

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report December 14, 2018

Auditor Information

Name: Robert Palmquist	Email: robobem@gmail.com, rpalmquist@cccscorp.com
Company Name: CCCS Inc.	
Mailing Address: P.O. Box 670	City, State, Zip: Medical Lake, WA
Telephone: 509-464-9736	Date of Facility Visit: October 29-31. 2018

Agency Information

Name of Agency		Governing Authority or Parent Agency (If Applicable)	
Pierce County Juvenile Detention Center		Pierce County Juvenile Court	
Physical Address: 5501 6th Ave		City, State, Zip: Tacoma, WA 98406	
Mailing Address: 5501 6th Ave		City, State, Zip: Tacoma, WA 98406	
Telephone: 253-798-7900		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input 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 mission of the Pierce County Juvenile Court is to provide equal justice for those youth who come before us, to advocate for those children who have no advocate, and to provide leadership in the field of juvenile corrections and rehabilitation. We operate by creating legitimate, alternative pathways to adulthood through equal access to services that are least intrusive, culturally sensitive, and consistent with the highest professional standards. In order that we attain our mission, we believe in developing and supporting our staff. For it is through their continuing efforts that youth who come to us are encouraged and given opportunities to become valued and contributing members of our community.

Agency Website with PREA Information: <https://www.co.pierce.wa.us/1095/detention-secure-confinement>

Agency Chief Executive Officer

Name: TJ Bohl	Title: Juvenile Court Administrator
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Email: tj.bohl@piercecountywa.gov	Telephone: 253-798-4877
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Agency-Wide PREA Coordinator

Name: Mike Merritt	Title: Detention Supervisor
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Email: mike.merritt@piercecountywa.gov	Telephone: 253-798-4877
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PREA Coordinator Reports to: Shara Sauve, Detention Manager	Number of Compliance Managers who report to the PREA Coordinator 0
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Facility Information

Name of Facility: Pierce County Juvenile Detention Remann Hall

Physical Address: 5501 6th Ave, Tacoma, WA 98406

Mailing Address (if different than above): 5501 6th Ave, Tacoma, WA 98406
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Telephone Number: 253-798-7900

The Facility Is: 801-580-7915	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
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<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
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Facility Type:	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake	<input type="checkbox"/> Other
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Facility Mission: Our mission is to house juvenile offenders in a safe, secure, and humane living environment where they are cared for and supervised by professional, well-trained staff. We believe that detention, while providing community protection, can also provide residents with an opportunity for constructive and positive change.

Facility Website with PREA Information: https://www.co.pierce.wa.us/1095/detention-secure-confinement
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Is this facility accredited by any other organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Facility Administrator/Superintendent

Name: Shara Sauve	Title: Juvenile Detention Manager
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Email: shara.sauve@piercecountywa.gov	Telephone: 253-798-4852
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Facility PREA Compliance Manager

Name: Mike Merritt	Title: Detention Supervisor
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Email: mike.merritt@piercecountywa.gov	Telephone: 253-798-4877
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Facility Health Service Administrator

Name: Jose Mendoza, MD	Title: MD
Email: josepnwpeds@gmail.com	Telephone: 801-580-7915

Facility Characteristics

Designated Facility Capacity: 107	Current Population of Facility: 16
Number of residents admitted to facility during the past 12 months	1474
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	187
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	504
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:	0
Age Range of Population:	12-17 years old
Average length of stay or time under supervision:	20
Facility Security Level:	Maximum
Resident Custody Levels:	Min to Max
Number of staff currently employed by the facility who may have contact with residents:	46
Number of staff hired by the facility during the past 12 months who may have contact with residents:	2
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	6

Physical Plant

Number of Buildings: 1	Number of Single Cell Housing Units: 7
Number of Multiple Occupancy Cell Housing Units:	0
Number of Open Bay/Dorm Housing Units:	0
Number of Segregation Cells (Administrative and Disciplinary):	0

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.):

Remann Hall was built in 1971 and underwent extensive remodeling during the 1980's. There has been no substantial expansion or modifications to the existing facilities since August 20, 2012. Remann Hall updated the video monitoring capabilities in 2014-2015, prior to their first PREA Audit. The Digital Video Recording system upgrade increased the size of the hard drive in an effort to store more video and increased the random access memory (RAM) in an effort to improve the overall recording performance. In his 2015 interview, the Juvenile Court Administrator indicated these changes were made to specifically improve Remann Hall's ability to protect residents from sexual abuse. The video monitoring capabilities currently utilizes 53 cameras of those 33 are recorded. The auditor was allowed access to the Control Center and was provided with an overview of the entire camera system. The Control Center Officer was able to select and display each individual camera. Each of the monitors in the Control Center provided visual access to each camera. The Control Center Officer was very knowledgeable and very capable of isolating specific cameras for the auditor to view. The Juvenile Court Administrator, Director and PREA Coordinator were involved in all decisions concerning the updated video surveillance system. In her interview for this audit, the

Juvenile Court Administrator designee indicated the importance of utilizing technology to enhance the protection of residents from incidents of sexual abuse.

Medical

Type of Medical Facility:	Acute sickness only and testing lab
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Forensic sexual assault medical exams are conducted at:	Mary Bridge Children's Hospital
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Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	137
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Number of investigators the agency currently employs to investigate allegations of sexual abuse:	1
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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 Prison Rape Elimination Act (PREA) on-site audit of the Pierce County Juvenile Detention Center (Remann Hall) located in Tacoma, Washington was conducted on October 29-31, 2018. Six weeks in advance of the audit, several 8.5 X 11-inch documents were posted throughout the facility announcing the upcoming audit. These posters explained the purpose of the audit and provided residents, resident's families, residents' attorneys and staff with the auditor's contact information. Placement of these posters was verified by the auditor and the posters were placed consistent with DOJ auditing expectations. Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed Pre-Audit Questionnaire. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials that were provided to demonstrate compliance with the PREA standards. This review prompted a series of questions that were reduced to writing and submitted to the PREA Coordinator for review one week before the actual on-site visit.

The onsite visit was scheduled and completed October 29-31, 2018. The auditor was provided office space in the facility from which to work and conduct confidential staff and resident interviews. Formal personal interviews were conducted with facility staff and residents. The auditor interviewed thirteen (13) residents, three (3) females, ten (10) males, and this represented 76% of the population. On the first day of the audit, there were seventeen (17) residents at Remann Hall. As noted, 13 residents were interviewed, three (3) residents were participating in Court activities and one (1) resident was sick and unable to participate in an interview. Forty-seven (47) interviews were conducted with facility staff. Specialized interviews included Incident review committee members, designated staff members in charge of retaliation, investigation staff, mental health staff and medical staff. The Agency Head, the Detention Manager and the PREA Coordinator were also interviewed. Fifteen (15) random staff interviews were conducted, five (5) day shift, seven (7) swing shift and three (3) grave yard shift. A total of ten (10) intake staff were interviewed and four (4) intermediate or higher-level supervisors were interviewed. Four (4) volunteers from Youth for Christ and two (2) staff from the Pierce County Sexual Assault Center were interviewed.

Residents were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to residents to report abuse or harassment. Staff members were questioned using the DOJ protocols that allow the auditor to determine their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse, and first responder duties. In total the auditor conducted sixty (60) interviews involving thirteen (13) residents, forty-one (41) staff, four (4) volunteers and two (2) sexual assault advocates.

The auditor reviewed training files for ten (10) staff members to determine compliance with training mandates and two (2) personnel files (individuals who had been hired within the past 12 months) to determine compliance with background check procedures. Twelve (12) resident files were reviewed to evaluate screening/intake procedures and resident education requirements. Remann Hall reported one (1) allegation of sexual abuse or sexual harassment in the past 12 months. The auditor was able to review this

investigation, and related documentation. The Investigators file was organized and contained a detailed report of the investigation including the dates of the allegation, date of the investigation, type of investigation, disposition, documentation concerning resident notification and the incident review team report.

The auditor toured the facility escorted by the PREA Coordinator and observed among other things the facility configuration, location of cameras and mirrors, staff supervision of residents, Unit layout including shower/toilet areas, placement of posters and PREA informational resources, security monitoring, resident entrance and search procedures, and resident programming. The auditor noted that shower areas allow residents to shower separately. Toilets are in each cell and residents are allowed privacy when utilizing their toilets. Notices of the PREA audit were posted throughout the facility. The auditor was given access to the entire facility.

To obtain information about rape crisis and advocacy services provided at the facility, an interview was conducted with the Executive Director of the Pierce County Sexual Assault Center, (Rebuilding Hope!). Rebuilding Hope! Sexual Assault Center for Pierce County offers support toward healing through advocacy and therapy for those affected by sexual assault and abuse. Through education and collaboration Rebuilding Hope improves the community's response to sexual assault and abuse victims and challenges the behaviors and beliefs that promote sexual violence. The auditor notes that staff members (certified sexual assault advocates) from Rebuilding Hope provide monthly education to the residents at Remann Hall. In addition, the auditor was provided the opportunity to interview the Program Director for the Sex Trafficking Response and Awareness Program (STRAPWA). The Program Director was visiting a client at the facility and agreed to an interview.

Forty-five days following the on-site portion of the audit, a final audit report was submitted to the Juvenile Court Administrator, Detention Manager and PREA Coordinator.

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.

The mission of Remann Hall is to house juvenile offenders in a safe, secure, and humane living environment where they are cared for and supervised by professional, well-trained staff. Remann Hall believes that detention, while providing community protection, can also provide residents with an opportunity for constructive and positive change. The facility consists of one building with multiple housing units. The housing units are all individual cells there is no multiple occupancy rooms. There are no administrative and disciplinary segregation cells. Staff members are professional and interact well with the resident population. Supervisors are visible throughout the facility.

The facility has a design capacity of 107; the population count during the audit was seventeen (17) residents. Remann Hall was built in 1971 and underwent extensive remodeling during the 1980's. There has been no substantial expansion or modifications to the existing facilities since August 20, 2012. The Correctional Services Department works 8-hour shifts, the Day Shift is scheduled from 7:00 am through 3:00 pm the swing shift is scheduled from 3:00 pm through 11:00 pm and the Morning shift is scheduled from 11:00 pm through 7:00 am. Medical Services are provided by two Licensed Practical Nurses who are employed by the Juvenile Court Department. Food Services are provided via contract through Consolidated Food Management. The staff who work at Consolidated Food Management are never in contact with

residents. All food is prepared off site, plated and subsequently picked up by Juvenile Detention Officers and delivered to the residents.

All Mental Health Services are provided Comprehensive Life Resources. Comprehensive Life Resources staff provides information to detention staff as necessary to ensure they are responding in the most appropriate way possible to residents. Comprehensive Life Resource staff shares appropriate information and collaborates with detention and probation staff, to determine the best possible treatment for residents. Comprehensive Life Resource staff provides monthly statistics regarding the number of youth seen and the services provided. The data ensures the services provided are the most beneficial for the residents at Remann Hall. The mental health services are exceptional, and many residents take advantage of the opportunities provided by the Mental Health staff.

The auditor concluded, through interviews and the examination of policies and a review of documentation, that staff members were knowledgeable concerning responsibilities involving PREA. During the interviews, staff members were able to describe their specific duties and responsibilities, including being a “first responder” if an allegation of sexual abuse or sexual harassment was made. Staff were knowledgeable about inappropriate relationships with residents, how to detect signs of sexual abuse or harassment and mandatory reporting requirements. Staff had knowledge of the dynamics of sexual abuse/harassment in confinement settings and how to communicate effectively and professionally with LGBTQI residents.

Residents were aware of the PREA and could easily describe methods available to report incidents of sexual abuse or harassment. The residents were knowledgeable of third-party reporting, several mentioned a family member or lawyer could make a report of sexual abuse/harassment. The residents were aware of the services provided by Rebuilding Hope and the services available in the local community for sexual assault. Two residents interviewed had utilized the victim advocacy services provided by Rebuilding Hope. The residents indicated during their interviews that the services provided by Mental Health staff are confidential. The residents interviewed were given handbooks and they were aware of the PREA information noted in the handbook. The residents clearly indicated they were educated on PREA at least every 10 days by Juvenile Detention Staff and on a monthly basis with staff from Rebuilding Hope. The staff at Rebuilding Hope are helpful, knowledgeable and more than willing to aid the staff and residents at Remann Hall.

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: 0

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Number of Standards Met: 41

Standards 115.311 through 115.403

115.311,115.312,115.313,115.315,115.316,115.317,115.318,115.321,115.322,115.331,115.332,115.333,115.334,115.335,115.341,115.342,115.351,115.352,115.353,115.354,115.361,115.362,115.363,115.364,115.365,115.366,115.367,115.368,115.371,115.372,115.373,115.376,115.377,115.378,115.381,115.382,115.383,115.386,115.387,115.388,115.389,115.401,115.403

Number of Standards Not Met: 0

0

Summary of Corrective Action (if any)

No corrective action, this is the final report.

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.

Remann Hall has a zero-tolerance policy and training program that meets the requirements for this standard. Policy 17.10 Prison Rape Elimination Act (PREA) Sexual Abuse/Assault Prevention and Intervention provides the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. It has definitions of prohibited behaviors and sanctions for those prohibited behaviors. The policy provides strategies and responses to reduce and prevent sexual abuse. The policy also includes procedural guidelines, such as screening residents upon intake, training (for both staff and residents), reporting procedures (both staff and residents), intervention procedures and investigative guidelines.

The agency has a PREA Coordinator. The PREA Coordinator indicated he had sufficient time to manage and oversee the implementation of PREA standards. The agency has only one facility; the auditor notes that several Supervisors assist in the PREA implementation and provide input to the Coordinator to ensure compliance.

The auditor reviewed the Policy 17.10, Prison Rape Elimination Act (PREA) the Juvenile Court organization chart and the Detention Center organization chart. In addition, interviews were conducted with the PREA Coordinator, the Detention Manager and the Juvenile Court Administrator. Both the Juvenile Court Administrator and the Detention Manager supported the efforts of the PREA Coordinator and the PREA Coordinator indicated he had enough time to coordinate the facility's PREA compliance efforts. Remann Hall has a zero-tolerance policy and training program that meets the requirements for this standard. The policy provides the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. It has definitions of prohibited behaviors and sanctions for those prohibited behaviors. The policy provides strategies and responses to reduce and prevent sexual abuse. The agency has a PREA Coordinator and only one facility. The PREA Coordinator indicated he had sufficient time to manage and oversee the implementation of PREA standards. There is substantial compliance with this standard.

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.

This standard is not applicable. Remann Hall is a County Juvenile Detention Facility; Remann Hall does not contract with other agencies for confinement services.

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.

Remann Hall implements a staffing plan that provides adequate levels of staffing. In addition to staff members, there is video monitoring available to protect residents from sexual abuse.

The staffing plan is reviewed on a yearly basis by the Juvenile Court Administrator, the Detention Manager and the PREA Coordinator. The staffing plan is consistently complied with; there have been no deviations from the staffing plan in the past 12 months.

The Auditor reviewed the staffing plan. The Staffing plan review includes a review of any judicial findings (no), or inadequacies from federal investigative or internal/external oversight agencies (no). The plan reviews the facilities architectural weaknesses. The review includes a review of the population statistics for the previous year and a review of the population for the day in which the review took place. The plan reviews the unannounced log to determine if appropriate documentation is completed for the unannounced rounds.

The Auditor reviewed the log containing information documenting unannounced rounds. The log contained daily entries from several shifts. All shifts indicated a supervisor had conducted rounds to detect and deter

incidents of sexual abuse or sexual harassment. The auditor interviewed four (4) shift supervisors who all indicated they had personally conducted unannounced rounds; the rounds were conducted at random times and that staff were generally unaware they were conducting rounds to detect and deter sexual abuse/harassment. Remann Hall maintains a practice of having intermediate-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The procedures for conducting these unannounced rounds are well established in the facility. The Staffing plan review considers the overall policies and practices of the correctional services department and if there is an adequate number of Supervisory personnel.

Remann Hall operating procedures require supervisors to maintain a minimum staff to resident ratio of 1 staff to 8 residents during hours the residents are awake (7:00 am – 10:00 pm) and 1 staff to 16 residents during the hours the residents are asleep (10:00 pm – 7:00 am). There must be a supervisor in the facility at all times, all designated fixed posts must be occupied by a staff member and if necessary mandatory overtime will be utilized. This standard operating procedure is reviewed by the Detention Manager and the PREA Coordinator on a yearly basis.

The Remann Hall staff plan specifies that at all times, a staff member of the same sex as the residents shall be on duty. This staff member shall be directly responsible for supervision which involves physical contact (pat searches) or activities commonly afforded reasonable protection against opposite sex observation or supervision (use of toilet/shower facilities). Personal observation of residents may be by opposite sex staff as long as opposite sex privacy concerns are given appropriate protection. There is continual sight and/or sound surveillance of all residents. Personal staff observations of residents are conducted at a minimum of every 15 minutes. Staff members are directed to be alert to resident depression, dissension, family rejection, loneliness, resistance to staff or programs, and when such symptoms are discovered, appropriate intervention is required including referrals to Mental Health or Medical staff. These referrals are documented.

The auditor observed appropriate staffing levels throughout the facility; Remann Hall implements a staffing plan that provides adequate levels of staffing. In addition, there is video monitoring available to protect residents from sexual abuse. The staffing plan is reviewed on a yearly basis by both the PREA Coordinator and the Detention Manager. The staffing plan is consistently complied with; there have been no deviations from the staffing plan in the past 12 months. The staff plan review considers physical plant inadequacies, video monitoring systems, the population levels and the behavior of residents, supervisor availability, and any incidents of sexual abuse or sexual harassment that may have occurred during the year. Interviews with the Director and the PREA Coordinator indicate that the staffing plan is reviewed by both individuals.

There is substantial compliance with this standard.

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.

Remann Hall does not conduct cross gender strip searches. There has been no circumstance in the past three years where a cross gender search has taken place. No residents are restricted from participation in any programs. All pat searches are conducted by same sex individuals. There have been no deviations from this policy. Specifically, Policy 17.10, section IV, D and F provides guidance on this subject. All searches are conducted by a staff member of the same sex as the resident being searched. All staff interviewed on this subject indicated they were aware of the search policy and had not deviated from the policy. The staff members interviewed were sensitive to the residents' potential vulnerability during the search process. All residents interviewed on this subject indicated they are pat searched by same sex staff.

The facility policy prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. During the interviews staff indicated they had been provided training on how to conduct a pat search on transgender or intersex residents. Specifically, the Moss Group Video "Guidance on Cross Gender and Transgender Pat searches". Staff members were aware of the need to discuss not only the search procedure but to ask the resident if they preferred a male or a female staff member conduct the pat search. Supervisory staff members were queried during the tour on the pat search training for staff. The Supervisor indicated that during the PREA training a general overview of transgender pat searches was provided as well as the video. The focus of the overview was ensuring the resident was asked about their preference concerning which staff member (male or female) should conduct pat searches.

Remann Hall has taken extensive care to ensure all residents shower, perform bodily functions and change clothing outside the view of all staff.

The Auditor observed several staff announce their presence when entering a housing unit.

Remann Hall maintains procedures and practices that allow residents to shower, perform bodily functions, and change clothes without being viewed by staff of the opposite gender. Opposite gender staff announce their presence when entering a resident housing unit, the Auditor noted that while staff indicated they announced their presence when entering the unit, the logs maintained on these announcements indicated an announcement was made at the beginning of the shift as well as individual announcements. The auditor questioned line staff during the tour about their announcements in the unit. All staff questioned during the tour (5 staff in total) indicated they made announcements every time they entered a unit. When asked about general announcements at the beginning of the shift staff stated that a general announcement was always made and that they continued throughout the shift to announce their presence when entering the unit.

The Auditor queried residents during the tour concerning whether staff announced their presence when entering the unit. Both male and female residents stated that staff members always announce their presence when entering the unit.

Remann Hall has a policy and practice of searches conducted in accordance with the resident's gender identity and asking residents to identify the gender of staff with which they would feel most comfortable conducting the search. Cross gender pat searches are not conducted at Remann Hall. The PREA Coordinator indicated that even in emergency situations a female staff member would be made available to conduct a pat search on a female resident.

The Auditor reviewed training curricula and interviewed formally and informally both staff and residents on the issues of strip searches, bodily cavity searches, pat searches and searches of transgender and intersex residents and opposite gender unit announcements. Remann Hall does not conduct cross gender strip searches. There have been no circumstances in the past 12 months where a cross gender pat search has taken place. No residents are restricted from participation in any programs. All pat searches are conducted by same sex individuals. There have been no deviations from this policy. Remann Hall has taken extensive care to ensure all residents shower, perform bodily functions and change clothing outside the view of all staff. Staff members announce their presence when entering a housing unit. The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. All staff members (100%) have participated in training on searches of transgender and intersex residents in a professional and respectful manner. All residents interviewed on this subject indicated they are pat searched by same sex staff. Additionally, interviews with residents indicate no issues concerning privacy. Residents indicated staff members are professional and respectful of a resident's privacy. All staff interviewed on this subject indicated they are aware of the search policy and have not deviated from the policy.

The Auditor is satisfied there is substantial compliance with this 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.

Remann Hall has procedures to provide disabled residents with the opportunity to participate in efforts to prevent and respond to sexual abuse and harassment. In addition to written and visual education materials, Remann Hall has agreements with interpreters to assist in providing effective communication with residents who have disabilities. Specifically, the Language Line Solutions provides on-demand phone interpreting in addition to on site American Sign Language. This service had not been utilized but is available for staff to use. Residents with intellectual disabilities are given extra attention during the intake process to ensure they understand the information provided. If necessary, a Mental Health staff member aids in this process.

Remann Hall staff members have not experienced many incarcerated blind or deaf residents. However, the intake staff members are prepared to provide information in a format that will allow residents with limited reading skills, hearing disabilities, intellectual disabilities or low vision, to know and understand all aspects of the facilities efforts to prevent, detect, and respond to sexual abuse and sexual harassment. For residents with limited reading skills staff members will read information to the residents.

The auditor conducted intake (booking) staff interviews with ten (10) staff members, in each of the interviews staff indicated they not only provide the information to residents, but they would take the time to insure the residents understood the material provided. The staff indicated that they had never had either a deaf or blind resident. However, they were prepared to provide information concerning the entire intake process to residents who were either blind or deaf. The Detention Manager indicated during her interview that procedures are in place to ensure residents with disabilities and those who are limited in the English language have an equal opportunity to participate in the agency's effort to prevent sexual abuse and harassment. As determined through staff interviews Remann Hall staff do not rely on resident interpreters, resident readers or other types of resident assistants in any manner.

The auditor reviewed the Language Line Solutions information available to the intake officers. Additionally, the auditor reviewed the current Revised Codes of Washington concerning interpretation services to individuals who had communication difficulties. The auditor reviewed samples of PREA Posters in both English and Spanish. The PREA information provided to residents is also available in Spanish. Finally

interviews with facility staff indicate a variety of methods are available to ensure residents understand the material as it is presented to them.

The Auditor reviewed the intake procedures, the printed materials for residents, and reporting mechanisms. At the time of the audit there were no Deaf or Blind residents present in the population. The staff members were familiar with the Language Line interpretation service. This service also provides sign language for Deaf individuals. Intake staff indicated they have not used the Language Line services extensively; they rely on staff interpreters when necessary. The overall majority of residents speak English.

Intake staff are prepared to provide materials to residents who have limited sight. Documents in large print font are available or can be quickly printed. Mental Health staff aid with residents who exhibit difficulty in understanding the intake process and the information presented. Finally, Remann Hall works closely with the Courts who are also required to have interpretation services available. Between the two agencies appropriate interpretation services can be located to assist a resident who may have difficulty understanding the material presented.

The Auditor observed PREA signs that could be read and understood from the seated position. Residents who used wheelchairs or walkers had easy access to the phones used for reporting.

Remann Hall provides printed materials written in large font and plain language. The handbooks are available in Spanish and English.

Remann Hall has an established relationship with Language Line Solutions that can meet the language needs of its resident population. The Remann Hall takes any extra measures (one on one) when providing PREA related material to residents with disabilities. Intake (booking) staff were able describe what steps the facility takes to make sure that residents with disabilities, Deaf residents, and residents who are limited English proficient understand agency sexual abuse and sexual harassment policies and know how to report and get help if they have been victimized.

Remann Hall has procedures established that will provide disabled residents with the opportunity to participate in efforts to prevent and respond to sexual abuse and harassment. The Auditor reviewed Policy 17.10, PREA, 17.11 PREA Reporting/Investigation/Documentation/Education, and 12.8, Special Health Care Programs. The Juvenile Court Administrator designee indicated during her interview that procedures are in place to ensure residents with disabilities and those who are limited in the English language have an equal opportunity to participate in the agency's effort to prevent sexual abuse and harassment.

There is substantial compliance with this standard.

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

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Remann Hall policy prohibits hiring or promoting anyone who may have been previously involved in sexual abuse in a prison, jail, lockup, community confinement facility or juvenile facility. Agency policy requires consideration of sexual harassment issues during hiring. Criminal background checks are required. The entire process for hiring or promoting staff is coordinated through the Remann Hall Detention Manager, Juvenile Court Administrator and the Pierce County Human Resources Department.

After the initial application there is an initial interview and criminal background record checks and child abuse registry checks are completed. Once the initial phase is completed there is a polygraph exam. The polygraph exam contains questions concerning sexual abuse and sexual harassment.

There has been two (2) new employees hired within the past 12 months, all criminal background checks and child registry checks were completed appropriately.

Background checks are completed every five years for current employees. The Auditor reviewed ten (10) employee files, both initial criminal background checks and yearly criminal background checks had been completed. Employees who fail to disclose information concerning misconduct can be terminated from employment. The Administrative Officer confirmed that background checks are completed every five years and that appropriate sanctions are available for staff members who fail to report misconduct. The Administrative Officer further indicated that when a former employee applies for work at another institution, upon request from that institution, the facility (in most cases Human Resource staff) provides information on substantiated allegations of sexual abuse or sexual harassment to the requesting agency. The auditor notes that criminal background checks on employees are required every five years; this standard is clearly met by Remann Hall.

The Auditor reviewed policies, application materials, personnel review materials, and personnel files. As indicated by the Administrative Officer any deception, misinformation and/or misinformation by omission of information at any stage during the application and Employment Screening Process shall disqualify the applicant from employment with the Department.

The Background investigation includes a review of the following criteria: Criminal History/Activity: Any applicant with the following criminal/traffic conviction history or criminal/illegal activity shall normally be disqualified from employment. Any Conviction of any crime consisting of engaging or attempting to engage in sexual activity in the community by using force, overt or implied threats of force or coercion are disqualified from employment. An NCIC/WASIC III criminal history check is completed on every applicant.

Remann Hall considers any incidents of sexual harassment during the application process.

A polygraph examination is used to determine an applicant's truthfulness and full disclosure. The polygraph reviews the applicant's driving record, employment history, general background information, military service, arrest information, education, personal habits, criminal activity, financial issues, use of force, honesty and drug/alcohol history. The examiner may also pursue any lines of questioning as determined by the examiner as effecting the potential employment of the applicant. The polygraph examination includes questions such as; Have you ever been convicted of, knowingly committed, or participated in illegal sexual activity? Have

you ever been investigated regarding allegations of sexual harassment in the workplace? Have you ever been found to have sexually assaulted, exploited, or physically abused any minor?

Agency policy prohibits hiring or promoting anyone who may have been previously involved in sexual abuse in a prison, jail, lockup, community confinement facility or juvenile facility. Agency policy requires consideration of sexual harassment issues during hiring. Criminal background checks are required. The Human Resource staff interview confirmed these efforts. There have been two (2) new employees hired within the past 12 months, all criminal background checks were completed appropriately. Background checks are completed every five years for current employees and employees who fail to disclose information concerning misconduct can be terminated from employment. Interviews with Human Resource staff confirm that five-year checks are completed and that appropriate sanctions are imposed for staff who fail to report misconduct.

There is substantial compliance with 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

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Remann Hall was built in 1971 and underwent extensive remodeling during the 1980's. There has been no substantial expansion or modifications to the existing facilities since August 20, 2012. Remann Hall has updated the video monitoring in the past year. One Camera with recording capabilities has been added to the system. There is currently a request pending to increase the size of the hard drive to store more video and increase the random-access memory (RAM) to improve the overall recording performance. In her interview the Juvenile Court Administrator designee indicated the camera addition and the request for a larger hard drive were made to specifically improve Remann Hall's ability to protect residents from sexual abuse. Currently, there are 53 cameras of those 33 are recorded. The Juvenile Court Administrator, Director and PREA Coordinator were involved in all decisions concerning the updated video surveillance system. In her interview the Juvenile Court Administrator designee indicated the importance of utilizing technology to enhance the protection of residents from incidents of sexual abuse.

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 evidentiary 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

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The Remann Hall investigator only conducts administrative investigation involving sexual harassment or sexual abuse. Criminal investigations are conducted by the Tacoma Police Department. The Tacoma Police Department is responsible for investigating all allegations of criminal sexual abuse at the Remann Hall. The Tacoma Police Department follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for both criminal prosecutions and administrative proceedings which take place after the criminal process is completed. The protocol is developmentally appropriate for youth and minimizes the trauma to the child victim. Pursuant to the protocols in most situations' children between the ages of 3-15 will be interviewed by Child Forensic Interviewers. Children 16 and over will be interviewed by Law Enforcement. Individuals 16 and over who are developmentally delayed that fall within the cognitive profile of age 3-15 will be interviewed by a child forensic interviewer.

Remann Hall offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility, without financial cost. Pursuant to RCW 7.68.170, "Examination costs of sexual assault victims paid by state. No costs incurred by a hospital or other emergency medical facility for the examination of the victim of a sexual assault, when such examination is performed for the purposes of gathering evidence for possible prosecution, shall be billed or charged directly or indirectly to the victim of such assault." Examinations are performed by Sexual Assault Nurse Examiners (SANEs) at the Mary Bridge Hospital.

The Auditor reviewed the Mary Bridge Hospital information concerning Sexual Assault crisis intervention. Specifically, Mary Bridge Hospital provides the following: medical treatment following sexual or physical abuse, forensic exams, assistance navigating the legal system and accessing community resources, and

information and referrals for families. Patients in whom sexual assault is suspected or reported are to be processed quickly and with special attention to physical needs, privacy, and emotional support. Proper collection and storage of evidence and documentation of such is of the utmost importance legally. The patient should not be exposed to additional stress of repeat visits to the hospital for further evidence collection. The medical forensic exam is done by the healthcare provider for the benefit of the patient. The ED Nurse or SANE (Sexual Assault Nurse Examiner) maintains the chain-of-custody with proper medical/legal evidence collection and transfer to appropriate persons and departments. Discretion and caution must be used in writing accurate clinical notes without passing judgment as to whether sexual assault did or did not occur. The records should contain facts or alleged facts, not suspicions or character judgment. Victims of sexual assault are provided access to a Sexual Assault Advocate from the Pierce County Sexual Assault Center. Advocates are present during the sexual assault examination. Additionally, an advocate will assist with transportation and interpretation on medical-legal needs and follow up as needed.

The Auditor confirmed that both the Medical and Mental Health Staff are aware of the procedures for coordinating emergency medical care for victims of sexual assault. Medical Staff follow specific procedures including evidence protection prior to sending a victim to the Emergency room. Mental Health staff coordinate with Pierce County Sexual Assault Center for advocate services.

The Corrections Supervisor (Investigator) indicated he would coordinate criminal investigations of alleged incidents of sexual misconduct in cooperation with Tacoma Police Department. The Investigator would coordinate staff interviews and give the Tacoma Police Department unlimited access to the facility as needed to conduct a criminal investigation.

In addition to a review of the Mary Bridge Hospital protocols for victims of sexual assault, the Auditor reviewed Remann Hall Policy 17.10, PREA, section VII and Remann Hall medical protocols, Policy 12.8, Special Health Care Programs, 12.11 Medical Treatment Outside Facility, 12.20, Child Abuse or Neglect, 12.13 Informed Consent/Waiver of Medical Consent and the Child Sexual and Physical Abuse Investigation Protocols for Pierce County Washington.

The agency is responsible for conducting administrative sexual abuse/sexual harassment investigations. Criminal investigations are conducted by the Tacoma Police Department. The Tacoma Police Department has appropriate protocols in place to conduct sexual assault investigations. In the event of an incident all victims are provided access to forensic medical examinations at Mary Bridge Children's Hospital at no cost. Examinations are provided by Sexual Assault Nurse Examiners. The auditor confirmed the availability of SANE staff. There have been no incidents at Remann Hall that required a forensic medical exam in the past 12 months. The auditor reviewed the Memorandum of Understanding between Remann Hall and the Sexual Assault Center of Pierce County. In addition, the auditor interviewed the Director of the Sexual Assault Center. Both the agency and the Sexual Assault Center indicated a victim of a sexual assault would be provided an advocate and services for intervention and related assistance. The Director of the Sexual Assault Center indicated an advocate would support the victim through the forensic examination and investigatory interviews. The PREA Coordinator established an appropriate Memorandum of Understanding that meets the requirements to provide services to victims of sexual abuse or harassment. Based on the policy review and interviews with the PREA Coordinator, Mental Health staff the Executive Director of the Pierce County Sexual Assault Center, and the Investigator, there is substantial compliance with this standard.

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

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Remann Hall supervisors ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Correctional Supervisor (Investigator) coordinates administrative and criminal investigations of alleged incidents of sexual misconduct in cooperation with the Detention Manager and local law enforcement as needed. Remann Hall has a policy 17.10, PREA that ensures that allegations of sexual abuse or sexual harassment are referred for investigation to either the Correctional Supervisor (Administrative) or the Tacoma Police Department (Criminal). In addition, Policy 17.11 Reporting/Investigation/Documentation/Education was also reviewed. This policy provides information on investigation protocols for Remann Hall, how to report incidents of sexual abuse or harassment and required PREA education for staff and residents.

The Tacoma Police Department has the legal authority to conduct criminal investigations. Remann Hall makes these two policies available on their web site (<https://www.co.pierce.wa.us/4090/Prison-Rape-Elimination-Act-PREA>).

Remann Hall documents all such referrals. The Auditor interviewed the Investigator who is a Correctional Supervisor at Remann Hall. During the interview the Investigator indicated he would coordinate the release of any documentation, coordinate staff interviews and give the Tacoma Police Department unlimited access to the facility as needed for conducting a criminal investigation.

The Remann Hall administrative investigator conducts internal investigations of employee misconduct. The Detention Manager in conjunction with the Juvenile Court Administrator will assign the individual who conducts the internal investigation; all individuals conducting investigations have participated in the NIC Training Class "Investigating Sexual Abuse in a Confinement Setting". Interviews with the Agency Director, the PREA Coordinator and the Investigator confirm referrals and investigations would be completed for any incident involving sexual assault or sexual harassment.

Remann Hall ensures both administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. If an administrative investigation potentially involves criminal behavior the investigation is referred to the Tacoma Police Department. The agency documents all referrals. The Pierce County Web site provides information concerning PREA and the PREA Policy is posted on the Web site. There is substantial compliance with this standard.

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

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Remann Hall trains all employees who may have contact with residents on: the zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities pursuant to the PREA Standards; residents' right to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment; the common reactions of victims of sexual abuse and sexual harassment; 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; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay,

bisexual, transgender, intersex, or gender nonconforming residents; and laws related to mandatory reporting of sexual abuse and the age of consent. The training covers both male and female residents. Remann Hall provides employees with refresher training every two years.

Employees are aware of Remann Hall's current sexual abuse and sexual harassment policies and standard operating procedures. Remann Hall documents that employees understand the training they have received. This is monitored by the PREA Coordinator. The Auditor reviewed employee training records and the PREA Coordinator provided copies of training records for the employees.

The auditor reviewed ten (10) Employee Training records, each file reviewed contained documentation on the date of hire, PREA Training Dates and Acknowledgement documents. The training records indicate PREA training occurred in 2014 and 2016 and 2018.

Fifteen (15) random staff interviews were conducted. Those staff members who were interviewed by the Auditor indicated a clear understanding of the Prison Rape Elimination Act. The random staff interviewed were able to recall information from the training such as the zero tolerance for sexual assault and sexual harassment, professional and gender specific pat search procedures, how to respond to sexual assaults and duties of the first responder. Staff members recalled how to avoid inappropriate relationships with residents, the dynamics of sexual abuse in prison, and how to detect signs of sexual abuse. All employees have been trained, and the auditor confirmed the training records of the employees. All staff interviewed confirmed their participation in PREA training and their knowledge of the training curriculum. Remann Hall complies with 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

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Volunteers are informed of the resident's right to be free from sexual abuse and to be free from retaliation for reporting incidents of sexual abuse and harassment. Remann Hall maintains documentation confirming that volunteers understand the training they have received.

Remann Hall has two contracts, one for food services (Consolidated Food Management) and one for mental health services (Comprehensive Life Resources). Specifically training records were provided which indicate the staff member from Comprehensive Life Resources has participated PREA Training and her signature on the training form indicates she understands the training she received. The training is documented, and the facility maintains documentation confirming that contractors understand the training they have received. The contractor who participated in an interview indicated her respective organization provided training on PREA and more specifically responding to incidents of sexual assault. During that interview the contractor (MHP) clearly indicated an understanding of the Remann Hall PREA policy and the appropriate protocols for dealing with incidents involving sexual assault and sexual harassment. Staff members from Consolidated Food Management do not have contact with residents all food is prepared off site. Food is picked up by detention staff and delivered to the residents.

The auditor interviewed four volunteers who currently provide faith-based programming to residents. Each of the volunteers interviewed had been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response. The Volunteers stated they had received a PREA Brochure and had participated in a Volunteer orientation class. The Volunteers further indicated they understood the zero-tolerance policy.

The Auditor notes that individuals, who enter Remann Hall for repairs, IT, phone, physical plant, etc., are always supervised by staff and they do not have contact with residents. However, every individual who enters Remann Hall for any purpose must review and sign for a pamphlet that clearly identifies Remann Hall as a Zero-tolerance facility and delineates the steps Remann Hall is taking to prevent incidents of sexual harassment and sexual abuse, including how to report incidents.

Remann Hall has many volunteers. Volunteers who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. In the past year Remann Hall has trained 137 volunteers. Zero tolerance and a volunteer's responsibilities to prevent, detect, report and respond to incidents of sexual abuse and harassment are part of the training. Volunteers are informed of the resident's right to be free from sexual abuse and to be free from retaliation for reporting incidents of sexual abuse and harassment.

Remann Hall maintains documentation confirming that volunteers and contractors understand the training they have received. The auditor reviewed the training records of ten (10) volunteers and reviewed the training roster for Volunteer Training Classes. In addition, the auditor interviewed four (4) volunteers who indicated they had participated in the training and understood the zero-tolerance policy, the youths right to be free from sexual harassment, how to respond to victim of sexual abuse, how to avoid in appropriate relationships with youth and how to communicate effectively with LGBTI youth. Finally, the auditor was provided with an extensive excel file which identified each volunteer and the date in which their training was completed. The document also provided data on each one-time visitor who had signed for receipt of the pamphlet that clearly identifies Remann Hall as a Zero-tolerance facility and delineates the steps Remann Hall is taking to prevent incidents of sexual harassment and sexual abuse, including how to report incidents. This excel document is utilized by the Control Center Officer to identify anyone who needs training prior to entrance into the facility.

Based on the review of the training provided, the review of the training records and volunteer and contract staff interviews the Auditor determined there is substantial compliance with this standard.

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

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Residents receive information on zero tolerance, how to report incidents of sexual abuse and harassment, their right to be free from sexual abuse and harassment and to be free from retaliation for reporting incidents. In addition, residents are informed about how Remann Hall will respond to such incidents. Intake Staff interviews verify that residents receive the appropriate information. In addition to this information residents are provided a handbook that also provides information concerning Zero Tolerance and how to report sexual abuse and harassment. The auditor confirmed all residents receive this information. Interviews with residents also confirm that Remann Hall staff members provide information on reporting incidents of sexual abuse. The agency documents the receipt of this information. The Auditor reviewed ten (10) random intake files; each file contains documentation concerning the orientation date (intake), screening date, PREA Acknowledgement date, initial education date and the comprehensive education date. All residents who remain at the Remann Hall for more than 10 days receive comprehensive education on PREA.

Throughout the facility there is information posted about PREA, Zero Tolerance and how to report incidents of sexual abuse. This information is presented in both Spanish and English. This information is visible and readily available. There is information provided to the residents concerning the services of the Pierce County Sexual Assault Center. The Pierce County Sexual Assault Center provides counseling to victims of sexual assault and provides advocacy services. Resident interviews confirm this information is available.

The Auditor also reviewed a random sample of resident files, each file reviewed contained documentation to support a resident's initial intake and the information concerning PREA that was provided during intake and information concerning the resident's participation in the comprehensive PREA education. The information provided is available in formats accessible to residents who are blind, or who have limited reading skills. This information is provided on a one on one interview usually during intake. The resident also receives a follow-up with a mental health professional.

There is substantial compliance with this standard. The auditor interviewed thirteen (13) residents; of those interviewed all had indicated they had received a handbook and other PREA information. In addition to the above measures, residents who are in Remann Hall for more than 10 days participate in educational sessions. These educational sessions are conducted on Saturdays and involve a review of PREA and a video concerning the residents' right to be free from sexual abuse, harassment and retaliation while incarcerated. Finally, Sexual Assault Center of Pierce County provides Sexual Assault education to residents on a monthly basis. These education classes cover a variety of topics including bullying, tolerance and how to use the available community services provided by the Center. Residents' participation in these educational classes is documented.

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

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A Remann Hall staff member (Correctional Supervisor/Investigator) conducts administrative investigations involving sexual abuse and sexual harassment. The Investigator has received training in conducting

investigations in confinement settings. This training was on line and coordinated by the National Institute of Corrections. The title of the training is “Investigating Sexual Abuse in a Confinement Setting”. That training includes the proper use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative action or criminal referral. The auditor reviewed the training certificate and interviewed the Investigator. The Investigator was aware of his responsibilities during an investigation; he indicated that upon notification of an allegation the investigation would begin immediately. Any allegation that potentially involved criminal behavior would require police involvement. The training he took from NIC covered all areas of the investigative process, interviewing techniques, evidence collection, evidence protection and victim advocacy; securing and processing the scene for evidence; securing all evidence, maintaining the integrity of the evidence; seeing to the needs of the victim, and providing advocacy support from Mental Health Staff. The training reviewed good interpersonal communication skills with resident victims, assailants, and witnesses; understanding the dynamics of resident sexual violence and establishing good working relationships with outside agencies hospitals, prosecutors, and investigators. The investigator stated he would review memorandums, collect as much data as possible, and write a report.

The investigator noted that Anonymous or third-party reports would be thoroughly investigated as soon as possible. A third party or an anonymous tip would be treated the same as a direct report. Specifically, the investigator indicated he would begin by introducing himself to the victim and then proceed with a normal investigation process.

The investigator indicated that if the incident was criminal in nature, he would not collect specific physical and DNA evidence, he would aid the Tacoma Police Department by providing victim and perpetrator information such as any pertinent central file information, information concerning prior complaints and reports of prior sexual abuse and he would provide any information on prior investigations involving either the victim or the perpetrator.

Based on the review of the training records and investigator interview the auditor determines there is substantial compliance with this standard.

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

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Remann Hall provides PREA training to the medical and mental health practitioners who work in the facility. The training includes how to detect signs of sexual abuse/harassment, how to prevent destruction of evidence, how to respond to victims and how to report allegations or suspicions of sexual abuse and sexual harassment. Facility medical staff do not conduct forensic examinations. The auditor confirmed that training was provided to Medical and Mental Health staff. Interviews with the Medical staff and Mental Health staff confirmed the training. During the interview with Medical staff the auditor was informed about Remann Hall's standards for Health Care Staff. Specifically, Medical staff are required to: Provide timely first aid and

treatment of visible injuries; preserve potential evidence (including evidence of sexual activity); provide access to forensic examinations, performed by a Sexual Assault Nurse Examiner (SANE), trained to examine the victim, collect and preserve evidence, and testify in court; provide access to victim advocate for emotional support; remain with the victim until he or she is escorted outside the facility; ensure and coordinate necessary care such as emergency contraception, HIV testing and counseling and/or medications that might be given once more information is gathered based on initial screening results. The Medical staff member indicated she would work in conjunction with the SANE staff at Mary Bridge Hospital.

The contractor (Mental Health) who participated in an interview indicated their respective organization provides training on PREA and more specifically responding to incidents of sexual assault. During that interview the contractor clearly indicated an understanding of the Remann Hall PREA policy and the appropriate protocols for dealing with incidents involving sexual assault and sexual harassment.

Mental Health Staff have received specialized training on detecting signs of sexual abuse and how to respond effectively to victims of sexual abuse. This training is provided by Comprehensive Life Resources. Comprehensive Life Resources provides mental health care services to residents at Remann Hall. Clinical services provided by Comprehensive Life Resources include screenings, case management, and individual therapy. Coordination services provided by Comprehensive Life Resources include management and operational supervision of the mental health program and services. Only qualified staff provide clinical services and operate within their professional scope of practice. Specialized training also includes victim identification, interviewing, and interventions.

Medical staff are county employees and receive training through continuing education as required by their individual licenses. This training includes detecting signs of sexual abuse and how to respond effectively to victims of sexual abuse. Continuing Education requirements for the State of Washington requires 45 hours of training every three years. Courses offered for CEU credits include sexual assault protocols. Training records for Medical Staff were reviewed by the auditor. All Mental Health staff and Medical Staff participate in annual training provided by Remann Hall which covers the PREA in detail. In addition to Remann Hall training records, appropriate documentation pertaining to licensing was reviewed by the auditor.

Based on the interviews conducted with medical and mental health staff and the documentation concerning the training they had received from Remann Hall and continuing education courses, there is substantial compliance with this standard.

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

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All residents are provided Risk Assessments upon intake. The policy provides that assessments are conducted within the first 72 hours however the Auditor notes that these assessments are done almost immediately after the initial intake. The assessment includes the mental, physical and developmental disability of the resident, the age of the resident, the physical build of the resident, previous incarcerations, criminal history, prior sex offenses, whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming, prior sexual victimization and the resident's perception of his or her vulnerability. Residents are not disciplined for failing to answer any questions. All information gathered during intake is shared with only those staff that have a need to know. Sensitive information is not shared unnecessarily. Interviews with Intake staff confirmed the use of the assessment tool. In addition, resident interviews indicated the use of the assessment tool.

All information gathered during intake is shared with only those staff that has a need to know. Sensitive information is not shared unnecessarily. Residents at Remann Hall clearly indicated they had been queried on questions concerning whether they had been victims of sexual abuse or sexual harassment or if they had been arrested or charged with a sex offense. Residents further indicated that the Medical Staff also asked

them the same questions. Each resident is provided with a Medical review upon completion of the intake process. This is a comprehensive review of the resident's physical and mental health. The visual observation of the resident includes whether the resident exhibits characteristics of potentially be at risk for victimization (e.g., age, small build, femininity, 1st time offender, passive or timid appearance). Through both, a document review and interview, a determination is made concerning whether the resident is a victim of sexual abuse, if he or she is vulnerable, if they have ever been arrested for a sex offense and how the resident identifies himself or herself (e.g., gay, lesbian, bisexual, transgender, intersex or gender non-conforming).

Interviews with Intake staff, Medical Staff and Mental Health staff confirmed the use of the assessment tools. The Intake staff indicated their responsibilities included assessing all residents especially those with special needs or those who may be vulnerable or express feelings of vulnerability. The Intake officers indicated the need to provide safe housing, and program resources that ensured a safe environment for all residents. The auditor reviewed the files of several residents. The files contained the appropriate Intake forms and they were signed by Intake Officers and the residents. The Auditor also reviewed intake forms from both the Medical staff and Mental Health staff.

The auditor notes that if a resident identifies as transgender, the intake staff include information which indicates the residents preferred gender identification, name preference, where they would prefer to be housed (male or female unit) and if they prefer a male or female officer for the purpose of conducting pat searches.

Based on a review of the intake (booking) process, a review of the assessment form, the Medical Assessment form and the Mental Health Assessment form, and interviews with Intake staff, Medical Staff and Mental Health staff, there is substantial compliance with this 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.

Remann Hall utilizes the intake information to make decisions on housing assignments. The needs of each resident are taken into consideration. Although no transgender or intersex offenders are currently in the population, Detention staff indicated they would determine housing on a case by case basis and have appropriate facilities available to ensure the safety of all residents. The PREA Coordinator stated during his interview that the Agency would consider a transgender or intersex resident's own views with respect to safety. More specifically, for youth who identify as transgender or intersex Mental Health staff would assist in the intake process to ease any challenges perceived by the youth. During the audit there were no transgender or intersex residents at the Remann Hall. Remann Hall does not have an administrative/disciplinary segregation unit. All residents are placed in general housing units.

For residents who identify as Lesbian, Gay, Transgender or Intersex their preference concerning housing assignment is always considered. LGBTQI youth receive fair and equal treatment without bias. LGBTQI youth are safe, accepted have complex needs that require the sensitivity and awareness of well-trained staff in performing their duties. Transgender or intersex residents are monitored by Mental Health Staff. Any issues concerning residents who may be vulnerable due to their sexual orientation are documented so that Correctional Supervisors, if necessary, can adjust assignments. All residents are provided the opportunity to shower separately from other residents.

A review of the policies, 17.10 PREA Sexual Abuse/Assault Prevention and Intervention, 17.11 PREA Reporting/Investigation Documentation/Education, 12.8. Special Health Care Programs and 17.12 PREA Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex Youth (LGBTQI) and interviews with the PREA Coordinator, Agency Head, and Intake Officers, confirm compliance with this standard.

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

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Residents have multiple ways to report allegations of sexual abuse and sexual harassment including verbally, in writing, privately, from a third party, and anonymously. Posters are on display throughout the

facility and were observed by auditor. The posters explain the reporting procedures. In addition, the correctional officers interviewed stated both staff and residents may report abuse or harassment verbally or in writing, or anonymously through a third party. Residents interviewed also were aware of multiple reporting methods.

Residents may write a note or a grievance and give the note or grievance to a staff member. Residents have access to paper and pencils. These multiple methods of reporting are posted throughout the facility, and they are reviewed with the resident during intake. Resident interviews confirm knowledge of the reporting procedures including the ability to have a third-party file a report. Third party reports can be made to any staff including the Director. The Remann Hall web site provides the following information concerning reporting: If you have information regarding a juvenile who has been sexually assaulted while in detention, report this directly to the Detention Manager at 253-798-4852. You may also call the Pierce County Sexual Assault Center at 1-800-756-7273 or at 253-474-7273 locally.

The sexual assault/abuse telephone line can also be used by anyone in the community to report incidences of resident sexual assault/abuse or staff sexual misconduct.

Staff can privately report to a supervisor, or other designated official. The Pierce County Juvenile Court Administrative Policy Manual provides detailed information regarding employment rules. The Manual includes the Court's policies requiring equal employment opportunities, confidential personnel records, probationary employment periods, disciplinary procedures, annual performance evaluations, and a grievance procedure. Staff members are informed that any issues related to sexual harassment or sexual abuse can be reported confidentially to Human Resources.

Resident interviews confirm knowledge of the reporting procedures. Staff interviews confirm knowledge of reporting procedures. There is substantial compliance with this 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.

Remann Hall is exempt from this standard. Remann Hall does not have administrative procedures to address resident grievances regarding sexual abuse. There are no time limits and no informal grievance process. If an allegation is made it is investigated immediately.

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

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

115.353 (a)

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

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Remann Hall has established a Memorandum of Understanding with the Sexual Assault Center for Pierce County. These advocates provide support related to sexual assault. Residents have access to the mailing address, telephone numbers including a toll-free number that provides confidential communication between residents and the center. Several of the residents indicated their awareness of the Sexual Assault Center. The Sexual Assault Center of Pierce County provides Sexual Assault education to residents on a monthly basis. These education classes cover a variety of topics including bullying, tolerance and how to use the available community services provided by the Center.

The auditor interviewed a Mental health staff member during the on-site visit. During the interview the Mental Health representative indicated that a contract was in place and that Victim Advocates were available to assist victims at the facility. The Mental Health staff member indicated they would coordinate any visit between Sexual Assault advocates and the resident. In addition, the Mental Health representative indicated residents could contact the Sexual Assault Center directly from the facility to report any victimization. The Mental Health staff member stated they had received Sexual Assault Response Training. The training included: How to detect and assess signs of sexual abuse and sexual harassment; How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The Mental Health staff member indicated that at the initiation of services to a resident, she would disclose the limitations of confidentiality and their duty to report. Victims of sexual abuse would receive timely and unimpeded access to emergency medical treatment and crisis intervention services and the nature and scope of the services would be determined according to the professional judgment of the SANE and Advocacy staff. Finally, follow up services would be provided as necessary and that the level of care was consistent with community standards.

All residents interviewed indicated they had confidential access to their attorneys prior to any hearings. Additionally, all residents interviewed stated they are allowed the opportunity to visit with family.

Based on the interview with Mental Health staff, a review of the contract between the Remann Hall and Comprehensive Life Resources, and the interviews with residents, there is substantial compliance with 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

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Remann Hall has established a method to receive third party reports of sexual abuse. This information is available on the Pierce County website (<https://www.co.pierce.wa.us/4090/Prison-Rape-Elimination-Act-PREA>). Information is available to the public on how to report resident sexual abuse or sexual harassment on behalf of the residents. Resident interviews indicated a clear understanding of how to make a third-party

report. Most residents indicated they could inform their attorney; family member or probation officer and those individuals could contact either a staff member or the Director and report an incident.

The Remann Hall PREA Zero Tolerance pamphlet and the Remann Hall Web Site addresses the requirements of this standard. Third-parties are informed of reporting procedures on the website. In addition, there are posters available in the visiting areas. The pamphlet and website were examined by the auditor. Resident interviews confirm awareness of the third-party reporting capabilities.

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

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Remann Hall requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility. Staff members are also required to report any retaliation against residents or staff members who have reported an incident of

sexual assault or sexual harassment. Regardless of its source, Remann Hall employees, contractors, and volunteers who receive information concerning resident on resident sexual misconduct at Remann Hall, or who observe an incident of resident on resident sexual misconduct or have reasonable cause to suspect a resident is a victim of sexual misconduct, must: Immediately report the information or incident directly to their immediate Supervisor. If necessary, (alleged criminal behavior) Law Enforcement will be notified by the Director or Correctional Supervisor. Supervisory staff, Mental Health staff or Medical staff will report any incident of suspected child abuse or neglect to Child Protective Services. PREA policy 17.10, page 4-5, Paragraph I-J1.

Any Remann Hall employee, contractor, or volunteer who fails to report an allegation, or coerces or threatens another person to submit inaccurate, incomplete, or untruthful information with the intent to alter a report, may face disciplinary action, up to and including termination of employment. All Remann Hall staff, contractors, and volunteers have a duty to report any allegation of sexual abuse as required by mandatory reporting laws (RCW 26.44.030). Residents are informed of the limitations of confidentiality between residents and staff.

Aside from reporting to the designated supervisors or officials and designated State or local service agencies, Remann Hall prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Medical and mental health practitioners are required to report sexual abuse to designated Supervisors, as well as to the designated State or local agencies.

Although no complaints have been received, from a member of the public, a procedure has been established for third party reports to be sent to the Director. If an allegation is received the Director would inform the Juvenile Court Administrator and inform the Investigator to begin an investigation. Staff members are required to report any violation of responsibilities that may have contributed to an incident or retaliation.

Pursuant to Policy 17.11, Reporting/Investigation/Documentation/Education, the Detention Manger must promptly report any allegation of sexual abuse to the alleged victim's parents or legal guardians unless there is official documentation indicating that the parents/legal guardians should not be notified and if the alleged victim is under the guardianship of the child welfare system, report any allegation of sexual abuse to the alleged victim's caseworker instead of the parents or legal guardians.

Based on the review of policies 17.10 and 17.11 and interviews with the Investigator and Detention Manager there is substantial compliance with this standard.

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

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Remann Hall Policy requires that immediate action is taken to protect residents from sexual abuse. Staff interviewed are aware of their reporting requirements and the steps that need to be taken to ensure the safety of the resident. The auditor reviewed Policy 17.10 and 17.11; these policies outline a staff member’s response to any allegation of sexual misconduct. As stated in the procedures, all staff, volunteers and contractors who receive an initial report of sexual misconduct are required to promptly intervene on the alleged victim’s behalf to ensure the victim receives prompt medical and mental health, as appropriate to his or her needs, and the circumstances of the alleged offense.

Staff interviews revealed that staff members were formally trained on and understand how to ensure residents are kept safe in the event they are at risk for imminent sexual abuse. Upon receipt of information that a resident is subject to a substantial risk of imminent sexual abuse, the Remann Hall staff all indicated immediate action would be taken. Specifically, at a minimum, housing and/or programming changes would be initiated to separate or limit a threat between residents. All the random staff interviews indicated a similar answer.

Based on a review of Policies 17.10 and 17.11 and interviews with staff there is substantial compliance with this standard.

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

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Upon receiving an allegation that a resident was sexually abused while confined at another facility, Remann Hall policy requires notification to the head of the facility and to appropriate Law Enforcement authorities within 72 hours. This notification is documented. There has been one report from a resident that they were sexually abused at another facility in the past 12 months. This incident was reported to a staff member conducting an intake interview. The incident was reported to the PREA Coordinator at Remann Hall and the PREA coordinator at Remann Hall reported the incident to the other facility's PREA Coordinator and the other facility's Director on the same day. Interviews with both the Detention Manager, the Juvenile Court Administrator and the PREA Coordinator indicate compliance with this procedure.

In addition to reviewing the e mail exchange between PREA Coordinators concerning reports to other facilities the auditor reviewed a memorandum specifying the procedures to ensure proper notifications concerning reporting to other confinement facilities. The procedures in this case were followed, the PREA Coordinator notified the appropriate officials. There is substantial compliance with this standard.

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

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Remann Hall staff members were interviewed concerning first responder responsibilities. Staff members are aware of their responsibility in this area. The staff members interviewed indicated a need to separate the victim from the abuser, preserve and protect the crime scene, advise the victim to not take any action that would compromise the evidence, and if possible ensure the alleged abuser did not take any action that would compromise any evidence. In addition, staff members were aware that they needed to contact their supervisor who would contact the Detention Manager and the Investigator.

The staff interviewed indicated they had received training that included the duties of a first responder. Medical Staff and Mental Health staff members were also aware of their responsibilities as a first responder and the need to notify security staff.

A first responder is required to: Separate the alleged victim and abuser; Preserve and protect the crime scene; request the alleged victim to not destroy evidence and ensure the alleged abuser does not destroy evidence. A non-security staff first responder is required to request the victim to not destroy evidence and then notify a detention staff member.

Interviews with staff clearly indicate they understand the duties of a first responder. Additionally, PREA Policy 17.10 and 17.11 clearly describes the steps to be taken in response to an allegation of sexual abuse, assault or harassment. Those steps include, separate the parties, cell reassignment, secure the scene, follow evidentiary practices, medical evaluation, notification of Mental Health for follow-up and the need to monitor those who reported the incident for a minimum of 90 days to ensure no retaliation has occurred due to reporting or cooperation. During the past 12 months Remann Hall has not had any incidents of sexual assault.

Based on the interviews and the availability of information available to staff concerning their duties as first responders, there is substantial compliance with this 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

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Remann Hall has a written plan that includes immediate notification to the Detention Manager, the PREA Coordinator, the Tacoma Police Department and sexual assault advocates. The Director stated during her interview that staff are trained to follow The PREA Response plan that includes but is not limited to, separating the involved individuals, contacting law enforcement, maintaining evidence integrity, contacting the PREA Coordinator, Community Partners, and assisting in transport if necessary.

The PREA response plan includes providing mental health and medical assistance for the alleged victim as soon as possible. Separating the alleged victim from the alleged perpetrator. Taking reasonable measures to identify, isolate, and separate witnesses. Securing the incident scene so items cannot be removed or introduced and allowing only assigned investigators to assess the scene.

First responder training includes the following information: Separate the alleged victim and abuser, preserve and protect crime scene until steps can be taken to collect evidence, request that the alleged victim and abuser do not take any actions that could destroy physical evidence to include: brushing teeth, washing, urinating, defecating, drinking or eating. Isolate witnesses notify law enforcement if criminal in nature, with the help of Manager/Supervisor refer the victim for appropriate medical/mental health care, treat all victims with dignity and respect, allow the victim to have an advocate present. A first responder should prepare a report regardless of its source. Reports should include observations at the time of the response, and the date and time of the incident and date and time of the report. The report should also include who initially reported the allegation.

Remann Hall has developed a written institutional plan to coordinate actions taken in repose to an incident of sexual abuse among staff first responders, medical and mental health practioners, investigators and facility leadership. There is substantial compliance with this 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

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Remann Hall has no limit on its ability to remove alleged sexual abusers from contact with any residents pending the outcome of an investigation. There is no collective bargaining agreement that would prohibit immediate action to protect residents. The Juvenile Court Administrator and HR staff confirm there is no prohibition against removing alleged staff sexual abusers from contact with residents. The auditor reviewed the 2018-2019 Contract between Pierce County and the Pierce County Juvenile Court Guild. The agreement states in Article 4: The employer retains and reserves all power and authority to manage its operations in an effective manner with the sole and unquestioned right and prerogative in accordance with applicable laws, regulations, and the Pierce County Chapter, subject only to limitations stated below. H. To discipline, suspend and discharge employees for just cause...23.3 the level of discipline administered may depend on the seriousness of the offense.

There is substantial compliance with this standard.

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

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Remann Hall prohibits retaliation against both residents and staff who report sexual abuse or sexual harassment or cooperate with investigations. The Detention Manager and the PREA Coordinator are the designated staff members who monitor retaliation. Multiple measures are available that include removal of alleged staff and alleged resident abusers, housing changes and advocate support. Monitoring can last for at least 90 days and includes periodic status checks. The Detention Manager and the PREA Coordinator are aware of their requirements for monitoring. Remann Hall employs several protection measures, such as: housing changes for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, seeking emotional support services for residents or staff who 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, Remann Hall monitors 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 any changes that may suggest possible retaliation by residents or staff. Remann Hall will act promptly to remedy any such retaliation. The PREA Coordinator and the Director both indicated they would monitor resident disciplinary reports, housing, or program change requests, negative performance reviews or reassignments of staff to determine if monitoring was necessary. There have been no incidents in which monitoring for retaliation has occurred at Remann Hall. There is substantial compliance with this 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

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Remann Hall does not have an administrative/disciplinary segregation unit. Residents who are placed on room restriction (72 hours or less) have access to education and daily large muscle exercise daily. Residents who are on Unit restriction continue to have access to education and daily large muscle exercise. In the event of an assault of any type residents are placed in one of seven available housing units. The safety of the resident is always the highest priority all attempts are made to maintain continuous access to programing, education and daily exercise. There is substantial compliance with this standard.

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*)

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Where sexual abuse is alleged, and possible criminal activity has occurred, Remann Hall will contact the Tacoma Police Department. The Tacoma Police Department has a Special Assault Unit and a Juvenile Crimes Unit. Investigators from the Police Department would gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. The Investigator would interview alleged victims, suspected perpetrators, and witnesses; and would review prior complaints and reports of sexual abuse involving the suspected perpetrator. Both the PREA Coordinator (Investigator) and the Detention Manager would assist the Police Department by providing

electronic monitoring data, coordinating interviews and providing background information on both the suspect and the victim. Remann Hall would not terminate an investigation solely because the source of the allegation recants the allegation. Remann Hall staff would not conduct compelled interviews, those interviews would be conducted by the Police Department. The PREA Coordinator (Investigator) stated during his interviews that the credibility of an alleged victim, suspect, or witness would be assessed on an individual basis and would not be determined by the person's status as resident or staff. The Investigator stated that he would not require a resident to submit to a polygraph examination as a condition for proceeding with the investigation. Finally, the Investigator indicated all Administrative investigations: would include an effort to determine whether staff actions or failures to act contributed to the abuse; and would be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations would be documented pursuant to the Tacoma Police Department guidelines and substantiated allegations of conduct that appears to be criminal would be referred for prosecution.

Remann Hall retains all written reports for as long as the alleged abuser is incarcerated or employed plus five years. The departure of the alleged abuser or victim from the employment or control of the facility would not provide a basis for terminating an investigation.

Remann Hall reports between January 1 and December 31, 2017, two allegations of staff sexual misconduct were reported. Both allegations were unfounded. Between January 1 and December 31, 2017 one allegation of sexual harassment was reported. This allegation was also unfounded. Between January 1 and December 31, 2017 there were no non-consensual youth-on-youth sexual acts reported. Between January 1 and October 29, 2018, there has been one allegation of non-consensual youth-youth sexual misconduct. This allegation was investigated by the Tacoma Police Department and was unfounded, there was no evidence to support the allegation made by the resident that she was groped in the intake shower by an unidentified juvenile who was also taking a shower. The incident in question was determined unfounded because the shower in the intake area is a single shower and only one resident at a time can use the shower. On the date and time of this incident, the resident in question was the only resident in the Intake area. No other residents were booked into Remann Hall that day. The Auditor was given access to and reviewed the investigative file.

Based on the review of policy, (17.10 and 17.11) the review of the investigative file and the interview with the Investigator there is substantial compliance with this standard.

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*)

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Remann Hall has one Investigative Officer; the Investigator who is also a Correctional Supervisor was interviewed during the audit. The Investigator indicated the evidential standard for an administrative investigation was a preponderance of the evidence. The Investigative Officer received specialized training relevant to PREA specifically “Investigating Sexual Abuse in a Confinement Setting”. Additionally, the Investigative Officer was interviewed and explained to the auditor in detail the steps to be taken during a PREA related investigation.

Based on the interview with the Investigative Officer there is substantial compliance with this standard.

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*)

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Residents are informed of the results of the investigation. That information includes whether the staff member is working in the resident's unit; the staff member's employment status with the agency; the staff member has been indicted and/or the staff member has been convicted. In addition, if the alleged abuser is a resident, the resident victim would be informed if the alleged abuser was indicted and or convicted. All notifications are documented.

The Auditor notes Policy 17.11 page 6, section VII, paragraph C states, At the completion of a criminal investigation, the Detention Manager will notify the victim as appropriate and document the notification. The youth will be informed whether the allegation has been substantiated, unsubstantiated, or unfounded. Remann Hall will collect relevant information from the investigating agency to inform the youth if necessary. After an allegation of sexual abuse has been made between a youth and staff member, Remann Hall will inform the youth whenever: the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted or convicted on a charge of sexual abuse within the facility.

After an allegation of sexual abuse has been made between a youth and another youth, Remann Hall will inform the youth whenever the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. All attempts to notify will be documented. The Investigative file reviewed by the auditor does contain a copy of a letter sent to the released resident. The letter stated that the investigation into her allegations was conducted and determined to be unfounded. There is substantial compliance with this standard.

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*)

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Remann Hall staff members are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Interviews with Human Resource staff confirm that if necessary, appropriate sanctions are available for violations of Remann Hall Policy relating to PREA. Pursuant to Policy 17.10, section 3, paragraph B, it is the policy of the Pierce County Juvenile Court to ensure that sexual activity between staff and juveniles, volunteers or contract personnel and juveniles, and juveniles and juveniles, regardless of consensual status are prohibited and subject to administrative and criminal disciplinary sanctions. All employees, volunteers and independent contractors are expected to have a clear understanding that the department strictly prohibits any type of sexual relationship with an individual under department supervision to be a serious breach of the standards of employee conduct and these relationships will not be tolerated. Engaging in a personal and/or sexual relationship may result in employment termination and/or termination of the contractual or volunteer status. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

In the past 12 months no staff members have violated the agency sexual harassment policy. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed.

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

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Remann Hall policy requires that contractors or volunteers who engage in sexual abuse or sexual harassment are reported to law enforcement and to relevant licensing bodies. In these cases, contractors or volunteers who have been found to have violated Remann Hall PREA Policies are not allowed contact with residents. Pursuant to Policy 17.10, section 3, paragraph B, it is the policy of the Pierce County Juvenile Court to ensure that sexual activity between staff and juveniles, volunteers or contract personnel and juveniles, and juveniles and juveniles, regardless of consensual status are prohibited and subject to administrative and criminal disciplinary sanctions. All employees, volunteers and independent contractors are expected to have a clear understanding that the department strictly prohibits any type of sexual relationship with an individual under department supervision to be a serious breach of the standards of employee conduct and these relationships will not be tolerated. Engaging in a personal and/or sexual relationship may result in employment termination and/or termination of the contractual or volunteer status. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

There have been no incidents of contractors or volunteers violating Remann Hall PREA policies within the past 12 months.

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.

Residents are subject to disciplinary sanctions following an administrative finding that the resident engaged in resident on resident sexual abuse or following a criminal finding of resident on resident sexual abuse. The sanctions are commensurate with the circumstances of the abuse committed. Appropriate rights and responsibilities are afforded to the resident during the disciplinary hearing process. The residents are provided the opportunity to work with Mental Health staff to correct underlying reasons or motivations for the abuse. Residents can be disciplined for sexual contact with staff if the staff member did not consent to such contact. Remann Hall prohibits all sexual activity between residents and disciplines residents for such activity. Remann Hall prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence enough to substantiate the allegation. The agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

The Auditor was satisfied based on discussion with the PREA Coordinator and the Detention Manger that there is no use of isolation at Remann Hall. Specifically, at Remann Hall there are seven (7) single cell housing units. Each housing unit has programming space including education opportunities that allows for residents to participate in programs. Residents can be kept separate as necessary and still participate in daily activities without being confined to their cells. The residents are provided the opportunity to work with mental health staff to correct underlying reasons or motivations for the abuse. This was verified during an interview with mental health staff. The Mental Health staff member indicated she would provide services to perpetrators if so desired and if necessary would connect the perpetrator with resources in the community.

There have been no reported instances of sexual abuse or harassment among residents at Remann Hall in the past 12 months. There is substantial compliance with this standard.

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.

Remann Hall provides a follow-up meeting with medical and mental health practitioner for residents who disclose any prior sexual victimization during screening. Residents who have previously perpetrated sexual abuse are offered a follow up meeting with a mental health practitioner.

The Mental Health staff member indicated during her interview that sexual predators are offered treatment both at the facility and if necessary appropriate arrangements are made for assistance in the community. Treatment plans, and information related to sexual victimization or abusiveness are limited to mental health practitioners as necessary. Appropriate rules concerning private medical information are strictly enforced. Residents are made aware of the reporting requirements and what is considered protected information.

Medical and Mental Health staff members work together to collect and monitor information that indicates prior sexual victimization. In addition, if the resident reports being a predator that information is appropriately documented. Follow-up by Mental Health staff and re-assessment is provided as needed. This follow-up occurs within 14 days of intake. Any information pertaining to victimization or predatory behavior is limited to a need to know basis. Classification and Custodial staff are informed for security and housing. Interviews with staff confirm compliance to this standard.

The LPN indicated during her interview that information (i.e. related to sexual victimization or abusiveness) is provided only to staff who have a need to know and is shared in a way that allows for good decision making. Appropriate Child Protective Agencies would be notified about prior sexual victimization that did not occur at Remann Hall. The relevant information is used to inform mental health treatment plans, and security decisions, such as housing, education, and program assignments. Medical clinical notes are maintained separately from the resident files.

Based on interviews with both LPN's and the Mental Health professional there is substantial compliance with 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.

Medical and Mental Health Staff members provide access to emergency treatment as necessary. Upon notification both Medical and Mental Health staff determine a course of action base on their professional judgment. Treatment is timely, and in accordance with professionally accepted standards. Treatment is provided without cost regardless of the cooperation level of the victim. Interviews with medical staff and mental health staff members confirm adherence to this standard.

Remann Hall procedure states that residents would be taken or referred to Mary Bridge Hospital for unimpeded access to emergency medical treatment and crisis intervention services. The Mary Bridge Hospital sexual assault protocol makes it possible for victims of sexual assault to receive prompt and compassionate emergency care from medical professionals who understand victimization; and streamline the examination time and the medical evidence-gathering process.

Mental Health care is offered by the Sexual Assault Center of Pierce County and their advocate would be at the hospital with the resident victim. Treatment for these services is at no cost to the resident. Access to information about emergency contraception and sexually transmitted infections prophylaxis would be provided by Medical Staff at the hospital and followed up by Medical Staff at Remann Hall.

Pursuant to RCW 7.68.170 Examination costs of sexual assault victims paid by state. No costs incurred by a hospital or other emergency medical facility for the examination of the victim of a sexual assault, when such examination is performed for the purposes of gathering evidence for possible prosecution, shall be billed or charged directly or indirectly to the victim of such assault. Such costs shall be paid by the state pursuant to this chapter.

Based on interviews with Medical staff and Mental Health staff and a review of the information provided by Mary Bridge Hospital and the RCW 7.68.170, there is substantial compliance with this standard.

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.

Remann Hall provides medical and mental health treatment to all residents who have reported sexual victimization. Residents who are treated by Mental Health staff are provided with information and the opportunity to meet with Community Mental Health staff at the Pierce County Sexual Assault Center upon

release. This private non-profit organization provides a full range of mental health care including sexual assault services.

Female victims of sexually abusive vaginal penetration would be offered a pregnancy test. There have been zero cases involving vaginal penetration at the Remann Hall in the previous 12 months. Sexual abuse victims are provided the opportunity to undergo tests for sexually transmitted diseases. The testing and treatment of sexually transmitted diseases is provided to all residents. A resident does not need to be a victim of sexual abuse to have access to medical treatment for a sexually transmitted disease. There is no cost to the victim for the services provided by Medical and Mental Health Staff. Interviews conducted with Medical and Mental Health staff confirm compliance with this standard.

Remann Hall provides ongoing medical and mental health care for sexual abuse victims and abusers. Appropriate follow-up services, treatment plans and continuing care upon release from custody are available. All treatment is provided by facility staff or community providers. If necessary pregnancy tests and follow-up care would be provided. Appropriate STD tests as medically indicated would be provided. There would be no cost to the resident for this care. Pursuant to RCW 7.68.170 Examination costs of sexual assault victims paid by state. No costs incurred by a hospital or other emergency medical facility for the examination of the victim of a sexual assault, when such examination is performed for the purposes of gathering evidence for possible prosecution, shall be billed or charged directly or indirectly to the victim of such assault. Such costs shall be paid by the state pursuant to this chapter.

The Remann Hall PREA policies 17.10, PREA Sexual Abuse/Assault/Prevention & Treatment, 17.11, PREA Reporting/Investigation/Documentation/Education, 12.8, Special Health Care and 12.11 Medical Treatment Outside the Facility, and appropriate MOU's are in place to meet the needs of the victim. Remann Hall does offer to provide a mental health evaluation for abusers and offer treatment when deemed appropriate by a mental health practitioner. Interviews with Medical and Mental Health staff confirm compliance with this standard.

Medical staff indicated they would offer appropriate treatment services to residents victimized by sexual abuse including but not limited to tests and education pertaining to pregnancy and sexually transmitted diseases.

Based on the procedures and interviews with the facility Medical staff and Mental Health staff, there is substantial compliance with this standard.

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.

At the end of the investigative process, Remann Hall staff and the Juvenile Court Administrator would review the final investigative report regardless of the investigation outcome. Investigative reports that are unfounded are reviewed. The review would be scheduled within 30 days of the conclusion of the investigation. The review team consists of the Juvenile Court Administrator, the Detention Manager, the PREA Coordinator and relevant staff involved in the investigation. The review team would determine if a change in procedure was necessary, if it was motivated by any class affiliation, sexual orientation, or other group dynamic. A review of the monitoring technology would be conducted to assess its effectiveness. The physical barriers of the facility and the staffing pattern would also be evaluated.

Policy 17.11, PREA Reporting/Investigation/Documentation/Education, page 4, section C paragraph 3 a-e, indicates the Detention Manager will participate in agency reviews of all incidents involving allegations of sexual misconduct/abuse. This review shall be conducted at the end of each investigation and shall include those findings in which an allegation has been determined to be unfounded. The review should include upper management, with input from supervisors, investigators, and medical or mental health staff. The review shall address: if changes are needed to policy and procedures; examine areas of the facility to see if changes can be made to reduce risk; review safety and monitoring practices; determine if additional training is needed and determine if the event was motivated by race, ethnicity, gender, or sexual preference.

The auditor reviewed Policy 17.11 and several Incident Review reports. The auditor notes that the incident review team evaluates each PREA incident to ensure all procedures were followed. For instance, when there is a report concerning abuse that took place at another facility, the review team reviews the actions of the Investigator to determine if notifications were made within the allotted time frames. The Incident Review Team reports that were provided to the auditor contained brief notes on each of the required elements.

Remann Hall is substantially compliant with this standard.

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.

Uniform data is collected which accurately tracks allegations of sexual abuse. The data is aggregated annually. The PREA Coordinator is responsible for collecting the data necessary to answer all questions from the U.S. Department of Justice Bureau of Justice Statistics Survey of Sexual Violence. The 2015, 2016, 2017 and 2018 annual reviews were reviewed by the auditor. The 2018 annual review is posted on line and contains a review of the aggregated data from 2015, 2016 and 2017. The annual review is posted on line (<https://www.co.pierce.wa.us/4090/Prison-Rape-Elimination-Act-PREA>).

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.

The Remann Hall PREA Coordinator, the Detention Manager and Juvenile Court Administrator review the reported incidents of sexual abuse and harassment to identify problem areas and make recommendations for improvement. Policy changes that will improve Remann Hall's commitment to the PREA are implemented. A copy of the report is made available to the public on line at <https://www.co.pierce.wa.us/4090/Prison-Rape-Elimination-Act-PREA>.

The Auditor reviewed the 2017 annual report, there is substantial compliance with this standard.

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

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.

Data is strictly controlled by Remann Hall PREA Coordinator. The PREA Coordinator, Detention Manger and Juvenile Court Administrator have authority to view the files and data. The data provided to the Public does not contain any personal identifiers. Remann Hall maintains this data for 10 years after the date of the initial collection.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with 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.

This is Remann Hall's second PREA audit. The initial PREA Audit was conducted in November 2015.

The Pierce County Juvenile Court has only one facility. As noted, this is the second audit on this facility.

The auditor was provided access to, and was permitted to observe, all areas of the facility. The auditor was permitted to request and did receive copies of all relevant documents (including electronically stored information). The auditor was permitted to conduct private interviews with residents. Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

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.

This is Remann Hall's second audit. The previous audit was conducted November 2-4, 2015. Upon completion of the final report in 2015, the Remann Hall published the results of the audit on its web site. This task was completed within 90 days of the completion of the audit.

<h2>AUDITOR CERTIFICATION</h2>

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document

into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert J. Palmquist

December 14, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.