

PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES



Name of facility:		King County Juvenile Detention Facility/Youth Services Center	
Physical address:		1211 East Alder, Seattle WA 98122	
Date report submitted:		March 16, 2015	
Auditor Information		Katherine Brown	
Address:		12121 Little Road Suite 286 Hudson, Florida 34667	
Email:		Kbrown2828@yahoo.com	
Telephone number:		727-470-4123	
Date of facility visit:		February 10-12, 2015	
Facility Information			
Facility mailing address:		same	
Telephone number:		206-296-1234	
The facility is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Other
Name of PREA Compliance Manager:		Marcia Navarjas	Title: Health Service Adm.
Email address:		Marcia.navajas@kingcounty.gov	Telephone number: 206-205-9628
Agency Information			
Name of agency:		King County Department of Juvenile Detention (DAJD)	
Governing authority or parent agency:		King County	
Physical address:		500 5 th Ave, Seattle, WA 98104	
Mailing address:		same	
Telephone number:			
Agency Chief Executive Officer			
Name:	William Hayes	Title:	Department Director
Email address:	William.Hayes@kingcounty.gov	Telephone number:	206-477-2801
Agency-Wide PREA Coordinator			
Name:	Danotra McBride	Title:	Project Program Manager IV
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AUDIT FINDINGS

NARRATIVE:

The audit of King County Division of Youth Services was conducted on February 10-12, 2015 by Katherine Brown, Certified PREA auditor. The areas toured were a total of seven housing halls. There are twelve housing halls in total, however only seven are in use due to the low population. There are no administrative detention/segregation unit. The population count during the audit was 69.

An entrance meeting was held with the Department Director.

Following the entrance meeting I toured the King County Juvenile Division from 10:30 – 11:30. On the tour with me was, Pam Jones, Division Director/Superintendent; Marcia Navajas, PREA Compliance Manager; Danotra McBride PREA Coordinator and Belinda Bundridge, Policy and Procedure.

The night before the audit I asked for an alpha listing of all residents housed at the facility and randomly selected 19 residents to interview. There were no limited English speaking, hearing/vision impaired or transgenders/intersex residents to interview. I also asked for a shift roster and randomly selected 23 staff to interview.

On day one of the audit I conducted all specialized interviews; toured the facility; reviewed criminal histories/background checks; personnel files and training records. I also conducted random staff interviews for the evening shift.

On day two of the audit I came in early to conducted random staff interviews for night shift and day shift. I also conducted random resident interviews and conducted more specialized interviews.

On day three of the audit I met with facility staff to address some of the findings and to develop a corrective action plan for the standards they did not meet, and held the exit meeting.

There were four sexual assault/harassment allegation cases, all relatively recent (within the past year) all four had been unfounded; and related to strip searches or instances that occurred at another facility.

DESCRIPTION OF FACILITY CHARACTERISTICS:

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. In 2014 the Juvenile Division was responsible for admitting 2,111 youth into detention and housed an average daily population of 57.4 dependency youth, misdemeanants and felons. The Juvenile facility houses residents who are awaiting trial or who have been sentenced by the court to 30 days or less of incarceration.

The King County Youth Services (YSC) is co-located with the courthouse at 1211 E Alder, Seattle WA. This is a single story in-direct supervision facility which opened in 1993 and is located in the Squire Park neighborhood near downtown Seattle. The Alder Wing of the complex consists of

the Alternatives to Secure Detention Program and the Alder School. Detention housing occupies seven (7) Living Halls (6 male, 1 female). All youth housed in detention attend school daily.

Staff have access to doors that are electronically controlled along with key override in the event of an emergency. 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.

SUMMARY OF AUDIT FINDINGS: 41 standards

Number of standards exceeded: 3

Number of standards met: 38

Number of standards not met: 0

Standard number here	§115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on review of policies 10.5 Supervision and Safety and 10.23 PREA, I also reviewed the organizational chart. Based on interviews with PREA Coordinator and PREA compliance manager.

The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct.

The agency designates an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

The agency operates more than one facility; each facility has designated a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

Standard number here	115.312 Contracting with other agencies for confinement of residents
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed Section VIII of MOU between King County Department of Adult and Juvenile Detention and Youth Care. Based on interview with agency's Contract Compliance Manager and PREA Compliance Manager.

All contracts include the entity's obligation to adopt and comply with the PREA standards.

Any new contract or contract renewal provides for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

Standard number here

115.313 Supervision and monitoring

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

Auditor comments, including corrective actions needed if does not meet standard

Reviewed policy 10.5 #23 Supervision and Safety; staffing plan and daily log sheets. Based on interview with Superintendent: PREA Compliance Manager and PREA Coordinator.

The agency has developed, implemented and documented, a staffing plan that provides for adequate levels of staffing and uses video monitoring, to protect residents against sexual abuse.

The agency complies with the staffing plan except during limited and discrete exigent circumstances, and fully documents deviations from the plan during such circumstances.

The facility maintains staff ratios at a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which is fully documented. Only security staff is included in these ratios.

The agency completes an annual review, in consultation with the PREA coordinator required by § 115.311, to assess, determine, and document whether adjustments are needed.

The facility implemented a policy and practice of having intermediate-level or high level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. There is a policy in place that prohibits 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.

Standard number here

115.315 Limits to cross gender viewing and searches

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

Auditor comments, including corrective actions needed if does not meet standard

Based on review of policies 10.18 Strip Search #6 and 10.17 Pat Search; 10.5 Supervision and Safety of Residents #18; 16.10 Transgender and Intersex Residents #5-7; reviewed Resident Strip search records and Resident Pat Search records. Reviewed Training records.

The facility does not conduct cross-gender pat-down searches except in exigent circumstances.

The facility documents and justifies all cross gender strip searches, cross gender visual body cavity searches, and cross gender pat-down searches. There have not been any of these types of searches of youth.

The facility has 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 require staff of the opposite gender to announce their presence when entering a resident housing unit.

The facility does 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, it is determined 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 agency trains 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.

**Standard
number here**

115.316 Residents with disabilities and limited English speaking

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed policy 13.4 Alternative Communication for Residents or Limited English Proficient. Reviewed Collective bargaining language stipend; English/Spanish Handbook; Sign Language interpreter program; Guild Contract Article 22: Miscellaneous Language Premium. Viewed Posters. Based on random resident and staff interviews.

The agency takes appropriate steps to ensure residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The agency shall 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 speaking, including steps to provide interpreters who can

interpret effectively, accurately, and impartially, both receptively and expressively, using necessary specialized vocabulary.

The agency 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.

Standard number here 115.317 Hiring and promotion decisions
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed policy 1.03.016 Background Investigations; 1.03.052 Criminal History Use, Dissemination and Destruction. Reviewed Non-DAJD Clearance Request and PREA background packets for Volunteers and Contractors. Based on interview with Human Resource Director and review of personnel files.

The agency does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor who may have contact with residents, who has engaged in sexual abuse in any criminal justice facility, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above.

The agency considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

The agency performs a criminal background records check and consults applicable child abuse registries before enlisting the services of any contractor who may have contact with residents. The agency performs a records check every three years of current employees and contractors who may have contact with residents. Criminal background record checks are performed annually on all volunteers.

Unless prohibited by law the agency provides 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.

I find King County Juvenile Division exceeds in this standard based on the agency performing a records check every three years of current employees and contractors who may have contact with residents; criminal background record checks are performed annually on all volunteers.

Standard number here 115.318 Upgrades to facilities and technology

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed policy 2.5 Construction & video monitoring systems; two cameras have been added. Based on interview of agency head and superintendent.

When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considers how such technology may enhance the agency's ability to protect residents from sexual abuse. There have been no substantial or modifications to existing facilities.

Standard number here 115.321 Evidence protocol and forensic medical exams

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed KCCF 1.05.001; 10.23 PREA and MOU with Seattle Police Department and King County Sheriff Office. Reviewed MOU between King County and King County Sexual Assault Resource Center (KCSSRC) and between King County and Harborview Center for Sexual Assault and Traumatic Stress. Reviewed Recommended Guidelines Washington State Sexual Assault Emergency Medical Evaluation Adult & Adolescent. Based on interview with SANE/SAFE staff and PREA compliance manager.

To the extent the agency is responsible for investigating allegations of sexual abuse; the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol is developmentally appropriate for youth and as appropriate is adopted from or otherwise based on the most recent edition of the US Department of Justice's Office on Violence Against Women publication.

The agency offers all residents of sexual abuse access to forensic medical examinations, at Harborview without financial cost, where evidentiary or medically appropriate. Such

examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible.

The agency makes available to the victim a victim advocate from a rape crisis center from Harborview Center for Sexual Assault & Traumatic Stress.

As requested by the victim, a victim advocate accompanies and supports the victim through the forensic medical examination process and investigatory interviews and are provide emotional support, crisis intervention, information, and referrals.

To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency requests that the investigating agency follow the requirements listed above.

Standard number here

115.322 Policies to ensure referrals of allegations for investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed policies 10.23 PREA and 1.05.001 Administration and Personnel Management. Reviewed MOU with Seattle Police Department and King County Sheriff Office. Reviewed PREA Sexual Abuse Checklist and Sexual Harassment Checklist. Based on interview with agency head and investigative staff.

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

The agency has a policy that ensures 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. The agency publishes such policy on its website. The agency documents all such referrals.

If a separate entity is responsible for conducting criminal investigations, such publication describes the responsibilities of both the agency and the investigating entity.

Standard number here

115.331 Employee training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed lesson plan and PowerPoint. Reviewed Signatures on PREA acknowledgement form. Based on interview with random staff.

The agency trains all employees who have contact with residents on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Residents' right to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in confinement;
- (6) The common reactions of sexual abuse and sexual harassment victims;
- (7) 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;
- (8) How to avoid inappropriate relationships with residents;
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- (11) Relevant laws regarding the applicable age of consent.

The training is tailored to the gender of the residents at the facility. The employees receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

The agency documents, through employee signature on the PREA acknowledgement forms those employees understand the training they have received.

Standard number here 115.332 Volunteer and contractors training
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X Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed policy 10.23 PREA #16; Sexual Abuse & Harassment pamphlet; Signed PREA training acknowledgement. Signed sheet Volunteer/Contractors. Based on interview with volunteer and contractors.

The agency ensures 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.

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

The agency has documentation confirming that volunteers and contractors understand the training they have received.

I find the King County Juvenile Division excel this standard based on training is provided to maintenance staff not employed by DAJD i.e. air conditioner repairman, plumbers any outside contractor coming into the facility.

Standard number here 115.333 Resident education
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed Resident PREA Acknowledgment signature sheet; Resident PREA Information from Intake; Reviewed Inmate Handbook in English/Spanish and Posters. Based on interview with random residents and intake staff and Classification staff.

During the intake process, residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

Within 24 hours, the agency provides a comprehensive education to residents in person regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The housing officers once a week go over a condensed version of this training to reinforce it to all residents.

The agency provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. There is documentation of resident participation in these education sessions.

Based on the Comprehensive training being performed within 24 hours and the weekly refresher training I find they exceed in this standard.

Standard number here 115.334 Specialized training: Investigators

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed DAJD Internal Investigation Unit; DAJD Special Investigation Unit; NIC Course PREA Investigating Sexual Abuse in a Confinement Setting. Based on interview with investigative staff.

In addition to the general training provided to all employees the agency ensures that the in house investigators have received training in conducting investigations in confinement settings.

Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

Standard number here 115.335 Specialized training: Medical and mental health care
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed policy 10.23 PREA; PowerPoint; PREA training Acknowledgment Signature sheet.

The agency ensures 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; preserve physical evidence of sexual abuse; respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The agency maintains documentation that medical and mental health practitioners have received the training.

Medical and mental health care practitioners also receive the training mandated for employees, contractors and volunteers.

Standard number here 115.341 Obtaining information from residents
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed policy 16.8 Assessment & Classification. Reviewed Individual Service Summary Plan. Based on interview with random residents and intake staff responsible for screening. Only limited staff has access to the risk screening form they are Medical, Mental Health and Superintendent as well as PREA Manager.

Usually within 24 hours but no later than 72 hours of the resident’s arrival at the facility and periodically throughout a resident’s confinement, the agency maintains and uses information about each resident’s personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

The facility uses an objective screening instrument.

The intake screening considers, at a minimum, the following criteria to assess residents for risk of sexual victimization:

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

This information is ascertained through conversations with the residents during the intake process and medical and mental health screenings; during classification assessments; and documentation from the resident’s files.

The agency implements 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.

Standard number here	115.342 Placement of residents in housing, bed, program, education, and work assignments
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed policies 16.8 Assessment & Classification #3&4 and 16.10; 16.10 Transgender and Intersex Residents #11; 10.5 Supervision and Safety of Residents #18 and 16.9 Removal of Residents from General Population. Based on interview with PREA compliance manager and staff responsible for risk screening.

The agency uses all information obtained to make housing, bed, program, education and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

Residents are 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. During this period of isolation the resident still goes to all programs with the regular residents. Residents in isolation receive daily visits from a medical or mental health care clinician. Residents also have access to other programs to the extent possible.

A transgender or intersex resident's own views with respect to his or her own safety are given serious consideration.

Transgender and intersex residents are given the opportunity to shower separately from other residents. All residents shower separately.

The agency does not place lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

In deciding whether or assign a transgender or intersex residents to a housing hall for male or female residents and in making other housing and programming assignments, the agency considers on a case by case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

If a resident is isolated pursuant to this standard the facility clearly documents the basis for the facility's concern for the resident's safety and the reason why no alternative means of separation can be arranged.

This isolation is reviewed every 30 days to determine if continued separation from general population is necessary.

Standard number here	115.351 Resident reporting
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed policies 10.42 Youth Reporting; 14.4 Resident Grievance 1-9; 10.23 PREA and 10.05 Supervision & Safety #7. Reviewed Resident Handbook. Based on interviews with random staff and residents.

The agency provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The agency provides 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.

Staff accepts reports made verbally, in writing, anonymously, and from third parties and promptly documents any verbal reports.

The facility provides residents with access to tools necessary to make a written report.

The agency provides a method for staff to privately report sexual abuse and sexual harassment of residents.

Standard number here 115.352 exhaustion of administrative remedies

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

Auditor comments, including corrective actions needed if does not meet standard

Reviewed policies 14.4 Resident Grievance 1-9; 10.23 PREA.

The agency does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.

The agency does not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

The agency ensures 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, and such grievance is not referred to a staff member who is the subject of the complaint.

The agency issues 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.

Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and are also be 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 process. If the resident declines to have the request processed on his or her behalf the agency documents the resident's decision.

A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile.

The agency has established procedures for the filing of an emergency grievance when the resident is subject to a substantial risk of imminent sexual abuse.

After receiving an emergency grievance alleging a substantial risk of imminent sexual abuse, the agency immediately forwards 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 is taken, and provides an initial response within 48 hours, and issues a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

The agency may discipline a resident for filing a grievance related to alleged sexual abuse only when the agency demonstrates that the resident filed the grievance in bad faith.

**Standard
number here**

115.353 Resident access to outside confidential support services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed Resident Handbook; Resident PREA Information form – Intake Signature sheet; PREA posters. Reviewed MOU between King County and KCSARC and King County and King County Department of Adult and Juvenile Detention. Based on interview with random residents and victim advocate.

The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The facility enables reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

The facility informs 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. None of the residents phones are recorded, all phone calls are confidential.

The agency maintains a memoranda of understanding with both KCSARC and Harborview Center for Sexual Assault and Traumatic Stress.

The agency also provides the residents with confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

Standard number here 115.354 Third party reporting

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed website: www.kingcounty.gov/courts/detention/prea Reviewed brochure and posters.

The agency has a method to receive third-party reports of sexual abuse/harassment and distributes publicly, information on how to report sexual abuse and sexual harassment on behalf of a resident.

Standard number here 115.361 Staff and agency reporting duties

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Reviewed policy 10.5 Supervision and Safety of Residents #10 & 11. Policy 10.23. Page 4 #5&6. RCW 26.44.030 & 040. Based on interviews with random staff; superintendent and medical/mental health staff.

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

The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

Apart from reporting to designated supervisors or officials and designated State or local service agencies, staff are 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.

Medical and mental health practitioners are required to report sexual abuse to designated supervisors and officials as well as to the designated State or local service agencies where required by mandatory reporting laws. Such practitioners are required to inform the residents at the initiation of services of their duty to report and the limitation of confidentiality.

Upon receiving any allegation of sexual abuse, the facility head or designee promptly reports the allegation to the appropriate agency office and to the alleged victim's parents or legal guardian, unless the facility has official documentation showing the parents or legal guardian should not be notified.

If the alleged victim is under the guardianship of a child welfare system, the report is made to the alleged victim's caseworker.

If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee also reports the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Standard number here 115.362 Agency protection duties
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed policy 10.23 PREA #4 and Coordinated Response Plan. Based on interviews with random staff, and superintendent.

Immediate action is taken to protect residents when the agency learns that a resident is subject to a substantial risk of imminent sexual abuse.

Standard number here 115.363 Reporting to other confinement facilities

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

Auditor comments, including corrective actions needed if does not meet standard

Reviewed PREA Coordinated Response Plan Corrections Supervisor #11; Sexual Abuse Checklist. Based on interview with agency head and superintendent.

Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation, and all actions are thoroughly documented.

Standard number here 115.364 Staff first responder duties
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- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed 10.23 PREA; Reviewed Sexual Abuse Checklist and Coordinated Response Plan. Based on interview with security staff who are first responders and random staff.

Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond separates the alleged victim and abuser; preserves and protects any crime scene until appropriate steps can be taken to collect any evidence; and 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 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.

If the first staff responder is not a security staff member, the responder request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Standard number here 115.365 Coordinated response
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- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed Coordinated Response Plan. Based on interview with superintendent

The facility has 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.

**Standard
number here**

115.366 Preservation of ability to protect residents from contact with abusers

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

Auditor comments, including corrective actions needed if does not meet standard

Reviewed 3.00.025 Code of Conduct – Conformance to Laws. Reviewed Juvenile Detention Guild. Based on interview with agency head

Neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf entered into or renewed 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.

**Standard
number here**

115.367 Agency protection against retaliation

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

Auditor comments, including corrective actions needed if does not meet standard

Reviewed Sexual Abuse/Harassment Checklists; policy 10.23 PREA. Based on interview with agency head, superintendent, designated staff member with monitoring retaliation.

The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff, and designates which staff members or departments are charged with monitoring retaliation.

The agency has multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least 90 days following a report of sexual abuse, the agency monitors the conduct and 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 act promptly to remedy any such retaliation. There is periodic status checks performed. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency takes appropriate measures to protect that individual against retaliation.

Standard number here 115.368 Post allegation protective custody
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed 16.9 Removal of Resident. Based on interview with superintendent.

King County Juvenile Division does not use segregated housing. They can use P Hall which is there in-take pod if they need to separate but it is just another general population unit, just with a smaller population. The residents still go to school and have all the same rights and privileges as the other housing halls.

Standard number here 115.371 Criminal and administrative agency investigation
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed 1.05.001 Special Investigations Unit; Reviewed Internal Investigations Manual and MOU's with Seattle Police Department and Kent Police. Based on interview with investigative staff.

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Where sexual abuse is alleged, the agency uses investigators who have received special training in sexual abuse investigations.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The agency does not terminate an investigation solely because the source of the allegation recants the allegation.

When the quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as resident or staff. No agency requires a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Substantiated allegations of conduct that appears to be criminal are referred for prosecution.

The agency retains all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation.

When outside agencies investigate sexual abuse, the facility cooperates with outside investigators and endeavors to remain informed about the progress of the investigation.

**Standard
number here**

115.372 Evidentiary standard for administrative investigation

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed 1.05.001 Special Investigations Unit. Based on interview with investigative staff.

The agency imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard number here 115.373 Reporting to residents
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed 1.05.001 Special Investigations Unit and policy 10.23 PREA and Coordinated Response Plan. Based on interview with superintendent and investigative staff.

Following an investigation into a resident’s allegation that they suffered sexual abuse in an agency facility, the agency informs the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

If the agency did not conduct the investigation, it requests the relevant information from the investigative agency in order to inform the resident.

Following a resident’s allegation that a staff member has committed sexual abuse against the resident, the agency subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever the staff member is no longer posted within the resident’s unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following a resident’s allegation that they had been sexually abused by another resident, the agency subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All such notifications or attempted notifications are documented.

An agency’s obligation to report under this standard terminates if the resident is released from the agency’s custody.

Standard number here 115.376 Disciplinary sanctions for staff
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- Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed Code of Conduct 3.000.025 and .045.

Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Standard number here 115.377 Corrective action for contractors and volunteers
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed packet for Contractor and/or Volunteer. Based on interview with superintendent.

Any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

The facility takes appropriate remedial measures, and considers whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Standard number here 115.378 Interventions and disciplinary sanctions for residents
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed policies 10.5 Supervision and Safety of Residents; 10.23 PREA pg. 5 #14-19 and 16.9 Removal of Residents.

Residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

Sanctions are 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.

The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. During the interview with Mental Health Staff, this type of counseling is offered through the court system's Sexual Deviant Assessment Unit and is provided by the Counseling Juvenile Justice Assessment Team. They conduct an assessment and determine the type of counseling needed and makes appropriate referrals.

The agency disciplines a resident for sexual contact with , only upon a finding that the staff member did not consent to such contact.

A report of sexual abuse made in good faith and based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The agency prohibits all sexual activity between residents and may discipline residents for such activity.

Standard number here 115.381 Medical and Mental care

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed policy 10.23 PREA. Based on interview with staff responsible for risk screening and medical/mental health staff.

If the screening indicates that a resident has experienced prior sexual victimization or perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, 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.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

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.

**Standard
number here**

115.382 Access to emergency medical and mental health services

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

Auditor comments, including corrective actions needed if does not meet standard

Reviewed MOU with Harborview Center for Sexual Assault and Traumatic Stress; Washington State Sexual Assault Emergency Medical Evaluation Adult & Adolescent. MOU with King County Sexual Assault Resource Center. Based on interview with medical and mental health staff.

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.

Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**Standard
number here**

115.383 ongoing medical and mental health care for sexual abuse victims

- Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed MOU with Harborview Center for Sexual Assault and Traumatic Stress; Washington State Sexual Assault Emergency Medical Evaluation Adult & Adolescent. MOU with King County Sexual Assault Resource Center. Based on interview with medical/mental health staff.

The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

The 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.

The facility provides such victims with medical and mental health services consistent with the community level of care.

Resident victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Standard number here	115.386 Sexual abuse incident reviews
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed Sexual Incident Review template. PREA Coordinated Response. There have been no incidents requiring a review. Based on interview with superintendent, PREA compliance manager; incident review team.

The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. This review occurs within 30 days of the conclusion of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; and they examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

A report is prepared of its findings, including but not limited to the determination made and any recommendations for improvement and submits such reports to the facility head and PREA compliance manager. The facility implements the recommendations for improvement or documents its reasons for not doing so.

Standard number here 115.387 Data collection

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed Survey of Sexual Violence and PREA Annual Report.

The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, and aggregates the incident-based sexual abuse data at least annually.

The incident-based data collected is based on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

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

The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

Upon request, the agency provides all such data from the previous calendar year to the Department of Justice no later than June 30.

**Standard
number here**

115.388 Data review for corrective action

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed DAJD Annual Report. Based on interview with PREA coordinator

The agency reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Such reports includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

The agency's report is approved by the agency head and made readily available to the public through its website www.kingcounty.gov/courts/detention/PREA

**Standard
number here**

115.389 Data storage, publication and destruction

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The agency makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public at least annually through its website or www.kingcounty.gov/courts/detention/PREA

All reports are securely retained and maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Katherine Brown

March 16, 2015

Auditor Signature

Date