandum of Agreement between King County and the KCSARC describes the orientation residents receive that explains how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse and/or harassment. Residents may place a written grievance or complaint in the locked Grievance box located on living units and Reporting boxes located in the Gymnasium, Medical Suite, and Library.

The detention facility has a multi-layered grievance process enabling timely response and layers of review. The policies and procedures describe an unimpeded process. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. The supervisor who is responsible for investigating the complaint or grievance shall respond within twenty-four hours. The Chief of Operations/Security responds to emergency grievances within seventy-two (72) hours and issues a final decision within five calendar days to determine whether the resident is in substantial risk of imminent sexual abuse.

Staff interviews confirmed there is a grievance process relating to sexual abuse or sexual harassment complaints at the detention center. However, when staff were asked how residents can privately report sexual abuse by filing a grievance, most staff did not state that specific reporting mechanism. Some resident interviews and documentation confirmed there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in the reporting or grievance boxes. Residents indicated they would contact a trusted staff or telephone the hotline in relation to sexual abuse or sexual harassment complaints.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of grievances filed that alleged sexual abuse reported was 0.
- In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed reported was 0
- The number of grievances alleging sexual abuse filed by Residents in the past 12 months in which the Resident declined third-party assistance, containing documentation of the Resident's decision to decline reported was 0.
- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months reported was 0.
- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions with five days reported was 0.
- In the past 12 months, the number of Resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the Resident for having filed the grievance in bad faith reported was 0.

## Interview Results:

According to staff interviews, the facility does not require a resident to use any informal grievance process as it relates to PREA or to attempt to resolve the issue with staff, for an alleged incident of sexual abuse.

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

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

#### 115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

#### 115.353 (b)

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

#### 115.353 (c)

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

#### 115.353 (d)

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

- Does the facility provide residents with reasonable access to parents or legal guardians?  
☒ Yes   ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Supporting Documents, Interviews and Observations:

- Pre-Audit Questionnaire
- Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Supervision and Safety of Detainees Policy Number 10.05
- King County DAJD and Harborview Center for Sexual Assault and Traumatic Stress (HCSATS) Memorandum of Understanding
- Hospital Services Agreement between King County, Harborview Medical Center (HMC), and University of Washington
- King County Juvenile Detention Juvenile Detainee Information Handbook, English Version
- King County Juvenile Detention Juvenile Detainee Information Handbook, Spanish Version
- PREA Poster
- Pre-Audit Questionnaire
- Detainee PREA Information Form- Intake
- Refresher resident education, outside counseling services supplement
- Refresher resident education training sign in sheets

### Interviews:

- Agency PREA Coordinator
- Division Director
- Random Residents

The initial review of the Department of Adult and Juvenile Detention (DAJD), King County Division of Youth Services Operations Manual, Supervision and Safety of Detainees Policy Number 10.05, King County DAJD and Harborview Center for Sexual Assault and Traumatic Stress (HCSATS) Memorandum of Understanding, Hospital Services Agreement between King County, Harborview Medical Center(HMC), and University of Washington ensures that residents are provided access to outside confidential support services, legal

counsel and parent/guardian. There is evidence of the PREA Coordinator obtaining a Memorandum of Agreement with the Harborview Center for Sexual Assault and Traumatic Stress to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams at the detention center. Also, this auditor contacted a representative from the Harborview Center for Sexual Assault and Traumatic Stress via telephone after the on-site visit. The MOU in place was verified and the representative was very knowledgeable of the details in the document and articulated the process the center would use in a sexual abuse allegation. The detention facility staff provides the King County Detainee PREA Intake Information Form and the posters in the housing units with information to the residents and the availability of 24 hour-toll free telephone numbers. Also, the residents have access to the Ombudsman who follows up with the resident and facility.

Harborview Medical Center (SAFE/SANE) provides the emergency and forensic medical examinations at no financial cost to the victim. There have been no calls from residents to outside services in the past twelve (12) months. Most resident interviews confirmed they have reasonable and confidential access to their attorneys and reasonable access to their parent/guardian either through visitation, correspondence or by telephone. The detention center provides weekly calls to parents/legal guardians, provides for the toll-free hotline to report sexual abuse, permits parental/legal guardians visitation, and letter writing to parents/legal guardians.

Resident interviews confirmed their knowledge of how to access outside services but limited knowledge of what kind of services are provided to them, when they are able to talk with people from these services, knowing what is said remains private related to mandatory reporting law. The detention facility staff will be providing additional education to future residents on victim advocate services during their orientation process and throughout a resident's length of stay at the facility.

#### **Interview Results:**

- Fourteen (14) out of nineteen (19) residents interviewed stated that they did know that there are services available outside of the facility for dealing with sexual abuse, if they needed it.
- Eight (8) out of nineteen (19) residents interviewed stated knew what kind of services were available and received mailing addresses, when you are able to talk with people from these services and knowing what is said remains private related to mandatory reporting law.

#### **Correction Action:**

- Provide follow up resident education to residents on victim advocacy and outside counseling services offered to victims of sexual abuse.
- Create and submit a teaching lesson on the mentioned topic, conduct the resident education to resident population, and maintain documentation of resident participation in these education sessions.
- All corrective action documentation be submitted within the 180 days of the date of the interim report so that a final report can be issued.

#### **Corrective action required and verification of corrective action since the on-site phase:**

(a) The PREA Coordinator and PREA Compliance Manager developed refresher training exercises on resident education topics identified to improve resident knowledge and understanding on victim advocate and what services outside counseling services provided to residents of sexual abuse. Residents received the required education as noted on the lesson plans and confirmed on the sign in sheets. On April 8, 2019, residents within the population received the information on victim advocate and outside counseling services. Based on supporting documentation submitted by the agency, the agency/ facility is in full compliance of this standard.

## Standard 115.354: Third-party reporting

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

#### 115.354 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Supporting Documents, Interviews and Observations:

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Supervision and Safety of Detainees Policy Number 10.5
- Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Inmate Classification and Discipline Policy Number 6.04.001 Prison Rape Elimination Act (PREA)
- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- King County Detainee PREA Intake Information Form, English and Spanish Version

- King County Juvenile Detention Juvenile Detainee Information Handbook, English Version
- King County Juvenile Detention Juvenile Detainee Information Handbook, Spanish Version
- DAJD website, Third Party Reporting
- Pre-Audit Questionnaire

#### **Interviews:**

- Agency PREA Coordinator
- Division Director
- PREA Compliance Manager

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Supervision and Safety of Detainees Policy Number 10.5, Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Inmate Classification and Discipline Policy Number 6.04.001 Prison Rape Elimination Act (PREA), Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23 identifies the DAJD's third party reporting process and instructs detention staff to accept third party reports from any source. DAJD's website provides the public with information regarding third party reporting of sexual abuse or sexual harassment on behalf of a resident. There are several reporting options (written, verbal and anonymous) for the receipt of third-party reports of sexual abuse or sexual harassment. This information is reported directly to the Agency Investigative Unit who will inform the PREA Coordinator and Division Director (Superintendent).

The detention staff provides the parent/guardian with a packet containing varied forms, and third-party reporting information. As previously mentioned in 115.353, resident interviews confirmed a lack of awareness and knowledge of reporting sexual abuse or harassment to others outside (third party reporting) of the detention center including access to their parent(s)/legal guardian(s) and attorney. Additionally, they are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, the Ombudsman, probation officers, and attorneys. Most detention staff interviews were able to describe how reports may be made by third parties.

## **OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT**

### **Standard 115.361: Staff and agency reporting duties**

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

#### **115.361 (a)**

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

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

#### 115.361 (b)

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

#### 115.361 (c)

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

#### 115.361 (d)

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

#### 115.361 (e)

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

#### 115.361 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Supporting Documents, Interviews and Observations:

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Notification Requirements to Call Officer of the Day Policy Number 6.10

### Interviews:

- Agency Designee- Director
- Agency Designee- Deputy Director
- Agency PREA Coordinator
- Division Director
- PREA Compliance Manager
- Random Staff
- Medical Director
- Medical and Mental Health Staff
- Orientation and Admission Staff
- Intake Staff

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23, Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Notification Requirements to Call Officer of the Day Policy Number 6.10 identified the reporting process for all detention staff to



immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The Division Director (Superintendent) ensures that parents/guardian be notified unless there is official documentation indicating that the parents/legal guardians should not be notified, the victim is under the guardianship of the child welfare system, and within fourteen (14) days the juvenile's attorney is notified.

All detention staff are mandated reporters and random staff interviews confirmed the detention facility's compliance with this standard. All detention staff receives information and clear steps on how to report sexual abuse and sexual harassment and instructions to maintain confidentiality through the detention center protocol and/or training. The detention staff would complete an incident report with the details of any incidents that would occur in the detention center in compliance with this standard. Additionally, interviews with medical and mental health/substance abuse staff confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality.

#### **Interview Results:**

- All staff interviewed indicated they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at the facility; retaliation against residents or staff who reported the incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff was also aware of the facility procedure for reporting any information related to a resident sexual abuse allegation.
- Interviewed Medical and Mental Health staff indicated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the incident. Unless otherwise precluded by Federal, State, or local law, mental health practitioners shall be required to report sexual abuse and to inform residents of the practitioner's duty to report, and the limitations of confidentiality at the initiation of services.

### **Standard 115.362: Agency protection duties**

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

##### **115.362 (a)**

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

#### **Auditor Overall Compliance Determination**

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

## Instructions for Overall Compliance Determination Narrative

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

### Supporting Documents, Interviews and Observations:

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Detainee Grievance Policy Number 14.4
- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Notification Requirements to Call Officer of the Day Policy Number 6.10
- PREA Audit: Pre-Audit Questionnaire

### Interviews:

- Agency Designee- Director
- Agency Designee- Deputy Director
- Agency PREA Coordinator
- Division Director
- PREA Compliance Manager
- Random Staff

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Detainee Grievance Policy Number 14.4, Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Notification Requirements to Call Officer of the Day Policy Number 6.10, requires that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse.

Documentation, interviews with the Director, Deputy Director, PREA Coordinator, Division Director, Compliance Manager, and random staff were able to articulate, without hesitation, the expectations and requirements of the policies and PREA Standards, upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse. Detention staff indicated that if a resident was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the resident, separate the resident from the alleged perpetrator and contact their immediate supervisor. Additionally, the resident would be referred for mental health services. All residents interviewed reported they feel safe and more importantly sexual safe at this detention facility and none had ever reported to staff that they were at substantial risk of imminent sexual abuse.

A review of the Pre-Audit Questionnaire and confirmed by random staff interviews:

- In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse reported was 0.

## Interview Results:

- Interview with the PREA Coordinator, Division Director, and PREA Compliance Manager, and Random Staff indicated that when they learn that a resident is subject to a substantial risk of imminent sexual abuse, the facility separates the residents involved, modifies the residents bed assignment, and transfers residents to another living unit based on the safety and security of all residents.

## Standard 115.363: Reporting to other confinement facilities

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

#### 115.363 (a)

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

#### 115.363 (b)

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

#### 115.363 (c)

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

#### 115.363 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

*conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Supporting Documents, Interviews and Observations:**

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- Pre-Audit Questionnaire

**Interviews:**

- Agency Designee- Director
- Agency Designee- Deputy Director
- Division Director
- Random Staff

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23 requires the Division Director (Superintendent) upon receiving an allegation that a resident was sexually abused while confined at another facility, to notify the Center Superintendent within 72 hours where the alleged abuse occurred and to report it in accordance with CSSD policy and procedures. Also, according to the policies and procedures, the Division Director (Superintendent) is to immediately report the incident for investigation and complete an incident report. The Division Director (Superintendent) had received no allegations that a resident was abused while confined at another facility during the past twelve (12) months.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- During the past 12 months, the number of allegations the facility received that a Resident was abused while confined at another facility was 0.
- During the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was 0.

**Interview Results:**

- Interviews with the Agency Designee- Director, Deputy Director, and Division Director (Superintendent) indicated that when and if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment involving staff occurred at their facility, they would put that staff on no-contact. If it involves a resident they would monitor that resident until investigation is completed.

## **Standard 115.364: Staff first responder duties**

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

#### **115.364 (a)**

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

#### 115.364 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Supporting Documents, Interviews and Observations:

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- YSC Sexual Abuse and Harassments Checklists, original and revised checklists
- PREA Audit: Pre-Audit Questionnaire

- Photographs of staff first responder duty signs
- Listing indicating folder location for first responder duties and coordinated response plan checklist
- PREA debriefing and refresher training for Supervisors dated 12/12/18
- Refresher staff training sign in sheets

#### Interviews:

- Agency PREA Coordinator
- Division Director
- PREA Compliance Manager
- Medical staff
- Random Staff and First Responders

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23, and training documentation requires detention staff to take specific steps to respond to a report of sexual abuse including the following: separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; **ensuring** that the alleged victim not take any action that could destroy physical evidence; and **ensuring** that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence.

During the pre-audit phase, the auditor recommended the policy, checklist and any relevant training material documentation relating to first responder duties reflect exact word verbiage as written in the standards, specifically, the word “request” the alleged victim and “ensure” the alleged abuser be amended in the policy, procedure, checklists, and any relevant training materials. The agency accepted the change and is in the process of updating the policy, procedure, and relevant documentation. There were three (3) allegations of sexual abuse during the past twelve (12) months. Supporting documentation such as the incident and investigation reports indicated first responder duty responsibilities were followed by policy and procedure.

Random staff and first responder interviews validated this technical knowledge of actions to be taken upon learning that a resident was sexually abused; however, most random staff interviews had difficulty in providing the action steps identified in the policies and procedures, had limited knowledge of their responsibilities and duties as first responders, were unaware of why they do these duties. The facility will update first responder duties in policies, procedures, modify checklists, create a training lesson, and have all detention staff re-trained on first responder duties consistent with DAJD policies and procedures.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of allegations that a Resident was sexually abused as three (3).
- In the past 12 months, of the allegations that a Resident was sexually abused the number of times a non-security staff was the first responder were zero.

**Interview Results:**

- All nineteen (19) staff interviewed could not indicate the action steps identified in the policies and procedures, had limited knowledge of their responsibilities and duties as first responders, and unaware of why they do these duties.

**Correction Action:**

- The facility will update first responder duties in policies, procedures, modify checklists.
- Create a training lesson and have all detention staff re-trained on first responder duties consistent with DAJD policies and procedures.
- Document staff training by indicating staff understands the training they received.
- All corrective action documentation be submitted within the 180 days of the date of the interim report so that a final report can be issued.

**Corrective action required and verification of corrective action since the on-site phase:**

(a) The agency's PREA policy and checklists did not resemble the PREA standard language relating to "request the victim" and "ensure the alleged abuser" 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. All nineteen (19) staff interviewed could not indicate the action steps identified in the policies and procedures, had limited knowledge of their responsibilities and duties as first responders, and unaware of why they do these duties. April 15, 2019, facility administration updated the policy and checklist and re-trained staff on staff first responder duties. On May 7, 2019, ten (10) staff were re-interviewed and all staff interviewed could confidently list and explain all first responder duties. The correction was made prior to the end of the 180-day corrective action period and the agency/facility is in full compliance of the standard.

**Standard 115.365: Coordinated response****All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.365 (a)**

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

**Auditor Overall Compliance Determination**

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

## Instructions for Overall Compliance Determination Narrative

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

### Supporting Documents, Interviews, and Observations

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- DAJD PREA Response and Containment Check List
- DAJD PREA Sexual Abuse Check List, original and revised versions
- Coordinated Response Plan
- Pre-Audit Questionnaire
- Listing indicating folder location for first responder duties and coordinated response plan checklist
- PREA debriefing and refresher training for Supervisors dated 12/12/18
- Refresher staff training sign in sheets

### Interviews:

- PREA Coordinator
- Division Director
- PREA Compliance Manager
- Random Staff

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23, DAJD PREA Response and Containment Check List, DAJD PREA Sexual Abuse Check List, Coordinated Response Plan provides a written coordinated response system to coordinate actions taken in response to an incident of sexual abuse among detention staff first responders, administration, executive staff and contacting medical and mental health outside sources.

King County DAJD's PREA Coordinated Response Plan reflects the detention center's specification of how they will respond to sexual allegations and the notification procedures followed for reports of sexual allegations. Also, the detention staff utilizes the "PREA Incident Report" form to complete the documentation of the incident and the PREA Response and Containment Check List and DAJD PREA Sexual Abuse Check List to track all coordinated response action steps. During the pre-audit phase, the auditor recommended checklists and any relevant training material documentation relating to first responder duties to reflect exact word verbiage as written in the standards, specifically, the word "request" the alleged victim and "ensure" the alleged abuser be amended in the policy, procedure, checklists, and any relevant training materials. The agency accepted the change and is in the process of updating the relevant information.

DAJD detention facility has a system in place providing the staff with clear actions to be taken by each discipline for accessing, contacting administrative staff, medical and mental health staff, contacting law



enforcement, victim advocate services, and a number of other individuals; however, staff were unsure of the exact locations where the coordinated response plans could be pulled and referred to when a sexual abuse allegation takes place.

#### **Interview Results:**

- Interviews with the PREA Coordinator, Division Director, PREA Compliance Manager, and Random staff indicated the facility has a system in place providing the staff with clear actions to be taken by each discipline for accessing, contacting administrative staff, medical and mental health staff, contacting law enforcement, victim advocate services, and a number of other individuals.
- All staff interviewed were asked where the coordinated response plan was located and responses given were “on the living units”, “supervisors office”, and the plan can be located in the facility’s computer database or shared drive.

#### **Corrective Action:**

- The facility will update first responder duties in the coordinated response plan, any policies, procedures, and modify the checklists.
- Inform all facility staff of the location of the coordinated responses plans and other relevant information so it can be found in a case of a sexual abuse allegation and have the plans in those locations.
- All corrective action documentation be submitted within the 180 days of the date of the interim report so that a final report can be issued.

#### **Corrective action required and verification of corrective action since the on-site phase:**

**(1)** The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility PREA response and containment and DAJD PREA sexual abuse checklists that track coordinated response plan steps update the first responder duties, specifically the wording of “request the victim” and “ensure the alleged abuser” be corrected to match the agency policy and PREA standard. Furthermore, mostly all staff interviewed was aware the facility had a coordinated response plan but were unsure of the plan’s location in cases where they may have to refer to when a sexual abuse allegation happens. On April 15, 2019, facility administration updated all relevant checklists and re-trained staff on the where the coordinated response plan is located within the facility if a sexual abuse allegation occurs. On May 7, 2019, ten (10) staff were re-interviewed and all staff interviewed could confidently list and explain all first responder duties. The corrections were made prior to the end of the 180-day corrective action period and the agency/facility is in full compliance of the standard.

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

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

##### **115.366 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining

agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

#### 115.366 (b)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Supporting Documents, Interviews and Observations:

- Agreement between King County and the King County Juvenile Detention Guild
- Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Administration and Personnel Management Policy Number 1.03.008 Employee Code of Conduct
- Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Inmate Classification and Discipline Policy Number 6.04.001 Prison Rape Elimination Act (PREA)
- Master Labor Agreement between King County and Washington State Council of County and City Employees, Supervisors
- Agreement between King County and Washington State Nurses Association Representing Employees in DAJD Detention and Juvenile Division
- Second Amendment to Interagency Agreement between Seattle School District and King County DAJD
- Pre-Audit Questionnaire

#### Interviews:

- Agency Designee- Director
- Agency Designee- Deputy Director
- PREA Coordinator
- Division Director
- Random staff- Representative from the Detention Guild

The initial review of the Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Administration and Personnel Management Policy Number 1.03.008 Employee Code of Conduct, Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Inmate Classification and Discipline Policy Number 6.04.001 Prison Rape Elimination Act (PREA) and collective bargaining unit agreements between King County and the King County Juvenile Detention Guild (1/1/17-12/31/18), the Master Labor Agreement between King County and Washington State Council of County and City Employees, Supervisors (1/1/18-12/31/20), Agreement between King County and Washington State Nurses Association Representing Employees in DAJD Detention and Juvenile Division (1/1/17-12/31/19), and the Second Amendment to Interagency Agreement between Seattle School District and King County DAJD(9/1/18-1/31/21) did not appear to contain any language preventing the agency from taking appropriate disciplinary action for any violations of the agency's sexual abuse or sexual harassment policies and no language was observed preventing the agency from removing a staff from contact with a youth while investigation is being conducted. The bargaining unit agreement between King County and the King County Juvenile Detention Guild (1/1/17-12/31/18) is currently under renegotiations.

#### **Interview Results:**

- Interviews with the Agency Designee- Director, Deputy Director, PREA Coordinator, Division Director, Random staff- Representative from the Detention Guild confirmed there is nothing in any collective bargaining agreements preventing the agency from placing a staff on "no contact status" during a PREA investigation involving staff. The random staff representative from the Detention Guild indicated the bargaining unit agreement between King County and the King County Juvenile Detention Guild (1/1/17-12/31/18) is currently under renegotiations.

### **Standard 115.367: Agency protection against retaliation**

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

##### **115.367 (a)**

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

##### **115.367 (b)**

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

##### **115.367 (c)**

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

#### 115.367 (d)

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

#### 115.367 (e)

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

#### 115.367 (f)

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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

### **Supporting Documents, Interviews and Observations:**

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Detainee Grievance Policy Number 14.4
- Department of Adult and Juvenile Detention, King County Division of Youth Services General Manual, Inmate Classification and Discipline Prison Rape Elimination Act (PREA) Policy Number 6.04.001
- Department of Adult and Juvenile Detention, King County Division of Youth Services General Manual, Administration and Personnel Management, Employee Code of Conduct, Policy Number 1.03.008
- Pre-Audit Questionnaire
- PREA Retaliation Review Form

### **Interviews:**

- Agency PREA Coordinator
- Agency Designee- Director, Deputy Director
- PREA Coordinator
- Division Director
- PREA Compliance Manager
- Intermediate Level Staff (Supervisors)

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23, Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Detainee Grievance Policy Number 14.4, Department of Adult and Juvenile Detention, King County Division of Youth Services General

Manual, Inmate Classification and Discipline Prison Rape Elimination Act (PREA) Policy Number 6.04.001 requires the protection and monitoring of residents and detention staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. The policy prohibits retaliation against any detention staff or resident for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. The monitoring at a minimum will take place for a period of 90 days at a minimum.

Within the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23 and King County Division of Youth Services General Manual, Inmate Classification and Discipline Prison Rape Elimination Act (PREA) Policies do not reflect the language in subsection (c) specifically to monitor any discipline reports, housing changes, program changes, negative performance reviews of staff, re-assignments of staff. The sexual abuse checklist describes that this monitoring would include resident disciplinary reports, housing and program changes, negative performance reports as well as reassignments of detention staff. The recommendation is to update the policies and when necessary the checklist to allow for consistency and to comply with the standard. Also, the checklist states under Supervisors duties to monitor by conducting weekly checks, which is not identified in the policies. By adding to the frequency of weekly checks, the policies will clarify and reduce any confusion by staff.

The facility Supervisors are responsible for overseeing the monitoring of the conduct or treatment of residents or detention staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. If retaliation should occur, the assigned staff follows the steps listed on the sexual abuse and sexual harassment check sheets. Over the past twelve months, the facility reported three (3) sexual abuse allegations and there were no incidents of retaliation; however, the facility did not show any documentation that the periodic checks were completed along with any findings. Interviews with the Supervisors and PREA Compliance Manager conflicted on the designated staff member charged with monitoring retaliation.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of times an incident of retaliation occurred in the past 12 months was 0. There was no supporting documentation to show retaliation was monitored during the ninety (90) days for the three (3) sexual abuse allegations.

#### **Interview Results**

- Interviewed two (2) intermediate level staff (supervisors) indicated the PREA Compliance Manager monitors retaliation. The PREA Compliance Manager indicated that in policy, Supervisors monitor retaliation, and the Compliance Manager advises the Internal Investigation Unit Commander of any retaliation against residents and others who report sexual abuse and sexual harassment.

#### **Corrective Action:**

- Update the policies to reflect standard language, and if necessary, update the checklist to allow for consistency and to comply with the standard. Also, the checklist states under Supervisors duties to monitor by conducting weekly checks, which is not identified in the policies. By adding to the frequency of weekly checks, the policies will clarify and reduce any confusion by staff.

- For future sexual abuse allegations, document the periodic checks were completed along with any findings. Interviews with the Supervisors and PREA Compliance Manager conflicted on the designated staff member charged with monitoring retaliation.

**Corrective action required and verification of corrective action since the on-site phase:**

**(c)** For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. On April 14, 2019, the facility submitted the updated policy change and revised the PREA sexual abuse checklist. The facility also submitted documentation on follow up periodic checks of retaliation monitoring for an allegation that occurred after the on-site audit phase. The correction was made prior to the end of the 180-day corrective action period and the agency is following the standard.

## Standard 115.368: Post-allegation protective custody

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

### 115.368 (a)

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Supporting Documents, Interviews and Observations:**

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Removal of Detainees from General Population Policy Number 16.9
- Pre-Audit Questionnaire

**Interviews:**

- Agency Designee-Director, Deputy Director
- PREA Coordinator
- Division Director
- PREA Compliance Manager

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Removal of Detainees from General Population Policy Number 16.9 prohibits the use of isolation or segregation from others at the detention center. No residents who have alleged sexual abuse in the past twelve (12) months were secluded or isolated from the other residents. The DAJD Youth Service Center is moving toward a zero-detention policy which is under revision as part of the Juvenile Ordinance Initiative.

## INVESTIGATIONS

**Standard 115.371: Criminal and administrative agency investigations****All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.371 (a)**

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

**115.371 (b)**

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

**115.371 (c)**



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

#### 115.371 (d)

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

#### 115.371 (e)

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

#### 115.371 (f)

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

#### 115.371 (g)

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

#### 115.371 (h)

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

#### 115.371 (i)

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

#### 115.371 (j)

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

#### 115.371 (k)

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

#### 115.371 (l)

- Auditor is not required to audit this provision.

#### 115.371 (m)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Supporting Documents, Interviews and Observations:

- Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Administration and Personnel Management Policy Number 1.05.001 Special Investigations Unit

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- Department of Adult and Juvenile Detention, King County Division of Youth Services General Manual, Inmate Classification and Discipline Prison Rape Elimination Act (PREA) Policy Number 6.04.001
- DAJD Internal Investigation Unit Training Log
- Pre-Audit Questionnaire

#### **Interviews:**

- Agency Designee- Director, Deputy Director
- Investigation Unit Captain
- Internal Investigations Investigator
- PREA Coordinator
- Division Director
- PREA Compliance Manager

The initial review of the Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Administration and Personnel Management Policy Number 1.05.001 Special Investigations Unit Policy, Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23, Department of Adult and Juvenile Detention, King County Division of Youth Services General Manual, Inmate Classification and Discipline Prison Rape Elimination Act (PREA) Policy Number 6.04.001 requires all detention staff to refer all alleged incidents of sexual abuse and sexual harassment for investigation to the Special Investigations Unit and Department of Social and Health Services (DSHS-CPS) for administrative investigations and the Seattle Police Department, Kent Police Department, and the King County Sheriff's Office for the determination of criminal charges.

The six (6) investigators the agency currently employs for investigating allegations of sexual abuse have completed both the NIC's PREA: Investigating Sexual Abuse in a Confinement Setting and the additional PREA training developed by DAJD. It was evident that the detention staff reported incidents as required and reports are retained for five (5) years from the date the alleged abuser is released or employed by the detention center. The PREA data must be retained for ten (10) years.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of substantiated allegations of conduct that appears to be criminal that were referred for prosecution since the last PREA audit was 0.

#### **Interview Results:**

- Interviews with the Agency Director, Deputy Director, Investigation Unit Captain, Internal Investigations Investigator, PREA Coordinator, Division Director, and PREA Compliance Manager were knowledgeable with the standard related to administrative or criminal investigations.

## **Standard 115.372: Evidentiary standard for administrative investigations**

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

### 115.372 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Supporting Documents, Interviews and Observations:

- Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Administration and Personnel Management Policy Number 1.05.001 Special Investigations Unit
- Department of Adult and Juvenile Detention, King County Division of Youth Services General Manual, Inmate Classification and Discipline Prison Rape Elimination Act (PREA) Policy Number 6.04.001
- Pre-Audit Questionnaire

#### Interviews:

- Agency Designee- Director, Deputy Director
- Investigation Unit Captain
- Internal Investigations Investigator

The initial review of the Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Administration and Personnel Management Policy Number 1.05.001 Special Investigations Policy contains all the elements of the standard and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. The assigned investigator investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated, unsubstantiated or unfounded.

**Interview Results:**

Interviews with the Investigations Unit Captain confirm the agency or program does not conduct administrative investigations nor determine evidentiary standards. When there is evidence that a prosecutable crime has taken place the office consults with prosecutors before conducting compelled interviews.

**Standard 115.373: Reporting to residents****All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.373 (a)**

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

**115.373 (b)**

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

**115.373 (c)**

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

**115.373 (d)**

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

#### 115.373 (e)

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

#### 115.373 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Supporting Documents, Interviews and Observations:

- Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Administration and Personnel Management Policy Number 1.05.001 Special Investigations Unit
- Department of Adult and Juvenile Detention, King County Division of Youth Services General Manual, Inmate Classification and Discipline Prison Rape Elimination Act (PREA) Policy Number 6.04.001
- Pre-Audit Questionnaire
- Resident Notification Letters

#### Interviews:

- PREA Coordinator

- Investigations Unit Captain

The initial review of the Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Administration and Personnel Management Policy Number 1.05.001 Special Investigations Unit requires that any resident who alleges that he or she suffered sexual abuse is informed in writing and contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. The policies further require that following a resident's allegation that a detention staff member has committed sexual abuse against the resident, the detention center informs the resident unless the allegations are "unfounded"- whenever the detention staff member is no longer posted within the resident's housing area; the staff member is no longer employed at the detention facility; the agency notifies that the staff member has been indicted or convicted on a charge related to sexual abuse within the detention facility.

The Special Investigations Unit is responsible for notifying and reporting the outcome to the resident. Once the resident has been informed the information is documented and placed in the resident's file. With regards to investigations involving resident-on-resident allegations of sexual abuse the notification process would be the same. Following a resident's allegation that a staff member has committed sexual abuse against the Resident, the facility will subsequently notify the Resident (unless the allegation has been determined to be unfounded or unsubstantiated) when 1) the staff member is no longer posted in the resident's unit; 2) the staff member is no longer employed at the facility; 3) the facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4) the facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Following a resident's allegation that he has been sexually abused by another resident, the agency will 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.

The facility's obligation to report under this standard terminates if the alleged victim is released from the Department's custody. All such notifications or attempted notifications are documented. There were three (3) allegations/investigations resulting with a finding of unfounded.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of criminal and/or administrative investigations of alleged Resident sexual abuse that were completed by the agency/facility in the past 12 months was 3.
- Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of Residents who were notified, verbally or in writing, of the results of the investigation was 0. All allegations were unfounded.
- The number of investigations of alleged Resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was 0.
- Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of Residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was 0.
- In the past 12 months, the number of notifications to Residents that were provided pursuant to this standard was 0.

## Interview Results

- Interviews with the PREA Coordinator and Investigation Unit Captain indicated that the program notifies residents both in writing- who make an allegation of sexual abuse-when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

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

#### 115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

#### 115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

#### 115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

#### 115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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



☐ **Does Not Meet Standard** (Requires Corrective Action)

### **Instructions for Overall Compliance Determination Narrative**

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

#### **Supporting Documents, Interviews and Observations:**

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- Department of Adult and Juvenile Detention, King County Division of Youth Services General Manual, Inmate Classification and Discipline Prison Rape Elimination Act (PREA) Policy Number 6.04.001
- Department of Adult and Juvenile Detention, King County Division of Youth Services General Manual, Administration and Personnel Management, Code of Conduct, Policy Number 1.03.008
- Pre-Audit Questionnaire

#### **Interviews:**

- PREA Coordinator
- Division Director
- Investigation Unit Captain
- Human Resources Director

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23, Department of Adult and Juvenile Detention, King County Division of Youth Services General Manual, Inmate Classification and Discipline Prison Rape Elimination Act (PREA) Policy Number 6.04.001, Department of Adult and Juvenile Detention, King County Division of Youth Services General Manual, Administration and Personnel Management, Code of Conduct, Policy Number 1.03.008 requires detention staff receive disciplinary sanctions up to and including termination for violating detention center's sexual abuse or harassment policies. Also, if the violation is criminal in nature it will be referred to law enforcement.

All disciplinary sanctions are maintained in the employee's Human Resources file in accordance with DAJD policy and procedures. Termination is the presumptive sanction for detention staff who had engaged in sexual abuse. Additionally, detention staff may not escape sanctions by resigning. Detention facility staff who resign because they would have been terminated are reported to the local law enforcement, unless the activities were not clearly criminal. All terminations for violations of the agency's sexual abuse or harassment policies, or resignations by staff who would have been terminated if not for their resignation are to be reported to relevant licensing bodies.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of staff from the facility who has violated agency sexual abuse or sexual harassment policies was 0.
- In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was 0.
- In the past 12 months, the number of staff from the facility who has been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies reported were 0.
- In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies reported was 0.

#### Interview Results

- Interview with the Human Resource Director and Investigation Unit Captain were Center interview validated his technical knowledge of the reporting process was consistent with CSSD policies and procedures.

### Standard 115.377: Corrective action for contractors and volunteers

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

#### 115.377 (a)

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

#### 115.377 (b)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Supporting Documents, Interviews and Observations:

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- King County DAJD Adult and Juvenile Detention Background Investigation Questionnaire
- King County Juvenile Detention Officer Job Announcement
- King County DAJD Authorization for Criminal History Reference Check Form
- Waiver and Authorization to Release Information Form
- DAJD PREA Security Orientation for Contracted Professionals, Agency Service Providers and Volunteers Form
- Selection Standards for King County DAJD
- Employee Code of Ethics
- Pre-Audit Questionnaire

### Interviews:

- PREA Coordinator
- Division Director
- Investigation Unit Captain
- Human Resources Director
- Volunteer Coordinator

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23 requires that volunteers and contractors in violation of the detention center's policies and procedures regarding sexual abuse and harassment of residents will be reported to the Special Investigations Unit and local law enforcement unless the activity was not clearly criminal and to relevant licensing bodies. Additionally, the policies require the detention staff to take remedial measures and prohibit future contact with residents in the case of any violation of the detention center's sexual abuse and harassment policies by contractors or volunteers.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was 0.
- In the past 12 months, the number of contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of a resident was 0.

Interview results:

- Interviews with the PREA Coordinator, Division Director, Investigation Unit Captain, Human Resources Director, and Volunteer Coordinator confirm the process for corrective action for contractors and volunteers.

## **Standard 115.378: Interventions and disciplinary sanctions for residents**

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

### **115.378 (a)**

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

### **115.378 (b)**

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

### **115.378 (c)**

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

### **115.378 (d)**

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

always refrain from requiring such participation as a condition to accessing general programming or education? ☒ Yes ☐ No

#### 115.378 (e)

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

#### 115.378 (f)

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

#### 115.378 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Supporting Documents, Interviews and Observations:

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Administration and Personnel Management, Background Investigations Policy Number 1.03.016
- Department of Adult and Juvenile Detention, King County Division of Youth Services General Manual, Inmate Classification and Discipline Prison Rape Elimination Act (PREA) Policy Number 6.04.001

- Juvenile Detainee Information Handbook
- King County DAJD Juvenile Division Level System, A System for Managing Youth Behavior
- Pre-Audit Questionnaire

**Interviews:**

- PREA Coordinator
- Division Director
- Compliance Manager

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23, Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Administration and Personnel Management, Background Investigations Policy Number 1.03.016, Department of Adult and Juvenile Detention, King County Division of Youth Services General Manual, Inmate Classification and Discipline Prison Rape Elimination Act (PREA) Policy Number 6.04.001 states that any resident found to have violated any of the agency's sexual abuse or sexual harassment policies will be subject to sanctions pursuant to the behavior management program.

Youth Services Center detention staff provides each resident with the "Juvenile Detainee Information Handbook" on information that includes their rights and responsibilities, a disciplinary list of violations, and disciplinary procedures and transfers. Residents will be offered therapy, counseling or other interventions designed to address and correct the underlying reasons for their conduct. Interviews with mental health staff confirmed that crisis intervention and counseling are offered to residents.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of administrative findings of Resident-on-Resident sexual abuse that have occurred at the facility was 0.
- In the past 12 months, the number of criminal findings of guilt for Resident-on-Resident sexual abuse that have occurred at the facility was 0.

**Interview results:**

- Interviews with the PREA Coordinator, Division Director, and Compliance Manager confirm that if the facility has any resident found to have violated any of the agency's sexual abuse or sexual harassment policies will be subject to sanctions pursuant to the behavior management program. Furthermore, the facility ensures resident sanctions are imposed for comparable offenses by other residents with similar histories; residents are not denied daily large-muscle exercise, sanctions imposed for comparable offenses by other residents with similar histories, educational programming or special education services, other programs and work opportunities to the extent possible.
- Interviews with mental health staff confirmed crisis intervention and counseling are offered to residents

## MEDICAL AND MENTAL CARE

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

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

### 115.381 (a)

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

### 115.381 (b)

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

### 115.381 (c)

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

### 115.381 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

*conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- Transportation Request Form
- Referral/Consultation Request Form
- Health Care Provider Confidentiality Form
- Facility Authorization for Emergency Medical or Dental Treatment
- DAJD Health Form/Medical Referral Form for Health Clinic Appointments
- Pre-Audit Questionnaire
- Mental Health Referral Form
- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Mental Health Services and Suicide Prevention Policy Number 8.14
- King County DAJD Juvenile Intake Health Screening Questionnaire Form
- MAYSI Intake Screening Form
- Mental Health Level 2 Care Plan
- Women's Health Intake Form

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23, Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Mental Health Services and Suicide Prevention Policy Number 8.14 require medical and mental health evaluations and, as appropriate, treatment is offered to all residents victimized by sexual abuse and ensure confidentiality is ensured of information. Residents who report prior sexual victimization or who disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community- are required to be offered a follow-up with a medical or a mental health practitioner within admission/screening.

The Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23 needed to include the required language concerning follow up meetings with medical and mental health practitioners within the fourteen (14) days of the intake screening. The policies and documentation review also requires a medical and mental health practitioners to obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

While on-site, a Child Care folder review conducted on both the resident who disclosed prior sexual victimization during the risk screening process and the resident who reported sexual abuse, indicated the two (2) residents were seen within the fourteen days of screening by medical and mental health staff and a level care plan was established. Medical staff completes various admission screening forms (i.e. Juvenile Intake Health Screening Questionnaire Assessment for all residents, Women's Health Intake Form for female residents) and mental health staff completes various forms (i.e. Mental Health



Evaluation and Level Care Treatment Plans and MAYSI) during the initial intake process- including informed consent disclosures.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of administrative findings of Resident-on-Resident sexual abuse that have occurred at the facility was 0.
- In the past 12 months, the number of criminal findings of guilt for Resident-on-Resident sexual abuse that have occurred at the facility was 0.

**Interview results:**

- During an interview with one (1) resident who disclosed prior sexual victimization during the risk screening process resident indicated he was seen by medical and mental health practitioners' right after disclosure and within the fourteen (14) day requirement. A childcare file review confirmed resident was seen within the time frame.
- Interview with one (1) resident who reported sexual abuse indicated he was seen by medical and mental health practitioners within the fourteen (14) day requirement. A childcare file review confirmed resident was seen within the time frame.
- Interviews with Medical and Mental Health staff indicated that at the initiation of services to a resident, staff disclose the limitations of confidentiality and duty to report. When reports of sexual abuse are disclosed by residents, staff notify the local SAFE/SANE hospital (Harborview Medical Center), preserve evidence, conduct an initial assessment; and make a CPS report and police report. Information related to sexual victimization or abusiveness that occurred in the facility is strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions.

**Corrective Action:**

- The Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23 requires modification by adding "within the fourteen (14) days of intake" language. Along with the change in policy, have all staff review the changes and sign to indicate acknowledging and understanding the changes.

**Corrective action required and verification of corrective action since the on-site phase:**

- (a) If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. (b) If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.
- All corrective action documentation be submitted within the 180 days of the date of the interim report so that a final report can be issued.

(a), (b) On December 5, 2018, prior to the 180 days, the agency PREA Coordinator submitted documentation indicating policy changes and had employees review the policy update and the agency is in full compliance of this standard.

## Standard 115.382: Access to emergency medical and mental health services

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

#### 115.382 (a)

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

#### 115.382 (b)

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

#### 115.382 (c)

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

#### 115.382 (d)

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

### Auditor Overall Compliance Determination

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

## **Instructions for Overall Compliance Determination Narrative**

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

### **Supporting Documents, Interviews and Observations:**

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- Department of Adult and Juvenile Detention, King County Division of Youth Services, Assessment and Classification Policy Number 16.8
- Transportation Request Form
- Referral/Consultation Request Form
- Health Care Provider Confidentiality Form
- Facility Authorization for Emergency Medical or Dental Treatment
- Pre-Audit Questionnaire
- Harborview Medical Center Count for Services for past 12 months
- DAJD Health Form/Medical Referral Form for Health Clinic Appointments
- Mental Health Referral Form
- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Mental Health Services and Suicide Prevention Policy Number 8.14
- Mental Health Level 2 Care Plan
- Health Screening Questionnaire
- Women's Health Intake Form

### **Interviews:**

- PREA Coordinator
- Division Director
- Medical and Mental Health Staff
- Random Staff
- Assistant Director, Clinical Supervisor/Coordinator, Coordinator for SAFE/SANE Examiners at Harborview Medical
- King County Sexual Assault Resource Center staff

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23, Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Mental Health Services and Suicide Prevention Policy Number 8.14, Department of Adult and Juvenile Detention, King County Division of Youth Services, Assessment and Classification Policy Number 16.8 requires that residents who are victims of sexual abuse be offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care (where medically appropriate), and unimpeded access to emergency medical treatment and crisis

intervention services. Also, one of the policies indicated that state law prohibits the imposition of co-payments or costs to resident victims.

The facility medical staff have a protocol in place to assist in expediting a resident to the emergency room with specific documentation for the detention staff. The Harborview Medical Center (SAFE/SANE) provides the emergency and forensic medical examinations at no financial cost to the victim. The detention facility has available the "Detainee Intake PREA Information Form" informing residents on how to make reports of sexual abuse and sexual harassment along with the contact numbers to outside counseling services and to make reports outside of the agency, Harborview Medical Center and the Ombudsman Office.

#### **Interview Results**

- Interviewed Random staff indicated that they would immediately notify their supervisor.
- Interviewed Medical and Mental Health Care staff indicated that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services from the local hospital.
- Interviewed Medical and Mental Health Care staff indicated that evaluation and treatment of residents who have been victimized entail follow-up services, treatment plans, and when necessary, referrals for continued care after leaving the facility.

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

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

##### **115.383 (a)**

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

##### **115.383 (b)**

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

##### **115.383 (c)**

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

##### **115.383 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

#### 115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

#### 115.383 (f)

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

#### 115.383 (g)

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

#### 115.383 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Supporting Documents, Interviews and Observations:

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- DAJD King County PREA Sexual Abuse Check List
- DAJD Health Form/Medical Referral Form for Health Clinic Appointments
- Medical Referral and Consultation Request Form

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Mental Health Services and Suicide Prevention Policy Number 8.14
- Mental Health Level 2 Care Plan
- Health Screening Questionnaire
- Women's Health Intake Form
- Pre-Audit Questionnaire
- 2017 Guidelines for Sexual Assault Emergency Medical Evaluation for Washington State, Adult and Adolescents

**Interviews:**

- PREA Coordinator
- Program Director
- Random Staff

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23, Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Mental Health Services and Suicide Prevention Policy Number 8.14, DAJD King County PREA Sexual Abuse Check List, Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Mental Health Services and Suicide Prevention Policy Number 8.14 requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the detention facility to offer medical and mental health evaluations and appropriate follow-up treatment that may include pregnancy testing, screening and treatment for STDs, family planning services and any other counseling or assistance as requested.

Victims of sexual abuse will be transported to Harborview Medical Center where they will receive treatment and where physical evidence can be gathered by a certified SAFE/SANE examiner. There is a process in place to ensure detention staff track on-going medical and mental health services for victims who may have been sexually abused, and medical staff track the follow-up medical visits on the Sexual Abuse/Harassment Checklist and Medical Referral and Consultation Request Form. The detention facility can notify the resident's Probation Officer and the Juvenile Justice Assessment Team to coordinate residents and their families upon discharge from the detention center to continue with community health services if needed.

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

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

#### 115.386 (a)

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

#### 115.386 (b)

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

#### 115.386 (c)

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

#### 115.386 (d)

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

#### 115.386 (e)

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

#### Auditor Overall Compliance Determination

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

☐ **Does Not Meet Standard** (Requires Corrective Action)

### **Instructions for Overall Compliance Determination Narrative**

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

#### **Supporting Documents, Interviews and Observations:**

- Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Security and Control Policy Number 4.03.010 Sexual Abuse Review Team Review Committee
- Sexual Abuse Incident Review Committee Policy Protocol and Forms
- Sample of Sexual Abuse Incident Review Meeting Minutes
- Sexual Abuse Incident Review Committee Meeting Agenda dated 6/13/2018
- Pre-Audit Questionnaire

#### **Interviews:**

- Agency Designee- Director, Deputy Director
- PREA Coordinator
- Division Director
- PREA Compliance Manager
- Incident Review Team Members

The initial review of the Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Security and Control Policy Number 4.03.010 Sexual Abuse Review Team Review Committee, and Sexual Abuse Incident Review Committee Policy Protocol and Forms requires a formal Incident Review be conducted on every sexual abuse allegation at the conclusion of all sexual abuse investigations, except those determined to be unfounded within thirty (30) days.

The Youth Services Center established a Sexual Abuse Incident Review Committee (SAIRC) to review whether sexual abuse occurred, had been reported, and managed in accordance with laws and departmental policies and procedures. The SAIRC includes upper-level management officials, to include the Deputy Director (or designee), Facility Division Director (Superintendent), Division Major/Assistant Director, Medical Director, Internal Investigation Unit Commander, PREA Coordinator, and the facility Compliance Manager. Meetings commence when the following quorum requirements are met by those parties in attendance of the review meeting. Meetings are held on a monthly basis to review all DAJD facilities to include the DAJD YSC juvenile facility.

The PREA Coordinator prepares a report of the SAIRC's findings and recommendations to the Facility Commanders and the PREA Compliance Managers within five (5) working days of the conclusion of the SAIRC meeting. If there are any follow up actions required, the PREA Coordinator shall ensure such action is completed.



The review team is required to consider and complete the following:

- 1) Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
- 2) Whether the incident or allegation was motivated by race, ethnicity, gang affiliation, gender identity, status or perceived status as lesbian, gay, bisexual or intersex, or was motivated or caused by other group dynamics at the facility;
- 3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- 4) Assess the adequacy of staffing levels in that area during different shifts;
- 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- 6) Prepare a report of its findings and any recommendations for improvement and submit such report to the facility head and PREA Compliance Manager.

The detention facility had reported three (3) administrative investigations of alleged sexual abuse that occurred in this detention facility in the past twelve (12) months. There have not been any incidents requiring an incident review at the detention facility during the past twelve (12) months due to all cases resulting with a finding of unfounded. It was evident from the interviews with the Deputy Director, PREA Coordinator, Division Director, PREA Compliance Manager that all are knowledgeable of the process and would document their review on the "PREA Sexual Abuse Incident Review" forms capture all aspects of an incident.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility- excluding only "unfounded" incidents- was 0.
- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding- only "unfounded" incidents-was 0.

## **Standard 115.387: Data collection**

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

### **115.387 (a)**

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

### **115.387 (b)**

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

### **115.387 (c)**

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

#### 115.387 (d)

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

#### 115.387 (e)

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

#### 115.387 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Supporting Documents, Interviews and Observations

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Inmate Classification and Discipline Policy Number 6.04.001 Prison Rape Elimination Act
- 2016 Survey of Sexual Victimization- SSV-3 Local Jail Jurisdiction, Completed Survey
- 2016 Survey of Sexual Victimization- SSV-4 Other Correctional Facilities
- 2016 Survey of Sexual Victimization- SSV-6 Locally or Privately-Operated Juvenile Facilities
- 2018 PREA Information Internal Investigation Unit Log for allegations past 12 months

- PREA Response and Containment Checklist
- Pre-Audit Questionnaire

**Interviews:**

- PREA Coordinator
- Division Director

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23, Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Inmate Classification and Discipline Policy Number 6.04.001 Prison Rape Elimination Act policies require the collection of accurate, uniform data for every allegation of sexual abuse at facilities. DAJD has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the 2017 and 2018 DAJD Annual Report revealed it was detailed and comprehensive, and that it identifies all agency facilities within King County Department of Adult and Juvenile Detention agency. The Division Director ensures that data is collected and securely maintained regarding any allegation of sexual abuse at the facility and a report is made to the DOJ via the DAJD PREA Coordinator no later than June 30 of each year.

## **Standard 115.388: Data review for corrective action**

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

#### **115.388 (a)**

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

#### **115.388 (b)**

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

#### **115.388 (c)**

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

#### 115.388 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Supporting Documents, Interviews and Observations:

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Inmate Classification and Discipline Policy Number 6.04.001 Prison Rape Elimination Act
- 2017 and 2018 PREA Annual Report
- Employee Intranet Link to Agency Website
- Pre-Audit Questionnaire

#### Interviews:

- Agency Designee- Director, Deputy Director
- PREA Coordinator
- Division Director

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23 and Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Inmate Classification and Discipline Policy Number 6.04.001 Prison Rape Elimination Act requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2017 and 2018 Annual PREA Report indicated compliance with the standard and included all required

elements. The 2017 and 2018 DAJD Annual PREA Reports are posted on the DAJD Website are readily available for public review. The Division Director and PREA Coordinator monitors collected data to determine and assess the need for any corrective actions

## Standard 115.389: Data storage, publication, and destruction

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

#### 115.389 (a)

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

#### 115.389 (b)

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

#### 115.389 (c)

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

#### 115.389 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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**Supporting Documents, Interviews and Observations:**

- Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23
- Department of Adult and Juvenile Detention (DAJD), All Divisions General Policy Manual, Inmate Classification and Discipline Policy Number 6.04.001 Prison Rape Elimination Act
- Employee Intranet Link to Agency Website Document
- DAJD Internal Investigation Unit Memorandum on File Retention Periods dated 12/14/2017
- Pre-Audit Questionnaire

**Interviews:**

- PREA Coordinator
- Division Director

The initial review of the Department of Adult and Juvenile Detention, King County Division of Youth Services Operations Manual, Prison Rape Elimination Act (PREA) Policy Number 10.23 and DAJD Internal Investigation Unit Memorandum on File Retention Periods dated 12/14/2017 requires DAJD shall maintain, collect and review data of sexual abuse or reports of sexual abuse and securely retained them for 10 years. The policies indicated DAJD will complete an annual report. The annual report will contain identification of problem areas, each detention center's corrective action, a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of progress in addressing sexual abuse. The aggregated sexual abuse data was reviewed, and all personal identifiers are removed. The 2017 and 2018 DAJD Annual PREA Reports are posted on the DAJD Website and readily available for public review.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

##### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)  
☐ Yes ☐ No ☒ NA

##### 115.401 (b)

- During each one-year period starting on August 20, 2013, 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? ☒ Yes ☐ No

##### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
☒ Yes ☐ No

#### 115.401 (n)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Supporting Documents, Interviews and Observations:

- PREA Annual Report 2017 and 2018
- Agency's Website

### Interviews:

- PREA Coordinator

### Interview Results:

- Interview with PREA Coordinator and agency website has indicated that the agency has conducted the required PREA Audits every year. The agency has ensured that at least one-third of each type is audited.

This auditor reviewed the King County, Adult and Juvenile Detention web page at <https://www.kingcounty.gov/depts/jails/prison-rape-elimination-act.aspx> containing the one (1) audit report for PREA audits completed on March 15, 2015. A report for one third of each facility type operated by this Agency was completed during the first PREA review cycle, year two in accordance with the standard. This detention facility is scheduled in the third year of the second PREA review cycle. This auditor had access to the entire detention center and was able to conduct interviews and that was provided with documentation in accordance to the standard.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Supporting Documents, Interviews and Observations:

- PREA Annual Report 2017 and 2018
- Agency's Website



**Interviews:**

- Agency PREA Coordinator

**Interview Results:**

Interview with Agency PREA Coordinator and a review of the agency website indicated that the agency has made publicly available all PREA audits as required by standard.

This auditor reviewed the web page at King County, Adult and Juvenile Detention

<https://www.kingcounty.gov/depts/jails/prison-rape-elimination-act.aspx> containing the one (1) PREA Final Report that was audited for the previous three years and published within 90 days after the final report was issued by the auditor.

<b>AUDITOR CERTIFICATION</b>
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I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

J. Aaron Keech

July 18, 2019

**Auditor Signature**

**Date**