PREA Facility Audit Report: Final

Name of Facility: Chehalis Treatment Center
Facility Type: Community Confinement
Date Interim Report Submitted: NA
Date Final Report Submitted: 07/26/2025

Auditor Certification	
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.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Ericka Sage	**Date of Signature:** 07/26/2025

AUDITOR INFORMATION	
Auditor name:	Sage, Ericka
Email:	erickasage11@yahoo.com
Start Date of On-Site Audit:	06/24/2025
End Date of On-Site Audit:	06/25/2025

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

Primary Contact

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

Facility Director	
Name:	Marc Malmer
Email Address:	MMalmer@abhsinc.net
Telephone Number:	3609181506

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

Facility Characteristics	
Designed facility capacity:	215
Current population of facility:	165
Average daily population for the past 12 months:	173
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18+
Facility security levels/resident custody levels:	Voluntary
Number of staff currently employed at the facility who may have contact with residents:	120
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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

Agency Chief Executive Officer Information:	
Name:	Tony Prentice
Email Address:	Tonyp@abhsinc.net
Telephone Number:	3602808627

Agency-Wide PREA Coordinator Information

Name:	Biannca Vanderwater	**Email Address:**	bvanderwater@abhsinc.net

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
2	• 115.231 - Employee training • 115.233 - Resident education
Number of standards met:	
39	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-06-24
2. End date of the onsite portion of the audit:	2025-06-25

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Hope Alliance and Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	215
15. Average daily population for the past 12 months:	126
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes (●) No ( ) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	158
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	5
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The facility did not have the ability to pull a list of clients who reported any of the above factors during a PREA risk assessment, so it was only able to identify those who are known to staff.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	120
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	13
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The selection was based on ensuring representation from each housing unit. When completing the random selection, it was noted that a representative of varying age, race, ethnicity, and length of time in the facility was represented. The auditor ensured they independently selected clients to be interviewed.

43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	(●) Yes ( ) No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Each interview was conducted in a private interview location, without others able to overhear. The auditor introduced herself, explained the audit process, and explained the limits of confidentiality. The auditor utilized protocol questions in an open-ended manner and also asked follow-up questions, such as the client's perception of personal and sexual safety.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	9
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/ resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility reported they had no clients identified as having a physical disability at the time of the onsite audit. The auditor spoke with staff, reviewed documentation, including investigative reports, and spoke with clients, but was unable to locate any client in this category.
48. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	5
49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported they had no clients identified as being blind or low vision at the time of the onsite audit. The auditor spoke with staff, reviewed documentation, including investigative reports, and spoke with clients, but was unable to locate any client in this category
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility reported they had no clients identified as being transgender or intersex at the time of the onsite audit. The auditor spoke with staff, reviewed documentation, including investigative reports, and spoke with clients, but was unable to locate any client in this category
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility reported they had no clients identified as having reported sexual abuse at the time of the onsite audit. The auditor spoke with staff, reviewed documentation, including investigative reports, and spoke with clients, but was unable to locate any client in this category
55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1

56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility does not have segregated housing.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The minimum amount of targeted clients that fit into targeted categories that should have been interviewed according to the PREA Auditor Hanbook for the population size is 10, however, there were only 9 clients that were able to be identified by the auditor or staff at the faciltiy, so the auditor oversampled in the random category to ensure that the total number was met.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor randomly selected staff to be interviewed by ensuring that staff were selected from each shift. Staff who work in several different roles throughout the facility were interviewed. The auditor utilized the random staff protocol questions, explained the auditor's limits to confidentiality, what the audit process was, and asked open-ended questions. Each interview was conducted in a private location where others could not overhear. No staff declined to be interviewed as part of this audit. The overall impression was that staff took PREA seriously and would immediately respond if something happened. In general, staff liked working a the facility, and considered it a safe place to work.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	11

63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☐ Agency contract administrator ☐ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☑ Medical staff ☑ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☑ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☑ Intake staff

	☑ Other
If "Other," provide additional specialized staff roles interviewed:	Maintenance and food services staff were also interviewed.
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☑ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☑ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other

70. Provide any additional comments regarding selecting or interviewing specialized staff.	The auditor utilized the specialized staff protocol questions, explained the auditor's limits to confidentiality, what the audit process was, and asked open-ended questions. Each interview was conducted in a private location where others could not overhear. Some specialized staff served in multiple specialized roles and were interviewed utilizing more than one protocol question. The total number of specialized staff reflects the actual number of staff interviewed. A summary of interview outcomes is included in the associated audit standard/provision within the narrative section of the audit report.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	On the first day of the audit, the auditor conducted a complete site review/tour of the facility, including housing units, intake areas, segregated housing, food services, offices, closets, and other areas. The auditor ensured appropriate PREA signage was available in all locations where clients congregate and tested all critical functions, including advocacy and hotline functions. The auditor observed positive staff and client interactions, paying particular attention to the staffing levels and supervision of clients at the facility. The auditor looked for areas that may be considered "blind spots" and made recommendations as appropriate. The auditor observed opposite gender announcements occurring, as well as reviewing bathrooms, showers, and search areas to ensure clients have the availability to have privacy from opposite gender staff. The auditor had informal conversations with staff and clients, asking specific questions about staffing, supervision, and sexual safety. The auditor reviewed camera locations, which were extensive without impeding privacy in the bathroom and shower areas. The auditor took detailed notes using the Audit Site Review Checklist.

Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The auditor requested a list of all clients admitted to the facility in the 12 months preceding the audit. The auditor independently selected 12 of those for file review. Additionally, the auditor reviewed all 20 records of the clients she interviewed, for a total of 32 files reviewed. The facility reported to the auditor that they have hired 49 staff in the past twelve months who may have contact with clients. The auditor requested 12 full new hire packets by reviewing the list of staff, which included hire dates, and independently and randomly selecting 12 that were hired in the twelve months preceding the audit to review applicable hiring and promotion records. The auditor was provided with every staff member's training roster that shows applicable staff received applicable new employee, annual training, and specialized training when needed. The auditor reviewed training and criminal history check records for every contractor and volunteer at the facility. The auditor reviewed full investigative packets that included all processes required by PREA, such as retaliation monitoring, incident reviews, reporting to the client, and investigative reports for every allegation made in the 12 months prior to the audit.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	2	2	2	2
Total	2	2	2	2

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	2	0	0	0
Total	0	2	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	2
Total	0	0	0	2

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	2

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff	
103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION	
108. Who paid you to conduct this audit?	◉ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.1 PREA Organization and Responsibilities · ABHS PREA Manual, Section 6.2 PREA Prevention Planning and Staffing · ABHS PREA Manual, Section 6.6 PREA Response to Sexual Misconduct · ABHS PREA Manual, Section 6.7 PREA Custodial and Sexual Misconduct · ABHS PREA Manual, Section 6.9 PREA Investigations & Case Review of Sexual Misconduct · ABHS Executive Organizational Chart · ABHS Residential Organizational Chart

Interviews Conducted:

· Agency Head

· Agency PREA Coordinator

· Random Staff

· Random Clients

115.211 (a) America Behavioral Health Systems, Inc. (ABHS) has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment, and outlines the agency's approach to preventing, detecting, and responding to such conduct.

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

In section 6.6 PREA Response to Sexual Misconduct and Section 6.7 PREA Custodial and Sexual Misconduct, it states "1. The following terms are associated with this policy.

a. Sexual Misconduct includes client-on-client sexual assault, sexual harassment, and sexual abuse. It also includes staff on client sexual misconduct."

The PREA Manual also references its zero-tolerance policy in other areas of the PREA Manual and in section 6.9 PREA Investigations & Case Review of Sexual Misconduct. It states, "This policy applies to all ABHS employees, volunteers, vendors, and contractors. ABHS will maintain a zero tolerance standard for sexual misconduct, whether or not consensual."

	Interviews with staff and clients verified that the agency and facility reinforce the zero-tolerance policies. The agency has strategically discussed the zero-tolerance policy in education, training, and materials that are provided. The auditor did not interview any staff, contractors, or clients who did not understand this policy. Additionally, each client was asked if they felt the facility was safe, and if they believed staff would be responsive if a PREA incident were to occur, and each said “yes”. Many clients said they did not believe anything like that would ever be allowed to happen at the facility. Staff who were interviewed understood the importance of PREA and believed this was important to the agency. 115.211 (b)The agency employs an upper-level PREA coordinator with sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards in all its community confinement facilities. ABHS provided a corporate and residential organizational chart for the auditor to review. ABHS explained that the PREA Coordinator is Bianca Vanderwater, who is designated as the Compliance and Risk Analyst. The organization chart shows the Compliance and Risk Analyst reporting to the Director of Compliance and Risk Management. The PREA Manual - Section 6.1 PREA Organization and Responsibilities states: "PREA Coordinator a. The PREA Coordinator will develop and implement policies that adhere to best practices and meet the intent of the PREA legislation. b. Develop, coordinate, and approve all PREA training for staff and clients. c. Recommendations for all changes regarding PREA training will be reported in writing to the Compliance and Risk Management Officer. d. All changes to PREA training will be reported to the Department of Corrections (DOC) and be consistent with DOC guidelines. e. Will serve as PREA liaison between DOC and ABHS for all PREA investigations. f. Develop and implement comprehensive policies and procedures that assess safety, monitor investigations, track incidents of sexual misconduct, and ensure compliance with all applicable state and federal laws. g. Audit and report all substantiated incidents of PREA annually and submit a report to the DOC. (see ABHS Data Sheet & DOJ Survey) h. Will work with ABHS management to compile and review sexual misconduct, at least annually, to identify trends and use the information to assist with

	operational practices in order to ensure safety regarding sexual misconduct. i. Will ensure that all facilities have posted the necessary reporting information annually. (See PREA Reporting Poster, attached) j. PREA Coordinator will be responsible for ensuring all facilities have PREA trained investigators ." The interview with the PREA Coordinator and the agency/facility head reinforced that she has the time and the authority to dedicate herself to the PREA Coordinator role. The auditor was able to observe her level of authority, as evident when she was able to make changes quickly to policies and operations throughout the audit process. She was incredibly responsive to this auditor, responding immediately to questions and requests. The Facility Head and others at the facility understood she had the authority to direct those changes and discussed having frequent communication with her related to PREA and other compliance-related matters. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.212	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · Contract with Washington Department of Corrections · Contract Amendment No. 20 Interviews Conducted: · Agency Head

	· Agency PREA Coordinator 115.212 (a) ABHS is a private entity that contracts with the Washington Department of Corrections (WADOC) for the confinement of its offenders for treatment services. Since ABHS is a private entity, it does not contract with other private entities for clients' confinement. ABHS provided the contract amendment with WADOC to the auditor for review. The contract with WADOC clearly explains that ABHS must comply with the PREA standards. It states "In the performance of services under this Contract, Contractors shall comply with all federal and state law and the Department policies regarding sexual misconduct including, but not limited to, the Prison Rape Elimination Act of 2003 (PREA); RCW 72.09.225, Sexual misconduct by state employees, contractors; RCW 9A.44.470, Custodial sexual misconduct in the first degree; RCW 9A.44.170, Custodial sexual misconduct in the second degree; DOC 490.800, Prevention and Reporting Sexual Misconduct; DOC 490.850, Response to Investigations of Sexual Misconduct, and DOC 610.025, Sexual Abuse, Sexual Assault, and Staff Sexual Misconduct." The contract later provides applicable definitions and explains further requirements to comply with other areas, such as training, prohibitions against inappropriate behaviors, resources for offenders, reporting requirements, and disciplinary actions. ABHS has adopted and complies with PREA standards. Additionally, ABHS contracted for and received a PREA audit in 2022. The facility was found in full compliance with the PREA standards in a final audit report, dated 11/2/2022, which is posted on the agency’s website. 115.212 (b) (c) ABHS does not contract with others for confinement; therefore, the requirement to monitor a contract or find an entity that is in compliance with the PREA standards is not applicable. ABHS plans to continue to comply with applicable PREA standards and receive PREA audits if it continues to contract with WADOC for the confinement of their offenders for treatment services. Discussions with the Agency Head and PREA Coordinator confirmed their commitment to complying with PREA standards. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.2 PREA Prevention Planning and Staffing · Staffing Plan for 2024 · Staffing Plan for 2023 · Staffing Plan for 2022 · Camera Map Interviews Conducted: · Agency Head · Agency PREA Coordinator · Facility Head · Random Staff 115.213 (a) The ABHS PREA Manual, Section 6.2 PREA Prevention Planning and Staffing states, “A. ABHS will maintain adequate staffing levels throughout each department and each facility. 1. Clinical Staffing levels are strictly determined by the client census for each individual facility. ABHS will maintain, barring any unforeseen emergent situation, appropriate staffing levels in order to ensure consistent, quality client care. 2. Care Team/Facility Monitors. ABHS operates with a 30 to 1 client to staff ratio, barring any unforeseen emergent situation. 3. All other departments will operate with staffing levels that are necessary to ensure safe, continuous operations throughout the facilities. 4. ABHS PREA Coordinator and ABHS management will review and assess staffing levels for each incident involving sexual misconduct and/or physical assault, as well as annually, to ensure safety for all clients and staff.”

	The facility has developed a staffing plan document that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect clients against sexual abuse. The PREA Coordinator told the auditor that she prepares this annually and utilizes a monthly log to ensure it is completed, as required. The staffing plan was provided for 2024, 2023, and 2022 and took into consideration the physical layout of the facility. It discussed the composition of the client population to include broken down by LGBTI status, race, and clients in need of housing. The staffing plan for 2024 did not discuss the prevalence of substantiated and unsubstantiated incidents of sexual abuse; however, upon being made aware, the PREA Coordinator completed the staffing plan for 2025, which did discuss it and provided it to the auditor. There had been one substantiated sexual abuse allegation in 2023 and one in 2024. There were no unsubstantiated allegations. The PREA Coordinator is aware this needs to be included in future staffing plans. The staffing plan states that its targeted goal for staffing levels is a 1:8 ratio of Care Team & Clinical on the Day shift, a 13:1 ratio of care team available on swing shift, and a 20:1 ratio of care team staff available on the graveyard shift. Additionally, on top of this ratio, they are staffed with Counselors, Case Managers, Supervisors, and Managers to ensure they have the support necessary for client safety. Staff are expected to be walking the facility at all times, monitoring clients, and ensuring their safety while meeting their needs. The facility also utilizes video monitoring throughout each facility. In addition, if staff members need assistance while monitoring client behavior, staff are aware they can use their radios or the facility-wide intercom system, as well as the in-business paging system for additional staff support. Staff are trained in emergency procedures and response, with routine monthly drills using our “Code” system. Using the staffing model as outlined above, we have not been found deficient in any of our federal, state, or other governing body audits. As part of the safety protocol at ABHS, staff are never to enter a client’s room alone; they must be accompanied by another staff member for the safety of both client and staff. Each hour a “head count” is called, clients report to their room and stand in the hall in front. Staff then walk the hall and document on a headcount sheet that the client is present and accounted for. Staff are equipped with radios and office phones to call for help when / if needed. There are ten (10) supervisors on staff daily across the facility who are available to meet the needs of the staff as they arise. Supervisors are expected to walk the halls regularly (at least every two (2)) hours as part of their duties to ensure the safety and well-being of the clients and to offer support and oversight to the floor staff.

	They have offices in varying locations; however, due to this requirement, a supervisor is not necessarily tied to their office floor and is spread out across the facility. Staff assignments are created by role and job description. Visitation, recreation, and non-clinical activities are supervised by care team staff. Lecture, Group, and any other clinical activity would be supervised by clinical staff (SUD or MH) based on the type of credential provided by the WAC. The auditor conducted a site review at the facility, in which she was able to physically observe staffing levels. Interviews with random and specialized staff indicated they felt the facility was adequately staffed, for the most part. There were two staff members who indicated that there were short periods of time during the evening where supervisory staff were not at the facility; however, both indicated they would be able to reach supervisory staff by phone if needed, and they would immediately respond to the facility. 115.213 (b) The Facility Head said that in instances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. He explained that ABHS has had a lot of success offering voluntary overtime to our staff and is fortunate to have dedicated supervisors and managers who come in if there is a need and are proud to say we have not had a staffing shortage in our residential facilities. There was no indication in staff interviews or during the site review that there had been deviations from the staffing plan. Staff and clients, in general, spoke very highly of the facility and did not indicate there were staffing issues, other than the two staff noted in the previous provision. 115.213 (c) The facility reported that the staffing plan did not need adjustments, and none were noted in the 2025 staffing plan. The auditor was provided with a camera map that shows 27 cameras throughout the facility. With the current staffing patterns and demographic information of clients, the facility finds that this is sufficient to actively monitor client activity to protect clients against sexual abuse. The PREA Coordinator and Facility Head said they will review this annually in the staffing plan review process. Conclusion:

	The auditor has determined the facility is in substantial compliance with every provision of this standard. The 2024 staffing plan did not include the prevalence of substantiated and unsubstantiated allegations of sexual abuse; however, the 2025 staffing plan was completed which includes it. The PREA Coordinator is aware that this needs to be included in future staffing plans, and since it is only due annually, the auditor finds this satisfies the requirements of this standard.

115.215	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 4.1 Pat Searches · ABHS PREA Manual, Section 2.20 Transgender, Intersex, and/or Non-Binary Housing and Supervision · PREA Training Curriculum · PREA Training Certificates Interviews Conducted: · Random Staff · Random Clients 115.215 (a) Chehalis does not conduct strip or body cavity searches; therefore, this provision is not applicable to the facility. The PREA Coordinator states that ABHS does not perform strip searches in any circumstances at the Residential facilities. Pat downs are the only body searches completed. If a strip search were found to have been done in a facility, it would result in significant disciplinary action on the staff involved and this is communicated and known to all staff. The PREA Manual, Section 4.1 - Pat Search, explains that pat searches are conducted to help ensure the security of the community by limiting the flow of contraband into the facility; however, there is nothing in the policy to indicate a strip search would ever be completed.

	While onsite, the auditor was able to verify through interviews with staff and clients that the facility does not conduct strip searches under any circumstance. Staff said that clients will always have at least one layer of clothing on and will never even be stripped down to undergarments. Additionally, the facility utilizes a wand in addition to the pat searches to eliminate the need for unclothed searches. 115.215 (b) Chehalis has a rated capacity of over 50 clients and only houses male clients; therefore, this provision of the standard is not applicable. 115.215 (c) Chehalis does not conduct strip or body cavity searches and only houses male clients. The PREA Manual - Section 4.1 - Pat Searches states, " The pat search will be performed by a 'same-sex' staff member that the individual identifies with." The auditor was able to verify onsite through observations and conversations with staff and clients that pat searches are always conducted by the same gender staff. The PREA Coordinator explained that if it was suspected that a client put something inside their body, they would be transported to a hospital. They would never conduct a body cavity search at the facility. 115.215 (d) The PREA Manual, Section 6.2 PREA Prevention & Staffing states, "All ABHS employees, volunteers, vendors, and contractors will announce their presence and gender when they enter the dormitory area of the gender of the opposite sex." The auditor recommended changing the language to "gender" instead of "sex" to be more consistent with the standard. The auditor was able to observe that Chehalis residential has completely private showers. Staff are unable to see into the shower areas unless they enter, and each shower has individual curtains. Interviews with random staff and clients confirmed that female staff do not enter the shower area unless it is completely empty for cleaning purposes only and announce themselves to ensure the area is clear of clients. Client bedrooms are small areas with 2-4 bunks in each room. There is a door in each room, and some rooms have windows that have a film, so you can see movement but not details. If the door to the bedroom is shut, you cannot see a client changing clothes. Some rooms have a restroom and/or shower, but they all have doors that can provide privacy.

	Furthermore, there are no cameras in bedrooms or shower/ bathroom areas. Clients are told they are allowed to shut the door, only if they are changing clothes, then they must reopen the door once completed. Staff are instructed to ensure they knock and announce upon entry if the door is shut. This practice was verified in interviews with staff and clients and observations while onsite. Every client and staff that were interviewed verified that the opposite gender staff knock and announce, and are never able to see them changing, taking a shower, or using the restroom. The auditor was able to observe this practice when touring the facility. One client recommended adding a door to all bathroom stalls, as there was one that had a curtain instead of a door; however, it still limits opposite gender viewing. 115.215 (e) Chehalis does not search or physically examine any client for the sole purpose of determining their genital status, including transgender clients. The PREA Manual - Section 4.1 - Pat Searches states "The individual will verbally identify their sexual identity to staff. The pat search will be performed by a “same-sex' staff member that the individual identifies with." The PREA Manual, Section 2.20 -Transgender, Intersex, and/or Non-Binary Housing and Supervision is a comprehensive policy that explains, "Employees will not search or physically examine a transgender, intersex, or non-binary individual for the sole purpose of determining the individual’s genital status. If the individual's gender status is unknown, it will be determined by healthcare providers during conversations with the individual, by reviewing medical records, or if necessary, as part of a broader medical examination conducted in private by a healthcare practitioner." There were no transgender or intersex clients available at the facility at the time of the site review. Staff were all aware they were not to search or physically examine a transgender or intersex client for the sole purpose of determining their genital status. 115.215 (f) requires that the agency train security staff in how to conduct cross-gender pat-down searches and searches of transgender and intersex clients, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Chehalis does not employ security staff but provides all staff training on this topic.

	The PREA Manual - Section 4.1 - Pat Searches states " Pat searches on transgender clients will be performed in a professional, respectful manner with two staff present .ii. We will use the same-sex staff member as the client verbally identifies their sexual identity. 1. If the client identifies as male, then a male staff member will perform an appropriate professional pat search consistent with the above procedures. 2. If the client identifies as female, then a female staff member will perform a professional pat search consistent with the above procedures." The PREA Manual, Section 2.20 -Transgender, Intersex, and/or Non-Binary Housing and Supervision explains how the facility responds and makes decisions for transgender, intersex, and non-binary clients. This policy explains that searches will be conducted consistent with Care Team SOPs, and the searches will be conducted with the stated preference unless circumstances do not allow for the preference to be implemented during a pat search. When a pat search is not conducted according to the needs request, an incident report will be completed. If they are unable to accommodate the request in the community, the employee will notify the Administrator, Program Manager, or their designee and document the pat search in the individual's Carelogic ECR. It also states that "employees will conduct searches in a sensitive and respectful manner, and in the least intrusive manner possible. It also states that “The Human Resources Department will ensure the annual Diversity Training material for all employees will include transgender, intersex, and/or non-binary sensitivity. Additional training will be provided as appropriate." The auditor reviewed the training provided and several staff training records to ensure staff had received the training. During the onsite visit, interviews with staff verified they had received the required training. Random staff and supervisory staff indicated that once a client states they are transgender and intersex, they would have two staff available for the search (one male and one female). The client will choose the gender of the staff to conduct the search. If staff are not comfortable doing the search, a supervisor will conduct it. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.216	**Residents with disabilities and residents who are limited English**

	proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.4 PREA Client Orientation · Boost Interpreter Agreement · ABHS Policy 2.06 Special Needs of Patients – Services for Persons with Disabilities · ABHS Policy 2.05 Special Needs of Individuals – Interpreter and Translator Services Interviews Conducted: · Random Staff · Clients with Disabilities 115.216 (a) ABHS takes appropriate steps to ensure that clients with disabilities (including, for example, clients who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The PREA Manual, Section 6.4 PREA Client Orientation, explains that interpreters will be provided for those clients with limited English or literacy skills in order to understand the policy, report, and/or participate in an investigation. It also explains that accommodation will be made for clients who need sign language. The auditor verified that they would ensure any disabled client would receive accommodations to ensure they were able to participate. The auditor has recommended updating the policy language to use broader terms to cover a wider variety of disabilities. The ABHS Policy 2.05 Special Needs of Individuals – Interpreter and Translator Services explains how clients who are Hearing Impaired will ensure that upon admittance, the staff member will ask the individual what method of communication is preferred. Clients can choose from: oral (speech and lip reading), writing notes, or using an interpreter.

	The ABHS Policy 2.06 Special Needs of Patients – Services for Persons with Disabilities describes ABHS policies that comply with the requirements of the Americans with Disabilities Act (ADA). The auditor interviewed 6 clients who had cognitive or psychiatric disabilities. The auditor interviewed one client who was deaf and communicated by American Sign Language. All the clients, except for the client who was deaf, were able to explain that they receive information about PREA and that staff have taken the time to explain to them how they can participate in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The auditor was able to verify that the client who was deaf had received the written information by reviewing the electronic signature. He also indicated to the auditor that he was able to read. Regardless, the facility had the information provided to him in ASL to ensure he understood it. The client had concerns about his access to ASL, which was provided to the Facility Head. It was explained to the auditor that he has access to the needed services. The facility committed to continuing to work with the client to get additional access. The auditor was also able to verify that it has a few staff that can interpret in ASL with the client, in addition to the laptop interpretation service. The auditor was able to use the video ASL services when interviewing the deaf client, and it worked well. Although the client indicated he had not received PREA education, the facility was able to show documentation that he was provided it at intake. Shortly after the auditors' visit, the facility also provided documentation to the auditor that they provided him with PREA-related education again, and to ensure he understood. 115.216 (b) The facility provided the auditor with the Boost Interpreter Agreement, which explains how the facility can access language services. This also includes a video that walks through accessing these services over the phone. While onsite, the auditor was able to interview one Spanish-speaking client through interpreter services. The auditor was able to utilize a video relay system to interview a deaf client through American Sign Language. The Spanish-speaking client said they have received information about PREA in Spanish and that there were Spanish posters throughout the facility. He explained that the facility provides translation services whenever he may need them. The auditor observed that several languages were available if needed. Additionally, there are several staff members who speak Spanish working at the facility. The process of getting an interpreter on was very quick, and the interpreter explained to the client that she would keep the

	information confidential. The service ensures the interpreter can effectively, accurately, and impartially, both receptively and expressively, use any necessary vocabulary. The auditor was able to observe several written materials around the facility in Spanish, and the information that is provided to clients regarding PREA states that if they need an interpreter or the orientation materials in a different language, then they could request it. Staff providing education understood this requirement. 115.216 (c) The PREA Manual, 6.4 PREA Client Orientation explains "No clients will be used as interpreters or translators in any PREA-related activity." The auditor verified this was accurate during staff and client interviews. The staff interviewed understood this requirement, and the Spanish-speaking client interviewed said that the staff would get him an interpreter from the service instead of using another client. There was no indication that a client had been used for this purpose in the past. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.217	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.3 PREA Staff Training · ABHS PREA Manual, Section 2.1 Criminal Background Checks and Excluded Providers · New Hire Packets · Employment Application Addendum Form · Staff List with Hire Dates

· ABHS collective bargaining agreements

· Criminal History Checks for Staff

· Criminal History Checks for Contractors

Interviews Conducted:

· Human Resources

115.217 (a) ABHS states they do not hire or promote anyone who may have contact with clients, and shall not enlist the services of any contractor who may have contact with clients, who (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. § 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

ABHS PREA Manual, 2.1 - Criminal Background Checks and Excluded Providers explains that crimes regarding sexual abuse and other sexually related crimes will exclude the applicant from hire.

The facility reported to the auditor that they have hired 49 staff in the past twelve months who may have contact with clients. The auditor requested 12 full new hire packets by reviewing the list of staff, which included hire dates, and independently and randomly selecting 12 that were hired in the twelve months preceding the audit.

In employee files, the agency utilized the form Employment Application Addendum. This forms asks the application if (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. § 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. All 12 hire packets reviewed by the auditor included these completed forms, and none indicated any application had any of the issues described in 1-3.

	Human Resources staff interviewed said that if they became aware that an applicant had previous issues outlined in 1-3, it would not hire them. The auditor received proof of criminal history checks for each contractor the facility utilizes. 115.217 (b) ABHS said it would consider any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor, who may have contact with clients. Human Resources confirmed they would do this, however, there were no employee files that contained applicants who had sexual harassment incidents. 115.217 (c) ABHS PREA Manual, 2.1 - Criminal Background Checks and Excluded Providers explains a criminal history check will be run on every employee prior to hiring through the Washington Department of Corrections and the Washington State Patrol. ABHS Human Resources staff stated they would perform a criminal history check on every applicant. This is completed by ABHS requesting this information from the Washington Department of Corrections prior to hiring. The documentation of criminal history checks was reviewed in all 12 employee files. The files also included an email from Washington State Patrol that shows a criminal history check was completed. The Human Resources staff also said they would make their best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. The auditor reviewed 12 employee files for employees hired in the past 12 months, and one had prior institutional experience. The file indicated that the Human Resources staff tried on multiple occasions to contact the previous employer, but they did not respond. The facility utilizes a form to assist with ensuring the appropriate questions are asked when contacting prior employers. The form requests if the applicant engaged in any substantiated allegations of sexual abuse, or if the applicant resigned pending an investigation of an allegation of sexual abuse

	115.217 (d) ABHS PREA Manual, 2.1 - Criminal Background Checks and Excluded Providers explains that ABHS will conduct a criminal history check on every contractor prior to enlisting services. ABHS performs criminal background checks before enlisting the services of any contractor who may have contact with clients. It was reported to the auditor that there are only two contractors at the facility. The auditor reviewed the documentation that a criminal history check was completed prior to enlistment with the contractor. 115.217 (e) ABHS PREA Manual, 2.1 - Criminal Background Checks and Excluded Providers explains that criminal background records checks will have a check completed at the time of initial employment, and every 36 months thereafter, within one month of their hire anniversary, exceeding the requirements of a criminal history check being completed at least once every five years. The auditor reviewed 12 employee files and verified that the criminal history checks had been completed according to policy. The Human Resources staff was also aware of this requirement. 115.217 (f) In reviewing the 12 applicant packets for ABHS, it was determined that they did ask all applicants and employees who may have contact with clients directly about previous misconduct described in paragraph (a) of this section in written applications. ABHS created a form, Employment Application Addendum, which includes the required questions. Each applicant file reviewed included a completed form. ABHS states they do not have written self-evaluations conducted as part of the review of current employees, so there were no examples for the auditor to review. The Human Resources staff understands that if self-evaluations are completed in the future, they will need to ask employees about previous misconduct described in paragraph (a) of this section. ABHS collective bargaining agreements inform employees they have a continuing affirmative duty to disclose any such misconduct, including any arrests, criminal citations, court-imposed sanctions, or conditions that are required to be reported by Employer contracts or by law within twenty-four hours or prior to the start of their next scheduled work shift, whichever occurs first. 115.217 (g) ABHS states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. In the application, they must certify that all facts in the application and attached

	documents are true and complete to the best of their knowledge and any falsification, misrepresentation, or omission, as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when and how discovered. All applications the auditor reviewed included this information. 115.217 (h) ABHS states it would provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work, unless prohibited by law. There were no examples of this occurring; however, the Human Resources staff was aware of it. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.218	**Upgrades to facilities and technology**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · Camera Map Interviews Conducted: · Agency Head · Agency PREA Coordinator · Facility Head 115.218 (a) The Agency PREA Coordinator and the Facility/Agency head understood that when they design or acquire any new facility and in planning any substantial

	expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect clients from sexual abuse. They said they have not acquired or made significant changes to any of the facilities; however, the conversations they have had about these plans always discussed ensuring the cameras are placed in such a way that there are no blind spots (excluding client sleeping rooms & bathrooms). 115.218 (b) ABHS understood that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect clients from sexual abuse. The Facility Head was able to explain how he makes these considerations. In developing these plans, he considered how this technology may enhance the agency's ability to protect clients from sexual abuse. A diagram of the current and planned layout of the cameras was provided to the auditor for review. The facility reported they have added additional cameras since the last audit, and was able to discuss the facility's ability to protect clients against sexual abuse was considered in those additions. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.221	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.6 PREA Response to Sexual Misconduct · ABHS PREA Manual, Section 6.9 PREA Investigations & Case Review of Sexual Misconduct · ABHS PREA Manual, Section 6.10 Evidence Collecting · MOU with Hope Alliance Interviews Conducted:

	· SANE Nurse · Administrative Investigator · Hope Alliance Advocacy Representative 115.221 (a) ABHS conducts administrative investigations; however, criminal investigations are referred to the local law enforcement, the Chehalis Police Department. ABHS PREA Manual, Section 6.6- PREA Response to Sexual Misconduct outlines the agency's uniform evidence protocol to include contacting local law enforcement and securing the crime scene until law enforcement can respond. PREA Response Manual, 6.10 Evidence Collecting serves as a more in-depth protocol that includes step-by-step instructions for evidence collection. The agency has created evidence collection cards to document all pertinent information. Evidence collection protocols include a proper inventory of evidence and appropriate handling to include collective evidence in a secured paper bag to maximize the potential for evidence collection. All physical evidence is stored in an evidence locker. Most staff interviewed understood the agency's uniform protocol; however, a few did not. Those employees were able to say that they would contact their supervisor for directions on the next steps. The facility should continue to look at ways to educate staff on evidence collection protocols. 115.221 (b) The facility reported that the protocol was adapted from the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication. The facility also reports it is not developmentally appropriate for youth, because ABHA does not accept minors under the age of 18 years old. The auditor was not able to see any indication that they had housed someone under the age of 18 years old in interviews or documentation review. 115.221 (c) ABHS PREA Manual, 6.6- PREA Response to Sexual Misconduct states " All potential victims will be referred to mental health crisis counseling and/or medical services as needed, at no cost to the client." Interviews with medical and mental health providers confirmed that clients would not be financially charged for access to forensic medical examinations. There were no sexual abuse victims at the facilities to interview to confirm this information; however, there was no information in the investigation packets or other materials reviewed that they had been charged.

	Providence Hospital was contacted regarding SAFE/SANE services provided to clients. They explained they have SANEs available to provide a forensic medical examination at the hospital. If there is no SANE available at the hospital, they have another hospital that the client could go to get a SANE. 115.221 (d) ABHS states that the hospital will make available to the victim a victim advocate from a rape crisis center. ABHS understands that if a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services from a qualified staff member from a community-based organization or a qualified agency staff member. The facility states they transport all victims to Centralia Providence Hospital or Olympia St. Peter Hospital (a Providence facility) for emergency medical services, including forensic medical examinations. The auditor contacted Providence to verify that they are providing these services, and they said they would contact local rape crisis centers for the response. ABHS states that the hospital contacts the local community-based victim advocacy center to provide advocacy services. The facility entered into a Memorandum of Understanding (MOU) with Hope Alliance, a community-based, confidential victim advocacy rape crisis center, on 7/19/2022. The MOU outlines services provided to clients at Chehalis Residential. The auditor did not know that the MOU expired, as it was in effect for two years upon signature by the parties. The PREA Coordinator provided the auditor with an updated MOU that was in effect on 6/13/2025. The new MOU is effective until either Party terminates the MOU with a 60-day written notice sent to the other Party. The auditor was able to make contact with the Executive Director of Hope Alliance to discuss the MOU, and she verified that the MOU was in place and the facility was complying with PREA standards related to advocacy. 115.221 (e) ABHS states that as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. There were no instances reviewed in which a victim requested these services, and no sexual abuse victims were available while the auditor was onsite to confirm. The facility entered into a Memorandum of Understanding (MOU) with Hope Alliance,

	a community-based, confidential victim advocacy rape crisis center, on 7/19/2022, but because it had expired, entered into another MOU that was in effect on 6/13/ 2025. The MOU was provided to the auditor and states that Hope Alliance will accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals as requested by the victim. Hope Alliance will provide victim advocacy 24 hours a day, 7 days a week, including holidays, via telephone or in-person for examination and investigatory interviews. The MOU states that the target for response to the forensic examination will be within one hour of notification, taking into account agency policy, location, and conditions. The investigatory response will be within two hours of notification unless otherwise pre-scheduled. The auditor was able to make contact with the Executive Director of Hope Alliance to discuss the MOU, and she verified that the MOU was in place and the facility. She also did note some concerns, but after further review, the concerns were not related to the facility that was being audited. The auditor also reached out to Just Detention International, a national advocacy organization, to discuss the agency/facility. Just Detention International said it had not received any information regarding Chehalis Residential. 115.221 (f) ABHS refers all criminal allegations to local law enforcement. The Agency/Facility head provided the auditor with written documentation (an email) in which the agency requested that they follow the requirements of paragraphs (a) through (e) of this section. There was one criminal investigation that was referred to the Chehalis Police Department during the documentation period, and the auditor was able to verify in the investigative packet that the referral was completed timely. 115.221 (g) ABHS understands that paragraphs (a) through (f) of this section also apply to State entities and any Department of Justice components that are responsible for investigating allegations of sexual abuse in confinement facilities. There were no investigations by these entities during the documentation period for review. 115.221 (h) ABHS understands that for the purpose of this standard a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has

	received education concerning sexual assault and forensic examination issues in general, however, they have said they utilize Hope Alliance for this purpose. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.222	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.2 PREA Prevention Planning and Staffing · ABHS PREA Manual, Section 6.6 PREA Response to Sexual Misconduct · ABHS PREA Manual, Section 6.7 PREA Custodial and Sexual Misconduct · ABHS PREA Manual, Section 6.9 PREA Investigations & Case Review of Sexual Misconduct · Agency Website · PREA Annual Report · Investigative Packets Interviews Conducted: · Agency Head · Agency PREA Coordinator · Random Staff · Random Clients 115.222 (a) ABHS reported that they ensure that an investigation is always

	completed for all allegations of sexual abuse and sexual harassment. The PREA Manual, Section 6.9 - PREA Investigations & Case Review of Sexual Misconduct states, "American Behavioral Health Systems, Inc. (ABHS) has implemented policies and procedures to ensure the immediate and complete investigation for any allegation of sexual misconduct, sexual assault, and sexual harassment." The facility reported it had three allegations of sexual abuse and sexual harassment during the 12 months preceding the audit. They reported that three allegations resulted in an administrative investigation, and two were referred to criminal investigation. They said all criminal and administrative investigations had been completed. Investigators, facility leadership, and facility staff understood that every allegation of sexual abuse and sexual abuse it received results in an administrative or criminal investigation. The auditor was able to review all three investigative packets for the 12 months preceding the audit. A criminal investigation was completed for one of the allegations, and an administrative investigation was completed for all three allegations. 115.222 (b) ABHS provided the PREA Manual, Section 6.9 - PREA Investigations & Case Review of Sexual Misconduct, which explains "ABHS requires that any allegation of sexual misconduct be reported to local authorities upon notification. " The law enforcement agency for this facility is the Chehalis Police Department. 115.222 (c) The auditor reviews the ABHS website at: https://www.americanbehav-ioralhealth.net/prea. The Annual Report that is posted on the website states that "ABHS conducts all Administrative Investigations for potential criminal charges and refers for prosecution individuals determined to have participated in such conduct. All potential criminal investigations are conducted by the geographically appropriate local policing agency. In the event there is an active criminal investigation, ABHS investigators will suspend their investigation to allow local authorities to conduct and complete their investigation. Upon completion of the criminal investigation. ABHS will conduct its internal Administrative Investigation." It is recommended that the facility post the applicable policy on its website, but the language on the website/annual report makes the information otherwise available,

	therefore meets the requirements of the standards. ABHS documents all referrals to law enforcement. 115.222 (d) ABHS has said State entities are not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment; therefore, it is not applicable to require the facility to have in place a policy governing the conduct of such investigations. 115.222 (e) ABHS has said Department of Justice components are not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment; therefore, it is not applicable to require the facility to have in place a policy governing the conduct of such investigations. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.231	**Employee training**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.3 PREA Staff Training · Training Curriculum · PREA Training Certificates · PREA Orientation Interviews Conducted: · Agency PREA Coordinator · Random Staff

	115.231 (a) ABHS trains all employees on its zero-tolerance policy for sexual abuse and sexual harassment, how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, the client's right to be free from sexual abuse and sexual harassment, the rights of clients and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement settings, common reactions of victims, how to detect and respond to threatened and actual signs of sexual abuse, how to avoid inappropriate relationships with clients, how to communicate effectively and professionally with clients in including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming clients, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside law enforcement. The ABHS PREA Manual, Section 6.3 PREA Staff Training states, “American Behavioral Health Systems, Inc. (ABHS) has implemented policies and procedures to ensure training for all new employees and established an ongoing system in collaboration with the Department of Corrections (DOC) to ensure that all employees are trained annually in compliance with Prison Rape Elimination Act (PREA) standards. This policy applies to all ABHS employees, volunteers, vendors, and contractors. ABHS will maintain a zero-tolerance standard for sexual misconduct, of any nature, whether or not consensual.” It also states that “All ABHS staff will receive documented PREA training during new hire orientation and at least annually through the Washington State On-Line Learning Center.” The policy explains that training includes, but is not limited to: PREA policy review, zero tolerance policy, reporting instructions, methods and staff obligations to report, sexual harassment training, PREA response, evidence, containment, and collection of evidence, cross gender pat downs and urinalysis testing are prohibited, PREA risk assessment and housing procedures, social medical training, recognitions of the possible signs of sexual misconduct, potential predators, potential victims, and signs of staff involvement. It also includes examples of circumstances and behaviors that may be signs of sexual misconduct, and confidentiality laws. It is recommended that the policy language be updated to include the training requirements in the PREA standards. Each employee signs a PREA acknowledgment statement upon hire stating they have read and understand PREA policies, boundaries, ethics, and sexual

	harassment. The PREA policies explain the agency's zero-tolerance policy and the agency's approach to preventing, detecting, and responding to such conduct. Another form is also signed that explains the zero-tolerance policy, how to report an incident, first responder information, how to contact the local police department, and advocacy information. Staff sign that they acknowledge and have read and understand PREA. All new employees must attend online PREA training through Ecudorr. The auditor reviewed the training online and ensured it met all provisions of this standard. The training was broken into several modules and was extensive. At the end of each training course, the employee was required to take a test to ensure they understood the information provided to them. At the end of the training, a comprehensive test was provided that covered all relevant topics. Employees must receive 80% to pass the training and be issued a certificate of completion. Every new employee is also provided with a printed version of the PREA Orientation, which is the same information provided to clients. The auditor reviewed certificates of training completed in 2024 for every staff member. The training is completed in July of each year, so every staff member will take it in July 2025 again. In addition to annual training, the facility ensures information regarding PREA is continually available and that they are constantly discussing PREA with staff. The facility provided the auditor with a flash card quiz that explains PREA, how to report a PREA allegation, custodial sexual misconduct, and consequences for engaging in it, and the process for transgender pat searches. The facility head and several other staff and supervisors interviewed also explained they do mock drills regarding PREA to ensure staff know how to respond if something were to occur. Every staff member the auditor interviewed remembered receiving PREA training. Many staff were able to go over the various topics, including those required by this provision. Additionally, many staff discussed the flashcards, PREA information provided in shift briefings, and other ways supervisors continually discuss PREA education with them. 115.231 (b) The training provided to ABHS employees covers both genders of clients that they may work with and the differences between men of women and

	their reactions to PREA incidents. Staff receive this training when being reassigned to another facility. 115.231 (c) ABHS stated all employees were trained within one year of the effective date of the standards; however, the auditor only audited to the last PREA audit. It was clear from the documents reviewed that training has been provided to staff for many years. Additionally, all staff interviewed who had worked at the facility for several years could not remember a time when PREA training was not provided or required. ABHS ensures staff receive this comprehensive online training at least every year. This exceeds the requirement of the standard to provide refresher training every two years. In addition to annual training, the facility provides refresher information through shift briefings, flashcards, posters, emails, and drills on sexual abuse and sexual harassment policies. 115.231 (d) The agency documents through employee signatures that they understand the training they received. This is completed through the PREA acknowledgment and online via electronic verification on the online PREA training. The auditor was provided certificates for every staff member working at the facility. Conclusion (Exceeds): The auditor has determined the facility is in substantial compliance with every provision of this standard. In reviewing the thoroughness of the training provided, the frequency with which it is provided, the level of understanding of the training from staff, and the various refresher training/information that is provided, the auditor finds that Chehalis Residential exceeds the requirements in this standard.

115.232	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.3 PREA Staff Training

	· PREA Orientation · Contractor Packet · Contractor Orientation Record · PREA Acknowledgement · Client and Staff Boundaries · PREA Orientation Information Interviews Conducted: · PREA Coordinator · Volunteer · Contractor 115.232 (a) The ABHS PREA Manual, Section 6.3 PREA Staff Training states "American Behavioral Health Systems, Inc. (ABHS) has implemented policies and procedures to ensure training for all new employees and established an ongoing system in collaboration with the Department of Corrections (DOC) to ensure that all employees are trained annually in compliance with Prison Rape Elimination Act (PREA) standards. This policy applies to all ABHS employees, volunteers, vendors, and contractors. ABHS will maintain a zero-tolerance standard for sexual misconduct, of any nature, whether or not consensual." The auditor received a copy of the Contractor Packet, which includes a Contractor Orientation Record that includes verification that the contractor has received the PREA & PREA Acknowledgement. The packet also includes a sheet explaining Client and Staff Boundaries, which must be signed by the contractor, verifying they have read it. It goes over key boundary concerns, such as not engaging in personal relationships, being in areas where clients may be disrobing or dressing, in the shower, etc. It clearly states that they should never engage in any type of sexual activity with the clients. Each contractor must review the PREA Orientation. This explains a safety message, what is sexual assault, examples of sexual assault, sexual harassment, prohibition against consensual sexual relationships, prevention, reporting and investigation to include first responder duties, what to expect after a report is made, retaliation concerns, a summary, and then the agency's zero tolerance policy regarding sexual

	abuse and sexual harassment. They also provide contractors with PREA Orientation Information that is provided to clients, which explains their reporting options and ability to receive advocacy services. The facility reported that there is currently one volunteer who has contact with clients at the facility. The only contractors are providing telemedicine by video. The auditor interviewed one volunteer and one contractor. Each was able to describe the PREA training they had received. 115.232 (b) The contractors at Chehalis are all telemedicine, meaning they do not have in-person contact with clients. Due to this, they all receive the same PREA training packet; however, the facility is aware that if there were a higher level of contact, they would need to provide training based on the services they provide and the level of contact they have with clients. 115.232 (c) ABHS maintains documentation confirming that volunteers (and contractors understand the training they receive. Acknowledgement forms were provided to the auditor for each contractor, verifying they have signed the applicable forms/training, ensuring they understand the training they receive. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.233	**Resident education**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.4 PREA Client Orientation · ABHS PREA Manual, Section 6.6 PREA Response to Sexual Misconduct

	· ABHS PREA Manual, Section 6.7 PREA Custodial and Sexual Misconduct · ABHS PREA Manual, Section 6.9 PREA Investigations & Case Review of Sexual Misconduct · PREA Orientation Information · PREA Quiz · Records of Client PREA Education Interviews Conducted: · Facility Head · Agency PREA Coordinator · Random Staff · Random Clients · Peer Educator 115.233 (a) The ABHS ABHS PREA Manual, Section 6.4 PREA Client Orientation states “American Behavioral Health Systems, Inc. (ABHS) provides all new clients Prison Rape Elimination Act (PREA) Orientation both verbally and in written format.” It also states, “All clients will receive documented PREA Orientation upon admission/intake to any ABHS Facility.” The policy explains that “All clients will receive documented PREA Orientation upon admission/intake to any ABHS Facility 2. Orientation will be communicated both in writing and orally, in a manner that is clearly understood by clients and includes the following. a. PREA. What is it and how does it apply? b. ABHS’s zero tolerance policy for sexual misconduct. c. Various reporting methods, which during oral presentation are the PREA Posters posted throughout the facilities. d. Prevention and protection strategies. e. Definitions and examples of prohibited behaviors. f. Sexual Harassment Policy to include examples

	g. Staff requirements to report all allegations. h. Investigations and that all allegations are investigated. i. Confidentiality of PREA. j. Treatment and counseling. k. Retaliation and protection from. l.. Discipline for making false allegations” The Care Team Staff conducts the initial education with clients. All Care Team staff who were interviewed said clients receive information at the time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The facility reported that all 1515 clients who were admitted to the facility during the past 12 months were given this information at intake. The auditor requested a list of all clients admitted to the facility in the 12 months preceding the audit. The auditor independently selected 12 of those for file review. Additionally, the auditor reviewed all 20 records of the clients she interviewed, for a total of 32 files reviewed. All but one file contained the education that was provided the same day they arrived. Each client signs electronically that they have received this information. When clients enter the facility, they are also provided with a PREA Orientation Packet and complete a PREA Orientation Information sheet that they sign. The auditor reviewed the PREA Orientation Information sheet that they signed. This sheet explains the zero-tolerance policy, how to report, and advocacy information. It did not include the client's right to be free from retaliation for reporting PREA allegations. The auditor reviewed the Orientation Packet that is also provided to clients. The packet provides an introduction to PREA, which includes the agency's zero-tolerance policy for sexual abuse, sexual harassment, and retaliation, and the agency's commitment to client safety. It explains PREA and that it covers clients at the facility. The orientation explains what sexual assault, sexual abuse, and sexual

	harassment are, and things that are not sexual assaults, such as routine pat searches or medical examinations. It lets the client know it is not their fault if they are sexually assaulted and how a client might try to prevent it from occurring. The orientation explains its prohibition against consensual sexual relationships between clients, but does explain that they are not considered a PREA violation. Additionally, the orientation also covers a variety of how to respond to sexual abuse if it does happen, including evidence preservation and several reporting options. It also discusses how to receive support if it does happen and what to expect. The auditor was provided with a PREA Quiz that each client is expected to take following reviewing the PREA education. The questions include several questions that cover the training that was provided to them. 115.233 (b) ABHS reports that every time a client is transferred to another facility, they are provided with refresher information. The auditor verified through documentation review and interviews that when a client is transferred to Chehalis Residential, they receive the same education as those who were not transferred. 115.233 (c) ABHS provides resident education in formats accessible to all clients, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as clients who have limited reading skills. As addressed in 115.216, the auditor verified that this information is provided in accessible formats. The staff ensures clients understand the education provided and take great care to ensure they receive it in the method that is appropriate. Disabled and limited English proficient clients were interviewed and explained that they were provided the information in a format they could understand. Each client, except one deaf client, was able to articulate the zero-tolerance policy and various ways to report a PREA allegation. The auditor was able to verify that the client who was deaf had received the written information by reviewing the electronic signature. He also indicated to the auditor that he was able to read. Regardless, the facility had the information provided to him in ASL to ensure he understood it. The client had concerns about his access to ASL, which was provided to the Facility Head. It was explained to the auditor that he has access to the needed services. The facility committed to continuing to work with the client to get additional access. The auditor was also able to verify that it has a few staff that are able to use ASL with the client, in addition to the laptop interpretation service. The auditor was able to use the video ASL services when interviewing the deaf client, and it worked well.

	115.233 (d) The auditor reviewed documentation of 32 clients' files, including education for clients. Each client electronically signs that they have received the PREA education, and it is stored electronically and available upon request. The auditor requested a list of all clients admitted to the facility in the 12 months preceding the audit. The auditor independently selected 12 of those for file review. Additionally, the auditor reviewed all 20 records of the clients she interviewed, for a total of 32 files reviewed. All contained proof documentation of education as required. 115.233 (e) ABHS ensures that key information is continuously and readily available and visible. Chehalis Residential had large PREA posters throughout the facility that provided detailed and key PREA information. Additionally, clients have access to the Orientation Packets that are provided at any time. Chehalis Residential additionally has a peer educator, who is responsible for ensuring that PREA information is verbally provided to new clients every Friday during class, and every day during Therapeutic Community class. The auditor interviewed the peer educator to explain his process for providing PREA education to clients. He was fairly new to his position, but took great pride in being assigned to this role and was able to explain the importance and seriousness of it. The Facility Head explained that the peer educator positions are carefully selected. Recently, the peer educator was released from the facility, and they needed to select another client for the position. He explained they conducted interviews for the position, ensuring the person selected had the qualities needed to fill this role due to its importance. Conclusion (Exceeds): The auditor has determined the facility is in substantial compliance with every provision of this standard and exceeds it since it supplies PREA education through a peer educator daily at the facility. Every client interviewed was able to discuss the ongoing education that is provided, which far exceeds the requirements of this standard.

115.234	**Specialized training: Investigations**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.3 PREA Staff Training · Investigator Training · Investigator Training Records · ABHS PREA Manual, Section 6.9 PREA Investigations & Case Review of Sexual Misconduct Interviews Conducted: · Administrative Investigators. 115.234 (a) Investigators at Chehalis Residential are trained in general PREA training and specialized training for conducting investigations in confinement settings. The training curriculum was reviewed, and an investigator was interviewed. The two investigators who were interviewed were able to confirm they had received the general and specialized training. The ABHS PREA Manual, 6.3 PREA Staff Training, explains that investigators will receive the specialized training, as required by this standard. 115.234 (b) The ABHS PREA Manual, 6.3 PREA Staff Training states “Training will be consistent with the Department, maintained by the PREA Coordinator and Human Resources Manager, and include the following: a. Investigating sexual misconduct (i) criteria and evidence required to substantiate a case for administrative action or prosecution referral b. Interview techniques (i) Interviewing sexual abuse victims c. Crime scene management d. Crisis intervention

	e. Report writing f. Confidentiality for all investigations g. Evidence procurement and retention. (i) Sexual abuse evidence collection in confinement settings h. Proper use of Miranda and Garrity warnings” The specialized training reviewed included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Interviews with an investigator confirmed an understanding of these topics. 115.234 (c) ABHS states they maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The auditor reviewed documentation of completed training for all three PREA investigators at the facility. 115.234 (d) ABHS states that any state entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations. Most investigations would be conducted by the facility or the local law enforcement. If other entities were to conduct an investigation, ABHS understands they should receive this education. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.235	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.3 PREA Staff Training · Medical and Mental Health Specialized PREA Training · Medical and Mental Health Training Records Interviews Conducted: · Medical Contractor · Mental Health Staff 115.235 (a) The ABHS PREA Manual, Section 6.3 PREA Staff Training states, “Medical and Mental Health Practitioners Training: 1. Training will include: a. How to detect and assess signs of sexual abuse b. How to respond effectively and professionally to victims of sexual abuse and sexual harassment c. How to preserve physical evidence of sexual abuse d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment” ABHS employs mental health professionals and contracts with medical telehealth providers. The medical practitioners provide telehealth-only services and do not work regularly in their facilities. The facility reported it has five mental health staff members working at the facility, providing services to clients. ABHS provided the auditor with the specialized training they have provided to mental staff, which can also be located at: https-://www.prearesourcecenter.org/resource/specialized-training-prea- medical-and-mental-care-standards. This training includes a Facilitator Guide, Introduction, and four modules that cover: Detecting and Assessing Signs of Sexual Abuse and Harassment, Reporting and

	PREA Standards, Effective and Professional Responses, and the Medical Forensic Examination and Forensic Evidence Preservation. The auditor received 5 certificates of completion for all mental health staff working at the facility. During interviews with the mental health staff, she confirmed that they received the specialized training and recently held refresher training for each mental health staff member. She was able to explain the training and their role within the PREA response. The auditor interviewed a medical contractor providing telehealth services to the facility. She was able to describe the specialized training she had received. The facility reported it does have medical staff providing telemedicine to clients, but they do not come to the facility. The auditor reviewed FAQ dated, March 20, 2019 regarding what constitutes “contact with” clients. It explains that contact for the purposes of the standards may include being able to visually observe a client via a live video feed. Since telehealth would fit that criterion, the auditor requested that these contractors receive the training, as required by this standard. 115.235 (b) Forensic Examinations are completed at the hospital and not by medical staff employed by the agency. The facility contracts with a medical service, which provides services via telehealth. The auditor interviewed her during the onsite review, by phone, because she was not physically located at the facility. She was able to explain that forensic examinations would be completed at the hospital and not by medical staff onsite. The auditor confirmed this by contacting the hospital. The hospital staff explained they would provide a forensic examination for any client from ABHS. 115.235 (c)) The ABHS PREA Manual, Section 6.3 PREA Staff Training states, “All Medical and Mental Health Practitioners will receive a certificate of completion to document successful completion. The certificate will be placed in the personnel file.” The auditor received all five training completion certificates for mental health staff, and one for the medical contractor providing telehealth services.

	115.235 (f) All staff at ABHS, including medical and mental health practitioners, also receive the training mandated for employees under 115.231 or for contractors and volunteers under 115.323, depending on the practitioner's status. The auditor verified that all five mental health staff and contracted medical practitioners received the training as required. While onsite, the auditor interviewed both medical and mental health practitioners, and all remembered receiving the required new employee and annual training. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard

115.241	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.11 PREA Risk Assessment and Housing · PREA Assessments/Screenings Interviews Conducted: · Facility Head · PREA Coordinator · Staff who Conduct PREA Screenings/Assessments · Random Clients 115.241 (a) The PREA Manual, 6.11- PREA Risk Assessment and Housing states: " All ABHS clients upon admit to the facility complete an initial risk assessment.”

	The auditor requested a list of all clients admitted to the facility in the 12 months preceding the audit. The auditor independently selected 12 of those for file review. Additionally, the auditor reviewed all 20 records of the clients she interviewed, for a total of 32 files reviewed. Each file reviewed contained the risk screening assessments as required. The auditor interviewed 20 clients at the facility. Most of the clients who were interviewed remembered being asked the screening questions; however, a few did not. The auditor was able to verify they were assessed based on the file review. Each client signs electronically every time they receive an assessment, which verifies they received it. The auditor interviewed five staff members that conduct PREA risk screenings/ assessments. Each staff member verified these are completed, as required by this standard. 115.241 (b) The PREA Manual, 6.11- PREA Risk Assessment and Housing states: “Upon clinical assessment (within 3 days of admit), the assessment counselor will do an intake risk assessment to determine potential victim or predator.” The auditor explained to the agency that the standard requires this to be completed within 72 hours (not 3 days). The agency then updated the PREA Manual, 6.11- PREA Risk Assessment and Housing to state “Upon clinical assessment (within 72 hours of admitting, the assessment counselor will do an intake risk assessment to determine potential victim or predator.” The PAQ noted that all 1515 clients who were at the facility for 72 hours or more during the 12 months preceding the audit were screened within 72 hours, as required by this provision. The auditor requested a list of all clients admitted to the facility in the 12 months preceding the audit. The auditor independently selected 12 of those for file review. Additionally, the auditor reviewed all 20 records of the clients she interviewed, for a total of 32 files reviewed. All but one file contained the clinical assessment within 72 hours. The auditor verified with the facility that this was because the client departed the facility shortly after arriving. 115.241 (c) The assessment that ABHS utilizes is an objective screening instrument.

	Weight is given to each answer based on scoring criteria. The only subjective decision the screener makes would be if someone displayed or presented as LGBTI or gender non-conforming. This has been determined to be appropriate, as explained in the PREA FAQ regarding this standard, dated October 21, 2016. The screening staff interviewed were aware of the requirement to be objective, with the exception of this provision. The PREA assessment explained that a score of 15 or higher indicates the client could be at risk of sexual victimization, and the screener is required to notify a supervisor upon completion if there is a risk potential. It explains that a score of 7 or higher in the predation potential questions indicates that the client could be at risk of sexual victimization and also notify a supervisor. The facility was notified of this typo and asked to update to explain that this would indicate the client could be at risk of sexual predation/aggressiveness. The agency PREA Coordinator was very responsive to this request and ensured it was updated immediately. The auditor asked each screener to conduct a screening on the auditor, as they would on a client. Each screener was able to demonstrate to the auditor that they utilized the objective screening tool as required. 115.241 (d) The assessment was provided to the auditor. It includes the requirements in this provision, to include: (1) Whether the client has a mental, physical, or developmental disability; (2) The age of the client; (3) The physical build of the client; (4) Whether the resident has previously been incarcerated; (5) Whether the client's criminal history is exclusively nonviolent; (6) Whether the client has prior convictions for sex offenses against an adult or child; (7) Whether the client is or is perceived to be gay, lesbian, transgender, intersex, or gender nonconforming; (8) Whether the client has previously experienced sexual victimization; and (9) The client's own perception of vulnerability. The auditor noted that it did not include whether the client was bisexual. The facility immediately made a change to the system to include this information. When interviewing the 5 staff who conducted PREA risk assessments, three said they asked the client about their gender identity or sexuality, and two said they read the questions, as asked. The facility was also able to identify a bisexual client, based on screening results. Additionally, due to the short-term nature of each client's stay, the auditor determined it did not need to rescreen all clients currently at the facility, but will review future screenings to ensure it has been implemented. The PREA assessment specifies that clients are at greater risk when less than 25, or

	older than 65 years, and/or have a physical size of less than 5’0” and/or less than 80 pounds. It is recommended that the physical size be updated depending on the gender of the client. 115.241 (e) The assessment was provided to the auditor, and it considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing clients for risk of being sexually abusive. 115.241 (f) The PREA Manual, 6.11- PREA Risk Assessment and Housing states: "Within 30 days or sooner, of original risk assessment the client and their counselor will reassess risk using the clinical risk assessment.” The PAQ noted that all 1400 clients who were at the facility for 30 days or more were screened within 30 days during the 12 months preceding the audit, as required by this provision. The auditor requested a list of all clients admitted to the facility in the 12 months preceding the audit. The auditor independently selected 12 of those for file review. Additionally, the auditor reviewed all 20 records of the clients she interviewed, for a total of 32 files reviewed. All but two files contained the reassessment within 30 days. The auditor verified with the facility that this was because the client departed the facility shortly after arriving. The auditor interviewed 5 staff who conduct screening assessments. Each explained that clients are reassessed as required by this provision. 115.241 (g) The Facility head is aware that a client's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness. Although clients are housed at the facility for a relatively short time, if any changes were made, they would be reassessed. The facility head stated that they would reassess any client when warranted due to the reasons required. There is a PREA data collection sheet that indicates that victims and aggressors should be reassessed. The facility indicated there were no clients who needed a reassessment during the documentation period, as the clients who had substantiated allegations were released shortly after the allegation was made, for reasons unrelated to the PREA allegation. The auditor recommends adding this requirement to the policy and

	developing a formal process to ensure reassessments are completed as needed. 115.241 (h) ABHS states they would not discipline a client for refusing to answer screening questions. The PREA Coordinator says a client's refusal to answer questions is not enough for disciplinary action. There is an option for “unknowns” or “choose not to disclose” on the forms in the event a client does not want to answer a question. The auditor did not find any indication in speaking with staff, clients, or while conducting file reviews that a client had ever been disciplined for this purpose. 115.241 (i) The agency has said they implement 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 client’s detriment by staff or other clients. The PREA Manual, 6.11- PREA Risk Assessment and Housing states, “At no time should the client be presented with the assessment. This is strictly confidential, and the information is obtained using the client’s phone referral, 42 CFR Part II Laws apply. It also states, “All assessments are to remain confidential and adhere to 42 CFR”. The Agency PREA Coordinator explained that the majority of staff only have access to the screenings they have the ability to conduct. For example, Care Team staff would not have access to Clinical Assessments. Supervisors have access to all assessments. This appropriately ensures only those staff with a legitimate need to know the information have access to it. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.242	**Use of screening information**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.11 PREA Risk Assessment and Housing · PREA Assessments/Screenings · ABHS PREA Manual, Section 2.20 Transgender, Intersex, and/or Non-Binary Housing and Supervision Interviews Conducted: · Staff who Conduct PREA Screenings/Assessments · Random Staff · Supervisors · Random Clients · Bisexual Client 115.242 (a) ABHS states they use information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate clients at high risk of being sexually victimized from those at high risk of being sexually abusive. The ABHS PREA Manual, Section 6.11 PREA Risk Assessment and Housing states, “Housing 1. Care team supervisors, upon notification, will ensure that those clients assessed as potential victims or predators are housed appropriately. 2. All potential victims will be placed in rooms & hallways that afford a clear view from the cameras and are readily accessible by care team staff. 3. All potential predators will be placed in rooms next to a care team desk, if feasible, and never in the same room as a potential vulnerable client. 4. Electronic tracking for housing will be used and updated monthly to ensure the safety of all clients and staff. 5. Care Team supervisors will ensure that it is accurate and complete”.

	When a client initially comes into the facility, they are housed on intake status for a period of time before moving to a more permanent housing situation. The auditor spoke with staff who assigned the initial housing at intake, as well as more permanent housing. It was explained to the auditor that each client's risk assessment is considered when making these housing assignments. The facility would not house a vulnerable client with an aggressive client. If a client scores high as vulnerable or aggressive, they would also likely be housed in a room that is closer to staff areas so they can keep a close monitor on them. They may also be assigned to be frequently checked on when there is a concern for safety, by placing them on a “Running Log”. It was explained to the auditor that clients who are on a “Running Log” are required to be checked by staff frequently. All clients who are at the facility are in a drug and alcohol treatment program. Additionally, they may be assigned to a "job". In discussions with the staff there is no program or job assignment that would be in an area that is not closely supervised by staff; therefore, there are no concerns with any clients being assigned to these areas. It is recommended that they continue to consider this as new jobs or programming are created with the goal of ensuring clients are safe. 115.242 (b) Staff interviewed confirmed that individualized determinations are made to ensure the safety of each client. Staff have the ability for several protection measures if they are concerned about a client's safety. For example, the facility will put a client on frequent checks so staff can closely monitor them to ensure they are safe. 115.242 (c) ABHS states that in deciding whether to assign a transgender or intersex resident to a facility for male or female clients and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the client's health and safety and whether the placement would present management or security problems. The PREA Manual, 2.20 - Transgender, Intersex, and/or Non-Binary Housing and Supervision states, “American Behavioral Health Systems, Inc. (ABHS) has established procedures to ensure equitable treatment of transgender, intersex, and/or non-binary individuals when determining housing, classification, programming, and supervision.” The PREA Manual, 2.20 - Transgender, Intersex, and/or Non-Binary Housing and Supervision, outlines how transgender and intersex clients are reviewed. It explains

	that initial housing reviews will be completed, approved, and submitted within 24 hours of disclosure of the individual as transgender, intersex, or non-binary. The Chief Executive Officer and/or the Chief Operations Officer will review housing protocol recommendations and provide their recommendation and/or approval to the Facility Administrator or Program Manager. Transgender, intersex, and non-binary individuals may appeal housing review decisions in writing to the Compliance and Risk Management Director, Chief Executive Officer, or Chief Operations Officer. The auditor discussed transgender housing decisions with facility /agency leadership. They explained that housing decisions are made on a case-by-case basis. They explained that there have been transgender clients housed in the gender facility they identify with, but that is largely based on a number of factors. The facility reported were no transgender or intersex clients at the facility at the time of the audit, or in the 12 months preceding the audit. Through interviews with clients and staff, there was no indication that a transgender or intersex client had been housed at the facility in the 12 months preceding the audit. The facility reported that they did not have a way to pull what clients had answered “yes” to that question on the screening tool. The auditor recommends that the agency develop a formalized process for documenting these housing considerations. 115.242 (d) ABHS explains that a transgender or intersex client's own views with respect to his or her own safety shall be given serious consideration. The agency explained examples of that occurring in the past. The auditor interviewed several supervisors who explained that the safety of the transgender client would be their priority and would always consider their own views on safety. 115.242 (e) All clients at Chehalis Residential are given the opportunity to shower separately from other clients due to their privacy in the shower stalls. Even though there are private showers, staff said they would also provide transgender or intersex clients the ability to have their own shower time, so other clients are not in the area when showering. The auditor interviewed several random staff members who were able to explain this process to the auditor. 115.242 (f) ABHS states they do not place lesbian, gay, bisexual, transgender, or intersex clients in dedicated facilities, units, or wings solely on the basis of such identification or status. They have not had a consent decree, legal settlement, or legal judgment that states they must do that. The auditor was able to interview one bisexual client, who indicated this had not occurred.

	Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.251	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.5 - PREA Reporting, Client and Staff · Investigator Training Records · MOU between ABHS and the Washington State Department of Corrections · Investigative Packets Interviews Conducted: · Random Staff · Random Clients 115.251 (a) ABHS provides multiple internal ways for clients to privately report sexual abuse and sexual harassment, retaliation by other clients or staff for reporting sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The PREA Manual, 6.5 - PREA Reporting, Client and Staff states, “Clients, visitors, family members, and other community members can report any allegation of sexual misconduct in the following ways. 1. Verbally notify a staff member. 2. Verbally notify your counselor.

	3. Written Needs Resolution. 4. Written notes to staff or administrator. 5. Letter directed to ABHS PREA Coordinator: Attention PREA Coordinator, P.O. Box 141106, Spokane Valley, WA. 99214. 6. Notify your Community Corrections Officer verbally, in writing, or both. 7. Contact the Staff of Duty. 8. Contact the on-site program manager. 9. Contact the Director of ABHS in Spokane, WA. (509-232-5766). 10. Report it directly to local police: Chehalis (360) 748-8605, Spokane (509) 456-2233. 11. Reports, including third-party reports, can be made directly to the Washington Department of Corrections by calling the toll-free number @ 1-800-586-9431. The Washington Department of Corrections will immediately forward the report to ABHS officials and will allow a reporter to remain anonymous upon request. a. The toll-free number is posted throughout each facility b. The toll-free number is confidential and accessible to clients during authorized phone times only 12. Clients can report an allegation anytime, regardless of when the event occurred." 13. ABHS permits clients to use a third party, including, but not limited to, fellow clients, staff members, family members, attorneys, and outside advocates, to assist clients in filing reports related to allegations of sexual abuse and for those third parties to file such requests on behalf of clients. a. If a client declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the client's decision to decline." 115.251 (b) ABHS informs clients of two separate ways to report sexual abuse or harassment to a public or private entity or office that is not part of the agency and is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials. As previously mentioned, the PREA Manual states clients may report to the local police by calling (360) 748-8605 or by contacting the WADOC by a toll-free number at 1 (800) 586-9431. The PREA Manual, 6.5 - PREA Reporting, Client and Staff states "Reports, including third-party reports, can be made directly to the Washington Department of

	Corrections by calling the toll-free number @ 1-800-586-9431. The Washington Department of Corrections will immediately forward the report to ABHS officials and will allow a reporter to remain anonymous upon request. a. The toll-free number is posted throughout each facility b. The toll-free number is confidential and accessible to clients during authorized phone times only.” An MOU was provided between ABHS and the Washington State Department of Corrections. This MOU outlines that the Washington Department of Corrections will serve as an outside reporting option and will allow the client to remain anonymous upon request. The facility reported they had not received any reports through this process, and the auditor was unable to see any reports that had been made through documentation review. The auditor tested the phone number while onsite to the Washington Department of Corrections. The auditor left a message on the answering service and received an email response from the Washington Department of Corrections PREA Coordinator within a few hours of leaving the message. In interviews with both staff and clients, some knew about the outside reporting number; however, some did not, but were able to say the information is likely available on the large PREA posters placed throughout the facility, or in the information that is provided to clients. The PREA poster states that if you are a victim of sexual assault, sexual misconduct, or sexual harassment,t you can report it in several ways, including directly to local police by phone. 115.251 (c) The PREA Manual, 6.5 - PREA Reporting, Client and Staff explains that staff will accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Interviews with staff indicated they understood this requirement, and many said, regardless of how they received the information, they would accept the information and respond accordingly.

	The auditor was able to view three PREA allegations from the 12 months preceding the audit, which verified that staff in those instances accepted a variety of ways to report. 115.251 (d) The agency reported in the PAQ that they have established procedures for staff to privately report sexual abuse and sexual harassment. The PREA Manual, 6.5 - PREA Reporting, Client and Staff, explains that staff will keep all information as confidential as possible, but will report to 911, the supervisor, or the administrator for all allegations. It also states that "failure to report an allegation or knowingly or willfully submitting, threatening another, or submitting false information will be treated as a separate offense subject to disciplinary action up to and including prosecution if applicable." Staff who were interviewed onsite said that they would immediately report in a private manner by reporting by phone or in person. They all said they could report up the chain of command if they did not feel comfortable reporting to any of the methods described in the policy. Some staff also reference the hotline number that clients can call and say they can report the same way. The auditor asked staff if they felt supervisors would take the report seriously, and all staff said they would. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.252	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · Needs Resolution Forms (grievance) · PREA Orientation Packet · Investigative Packets

Interviews Conducted:

· Facility Head

· Agency PREA Coordinator

· Random Clients

115.252 (a) ABHS originally stated in the PAQ that they did have administrative procedures to address client grievances regarding sexual abuse; however, in further discussions with the PREA Coordinator and Facility Head, it was determined that they do not. The PREA Coordinator and Facility Head said any time a Needs Resolution/ (grievance) is filed regarding a PREA allegation, it would be immediately referred to an investigation.

The PREA Orientation Packet provided for the client states that they can submit a grievance letter to the program manager to send to the director of ABHS as a reporting mechanism. The facility had reported there were two grievances related to sexual abuse in the 12 months preceding the audit; however, in conversations with the Facility Head, that appears to be an oversight. He explained there had been no grievances related to sexual abuse.

There were some random clients who were interviewed who said they could file a Needs Resolution (grievance) if needed for a PREA-related allegation.

115.252 (b) The agency/facility head explained that there is no time limit to file a grievance /Needs Resolution. There was no time limit outlined in the policy. There is no requirement for a client to use an informal grievance process or otherwise attempt to resolve with staff.

115.252 (c) The Needs Resolutions are submitted to supervisors, not referring to the staff member who is the subject of the complaint. The Agency/Facility head explained that most are directed to him for review, and he would immediately forward any Needs Resolutions (grievances) for investigation if it was regarding a PREA allegation.

115.252 (d) The Facility Head explained they would meet with the client to discuss

	the Needs Resolution form within a few days, and the response would be that it has been forwarded for investigation. Under no circumstances would it be after 90 days of filing the Needs Resolution, and there would be no need to submit an extension. He explained the timeliness of PREA investigations, and the auditor was able to review investigative packets to ensure that investigations were completed timely. 115.252 (e) The Facility head said that even though the grievance process isn't intended to file sexual abuse allegations, anyone could submit a report of sexual abuse on behalf of clients, and they would be responded to immediately. 115.252 (f) ABHS does not have administrative procedures for filing sexual abuse grievances; however, they could do so by speaking with any staff member and it would be immediately reviewed for risk of imminent sexual abuse. If this occurred, the facility would take immediate action to protect the client. They would ensure the resident is safe and immediately forward for investigation. 115.252 (g) ABHS said they would not discipline a client for filing a grievance related to sexual abuse unless they were able to demonstrate the client filed the grievance in bad faith. There was no indication in file reviews or interviews with clients and staff that any client had been disciplined for filing a Needs Resolution (grievance). Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.253	**Resident access to outside confidential support services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed:

	· ABHS PREA Manual, Section 6.5 PREA Reporting, Client and Staff · Facility PREA Plan · MOU with Hope Alliance Interviews Conducted: · Agency PREA Coordinator · Random Staff · Random Clients · Representative from Hope Alliance 115.253 (a) The facility provides clients with access to outside victim advocates for emotional support services related to sexual abuse through the Hope Alliance in Chehalis, Washington. The PREA Manual, 6.6 - PREA Response to Sexual Misconduct states, " All potential victims will be referred to mental health crisis counseling and/ or medical services as needed, at no cost to the client. (see Mental Health Crisis Procedure) h. If the victim requests counseling, staff will refer them to their counselor during normal business hours. If it is after-hours, staff will refer them to the crisis hotline and provide transportation as needed." The PREA poster states, "If you are in need of rape crisis counseling, please notify staff so they can assist you. If you would prefer to receive confidential counseling, you can contact the following agency: Chehalis Human Response Network, Phone # 1 (800) 244-7414 Address: 245 East 8th Street, Chehalis, WA 98532." This was updated with the MOU with Hope Alliance. The facility enables reasonable communication in as confidential a manner as possible as the facility does not monitor or record any phone calls, including calls to advocacy centers, and it does not read any mail but does inspect for contraband. The auditor verified from staff onsite that calls were not monitored or recorded, and letters were not read for content. The auditor tested the phones during the site review to ensure the phones were able to call the advocacy center. An advocate answered the call and was able to answer basic questions about providing services to a survivor calling from the facility.

	115.253 (b) The facility states that they do not monitor calls or forward those communications to authorities in accordance with mandatory reporting laws since they allow confidentiality. This was verified by the auditor during the site review. Clients knew the phone was not monitored and recorded, and understood conversations with outside advocates were confidential. 115.253 (c) The facility entered into a Memorandum of Understanding (MOU) with Hope Alliance, a community-based, confidential victim advocacy rape crisis center, on 7/19/2022. The MOU outlines services provided to clients at Chehalis Residential. The auditor did note that the MOU expired, as it was in effect for two years upon signature by the parties. The PREA Coordinator provided the auditor with an updated MOU that was in effect on 6/13/2025. The new MOU is effective until either Party terminates the MOU with a 60-day written notice sent to the other Party. The auditor reached out to Hope Alliance to discuss the relationship and was able to make contact with the Executive Director. She was able to verify the MOU, and did have concerns; however, in follow up it was determined not to be with the facility the auditor was auditing. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.254	**Third party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.5 PREA Reporting, Client and Staff · Agency Website · Facility Plan

Interviews Conducted:

· Random Staff

· Random Clients

115.254 The agency has determined that third parties may report on behalf of clients in several ways. Third parties, including, but not limited to, fellow clients, staff members, family members, attorneys, and outside advocates, can assist clients in filing reports or filing on behalf of clients related to allegations of sexual abuse. Third parties can utilize any of the reporting methods that clients have, including outside agencies. Information is posted on the website, including information on contacting the Director of ABHS and reporting directly to local police. The auditor recommends that the reporting policy that is currently on the website be updated with the most current version.

The website discusses third-party reporting information by including the ABHS PREA Manual, Section 6.5 PREA Reporting, Client and Staff at https://americanbehaviora-lhealth.net/contact-us/prea/. It states “ABHS permits clients to use a third party, including, but not limited to, fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing reports related to allegations of sexual abuse and for those third parties to file such requests on behalf of residents.

a. If a client declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the client’s decision to decline.”

The Facility Plan was provided to the auditor, which explains that staff should adhere to ABHS PREA Manual, Section 6.5 PREA Reporting, Client and Staff. This policy also explains reporting mechanisms for reporting or clients and others on their behalf, as explained in 115.251.

The majority of staff and clients who were interviewed by the auditor were aware of third-party reporting options.

Conclusion:

The auditor has determined the facility is in substantial compliance with every

	provision of this standard.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.5 PREA Reporting, Client and Staff · ABHS PREA Manual, Section 6.8 - PREA Confidentiality Interviews Conducted: · Random Staff · Medical Staff and Mental Health Contractors 115.261 (a) The PREA Manual, 6.5 - Reporting, Client and Staff requires staff to immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against clients or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. It states, "All allegations/incidents are reported to the supervisor on shift immediately. In the event the report is made during off-hours staff will notify the on-site Administrator via phone upon notification for all allegations." and "staff will begin the investigation immediately upon notification, limiting information to only those needed to secure the facility and assist in the investigation.". Later in reiterates the reporting requirements by saying "staff must immediately report any allegation of sexual misconduct, including knowledge of staff violation of responsibilities." The training for staff reinforced ABHS’ requirements. All staff were aware of the need to immediately report. When the auditor interviewed clients, they almost said they believed staff would take any reports seriously and report an allegation immediately. 115.261 (b) The PREA Manual, 6.5 - PREA Reporting, Client and Staff requires " ABHS Staff will keep all information as confidential as possible." Additionally, The

	PREA Manual, 6.6 - PREA Response to Sexual Misconduct states " ABHS requires that all reports of sexual misconduct remain confidential and limited to those on a need-to-know basis. a. ABHS will treat all violations of confidentiality as a separate offense subject to disciplinary action up to and including prosecution if applicable. All investigations will begin upon notification of an allegation. Information will be restricted to those individuals conducting or involved in the investigation and will remain confidential." 115.261 (b) The PREA Manual, 6.9 - PREA Investigations and Case Review of Sexual Misconduct, reiterates confidentiality by stating " ABHS requires that all reports of sexual misconduct remain confidential and limited to those on a need to know basis. a. ABHS will treat all violations of confidentiality as a separate offense subject to disciplinary action up to and including prosecution if applicable. 4. All investigations will begin upon notification of an allegation. Information will be restricted to those individuals conducting or involved in the investigation and will remain confidential." The PREA Manual, 6.8 - PREA Confidentiality, discusses all confidentiality requirements in detail. It states " A. All ABHS staff and clients must maintain confidentiality for any active investigation of sexual misconduct. Information may only be released to the following individuals or entities. 1. To any designated ABHS Prison Rape Elimination Act (PREA) staff, approved by the Appointing Authority, in order to conduct a thorough investigation. 2. To local law enforcement conducting an investigation. 3. To designated Washington State Department of Corrections Staff, as determined by the Qualified Service Organization Agreement (QSOA) between ABHS and the Department. (See QSOA) 4. To protect a client or staff’s safety, secure mental health services. 5. If required to do so by subpoena, court order, or directed to do in this policy. B. ABHS staff members alleged to have engaged in sexual misconduct or who participate in an investigation may discuss the allegations with the following. 1. Union representation.

	2. Legal counsel. 3. Anyone they designate to represent them during an investigation and disciplinary process. 4. Persons with whom they have a legally privileged relationship. (i.e. spouse, registered partner, clergy, etc.) C. Clients alleged to have engaged in sexual misconduct or who participate in an investigation as a witness may discuss the allegations with the following. 1. Legal counsel. 2. Persons with whom they have a legally privileged relationship with. (i.e. spouse, registered partner, clergy, etc.) D. All information related to sexual abuse or victimization is limited to the following. 1. To medical and mental health professionals. 2. Law enforcement agencies that have legally requested information. 3. Washington State Department of Corrections as designated by the QSOA. 4. Staff, as needed to develop treatment plans. 5. Management and staff as needed to secure the facility. (i.e. housing, education, or program assignments)." The consistent message throughout policies ensures staff understand that, apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. Staff training also discussed confidentiality. and staff that was interviewed understood confidentiality. 115.261 (c) Medical and mental health practitioners were all aware that they are required to report sexual abuse allegations and that they needed to inform clients of their duty to report and the limitations of confidentiality at the initiation of services. They explained that clients are provided with information prior to the initiation of services that explains the limits of confidentiality and would also ensure they understood that prior to a client disclosing sexual abuse. 115.261 (d) The medical and mental health practitioners interviewed explained they understood they would report allegations to designated state or local services under applicable mandatory reporting law if the victim was under the age of 18 or considered a vulnerable adult under a state or local vulnerable persons statute. They explained that there are several clinical staff that this reporting responsibility,

	and the facility would ensure this was completed for any allegation. There were no allegations that would require this notification for the auditor to review. All staff understood mandatory reporting responsibilities. 115.261 (e) All staff understood that they needed to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. When an allegation is made, the facility head will assign it to an investigator for an investigation, in a written document. Documentation was reviewed for both allegations in the documentation period, and those referrals were made immediately following an allegation. Many of the staff interviewed were able to explain who the lead investigator would be at the facility. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.262	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.6 PREA Response to Sexual Misconduct · ABHS PREA Manual, Section 6.11 PREA Risk Assessment and Housing · First Responder Cards Interviews Conducted: · Agency Head · Agency PREA Coordinator · Random Staff · Random Clients

	115.262 When ABHS learns that a client is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the client. The PREA Manual, 6.6 - PREA Response to Sexual Misconduct, outlines the immediate responsibility to keep clients safe. It says: "Staff will remain with the potential victim at all times. Do not let them take a shower. e. Reassure the potential victim that staff will keep them safe and remove them from the community to a secure environment until local authorities arrive and assume responsibility for the victim." Additionally, the policy outlines a step-by-step protocol for responding to allegations of sexual abuse. The ABHS PREA Manual, Section 6.11 PREA Risk Assessment and Housing, explains how housing clients will be completed to ensure that those who are potential victims and those who are potential predators will be housed appropriately to ensure the safety of clients. All staff interviewed understood their responsibilities under this standard. Most discussed separating the victim and the perpetrator, and spoke to the auditor about keeping the victim safe. The auditor was provided with a first responder card that all staff are supposed to have on their person during work. This card explains immediate actions that need to be taken to protect clients when there is a substantial risk of imminent sexual abuse. Several staff showed the auditor their card during the interview. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.263	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Supporting Documentation Reviewed: · Facility PREA Plan · ABHS PREA Manual, Section 6.6 PREA Response to Sexual Misconduct · ABHS PREA Manual, Section 6.9 PREA Investigations & Case Review of Sexual Misconduct · Investigative Packets Interviews Conducted: · Facility Head 115.263 (a) The facility reported that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred. The Facility Plan and the ABHS PREA Manual, Section 6.6 PREA Response to Sexual Misconduct states, “If ABHS receives an allegation from a current client that involves an event that occurred in a location outside of ABHS, the Appointing Authority will be notified, and he/she will notify the applicable administrators within one business day.” The facility reported that during the past 12 months, there have been no allegations that the facility received that a resident was abused while confined at another facility. The PREA assessment asks about prior sexual abuse, and if the client answers “yes”, then a drop-down asks if it was in a confinement setting. Interviews with the Facility Head and Agency PREA Coordinator indicated they understood this requirement. 115.263 (b) The Facility Plan and the ABHS PREA Manual, Section 6.6 PREA Response to Sexual Misconduct states "such notifications shall be provided as soon

	as possible, but no later than 72 hours after receiving the allegation". The facility head was aware of this time limit; however, he reported they had no examples to provide for the auditor. 115.263 (c) The Facility Plan and the ABHS PREA Manual, Section 6.6 PREA Response to Sexual Misconduct states “The facility shall document that it has provided such notification." It is recommended that the facility develop some kind of formal process or form to track these notifications so they may be readily available for future audits. The Facility Plan and the ABHS PREA Manual, Section 6.6 PREA Response to Sexual Misconduct states, “The facility Administrator or the PREA Coordinator shall ensure that the allegation is investigated in accordance with these standards." The facility head was interviewed by the auditor and was aware of this requirement to document the notification. 115.263 (d) ABHS PREA Manual, Section 6.9 PREA Investigations & Case Review of Sexual Misconduct explains that every allegation will be investigated and outlines the process for doing so. The Facility PREA Plan also outlines the facility's response when provided with an allegation. The PAQ noted there had been one time in the past 12 months when the facility received an allegation of sexual abuse from another facility. There was one investigative packet that was interviewed, which included an allegation from another facility. The facility immediately assigned this for investigation. The Facility Head was aware that regardless of how they received the allegation, it would need to be investigated.

	Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.264	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.5 PREA Reporting, Client and Staff · ABHS PREA Manual, Section 6.6 PREA Response to Sexual Misconduct · ABHS PREA Manual, Section 6.9 PREA Response Investigations and Case Review of Sexual Misconduct · ABHS PREA Manual, Section 6.10 PREA Risk Evidence Collection · ABHS PREA Manual, Section 6.12 PREA Retaliation and Prevention Planning · First Responder/Evidence Cards Interviews Conducted: · Agency Head · Agency PREA Coordinator · Random Staff · Random Clients · Investigators 115.264 (a) ABHS has a policy that outlines first responder duties upon learning of an allegation that a client was sexually abused. The PREA Manual, 6.5 - PREA

	Reporting, Client and Staff states, "1. ABHS Staff will keep all information as confidential as possible. 2. Staff will begin the investigation immediately upon notification, limiting information to only those needed to secure the facility and assist in the investigation. 3. Staff will call 911 if it is an emergent issue, following ABHS Notification Procedures. 4. All allegations/ incidents are reported to the supervisor on shift immediately. In the event the report is made during off-hours, staff will notify the on-site Administrator via phone upon notification for all allegations. 5. For any sexual allegation, ABHS Staff will ensure the safety of the potential victim by separating the perpetrator and victim for the remainder of their treatment with ABHS. 6. Staff will secure all evidence, and any room/area will be sealed until local authorities arrive on the site. 7. Staff will document and complete all incidents using the ABHS Incident Report Form by the end of the shift. (see attached ABHS Incident Report Form) a. Incident Report forms will be as detailed as possible, including, but not limited to: i. Date & time reported ii. Date & time of incident iii. Location, being as descriptive as possible iv. Names of those involved, for each client involved a separate incident report will be issued. v. Source of information vi. Description of incident, being as specific as possible vii. Who was notified & at what time viii. If 911 was called the name of the reporting officer and time they arrived on the scene ix. Name of witnesses if any x. What was done to ensure the safety of the victim xi. When, if any, mental health services were offered and if the client chose to utilize them 8. ABHS Staff, at the direction of the program manager/administrator, will notify the local police department and report the allegation.

	(i) PHONE NUMBERS FOR REPORTING non-emergent allegations to Local Police: Chehalis Police- 360- 748-8605, Spokane Valley Police- 509-477-3300." The PREA Manual, 6.6 - PREA Response to Sexual Misconduct states, “1. ABHS has developed procedures for all staff receiving a report of an allegation of sexual misconduct. a. ABHS Staff will adhere to and follow the Reporting Policy, section 6.5, upon notification of any allegation. b. In the event that an assault occurred in the facility ABHS Staff will preserve the evidence to the best of their abilities by performing the following functions: (See Reporting & Evidence Procedure) c. Call Local Law Enforcement to report a possible crime. d. Staff will remain with the potential victim at all times. Encourage the victim to not take a shower to preserve evidence. e. Reassure the potential victim that staff will keep them safe and remove them from the community to a secure environment until local authorities arrive and assume responsibility for the victim. f. If an alleged crime occurred in a client’s room, staff will secure the room and keep it locked down until local authorities arrive. No one will enter the room, clients, or staff. (i) Secure all potential evidence, clothing, bedding materials, sheets, towels, etc.” If the abuse occurred within a time period that still allows for the collection of physical evidence, the PREA Manual, 6.10 PREA Collecting Evidence, is outlined. Typically, ABHS would secure the scene and then allow local police to perform evidence collection, but in the case that they are unavailable, this policy states that the evidence will be gathered and documented using the ABHS Evidence Cards. The ABHS First Responder/Evidence Cards give step-by-step instructions on how to collect evidence. Two investigators who were interviewed were able to describe evidence collection and show the auditor where the evidence is stored. The PREA Manual, 6.9 - PREA Investigations & Case Reviews states, " The

	investigator will collect and hold any evidence, both physical and photographic, using ABHS Evidence procedures. (see section 6.9 Evidence Collection Policy, attached Search Report, and Evidence Card)." It also “A. Upon notification of an alleged sexual misconduct, ABHS staff will immediately ensure the safety of the victim and/or the client who reported the allegation. 1. Staff will, if necessary, remove the client from the room, hall, floor, or facility to ensure the safety of the victim and/or the client who reported the allegation. 2. Staff will notify the Administrator and place the client on a 24-hour running log, until such time as the case is closed, the client completes treatment, leaves the facility, the case and the alleged perpetrator are removed from the facility, or the case is deemed unfounded. 3. Care Team leads will appoint staff assigned to the residence hall to complete the running log every hour, verifying that the client is safe, secure, and free from any form of retaliation. 4. If the alleged perpetrator is a staff member, volunteer, or contractor, the person will be removed from contact with the potential victim. a. Once the staff member is no longer posted in the unit, the client will be notified of this change. 5. Alleged Staff will be assigned a different floor, unit, job assignment, or placed on administrative leave pending the results of the investigation. 6. If the alleged perpetrator is a volunteer or contractor, that person will be removed from the facility pending the results of the investigation.” The facility reported they have had three allegations of sexual abuse in the 12 months preceding the audit. They reported of those, there were no instances where security staff members responded to the incident, as they do not have dedicated “security staff”. They reported that of the three allegations, there were no times that allowed for evidence collection. The auditor reviewed all three investigative packets for the allegations that were reported, and none required evidence collection, as they were outside the timeframes. While interviewing staff, the majority were familiar with the evidence collection protocols. Conclusion:

	The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.10 PREA Evidence Collection · Facility PREA Plan for Chehalis · Investigative Packets Interviews Conducted: · Agency PREA Coordinator · Random Staff The facility provided the auditor with a written Facility PREA Plan for Chehalis. This plan coordinates the actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The PREA Plan states, “A. ABHS Response: (Refer to the First Responder Card) 1. ABHS has developed procedures for all staff receiving a report of an allegation of sexual misconduct. a. ABHS Staff will adhere to and follow the Reporting Policy, section 6.5, upon notification of any allegation. b. In the event that an assault occurred in the facility ABHS Staff will preserve the evidence to the best of their abilities by performing the following functions: (See Reporting & Evidence Procedure)

	c. Call Local Law Enforcement to report a possible crime. d. Staff will remain with the potential victim at all times. Encourage the victim to not take a shower to preserve evidence. e. Reassure the potential victim that staff will keep them safe and remove them from the community to a secure environment until local authorities arrive and assume responsibility for the victim. f. If an alleged crime occurred in a client's room, staff will secure the room and keep it locked down until local authorities arrive. No one will enter the room, clients, or staff. i. Secure all potential evidence, clothing, bedding materials, sheets, towels, etc. g. All potential victims will be referred to mental health crisis counseling and/or medical services to an outside provider as needed, at no cost to the client. (See Mental Health Crisis Procedure) h. If the victim requests counseling, staff will refer them to their counselor during normal business hours, to an outside referral, and pass for facility leave. If it is after hours, staff will refer them to the crisis hotline and provide transportation as needed. i. In Chehalis- Human Response Network- 1-800-244-7414 ii. In Spokane- Spokane Rape Crisis Center- 509-624-7273 B. In the event of any medical emergency (Code Blue). 1. Dial 911 and request medical aid. 2. Give the Fire Department the following information: a. Building Name: American Behavioral Health Systems b. Street Address: Your Facility Address c. Your Location: (floor, room number)—specify East, Central or West wing of the building to greet emergency personnel at the door and lead them to the person(s) with the medical emergency (see C below). d. Type of Problem or Injury. —Specify symptoms such as chest pain, bleeding, convulsions, allergic reaction, etc. i. Victim's present condition—Describe person's vital signs. ii.Give as much detail on events leading up to injury as possible. e. If the person with the medical emergency is a client, copy the client's MAR sheet, medial summary (from intake paperwork), and initial visit summary forms with ARNP or Psychiatric ARNP notes, and any other relevant medical information and give that

	to the Emergency Personnel. Another client or staff will accompany the client to the emergency room. f. As the situation allows, call to notify, or seek supervision from the Administrator, or designee, for information/other action as needed. i. The individual making the call should have seen the injured person and have as much information as possible. Stay on the telephone with the dispatcher and answer as many questions as possible so that additional information can be radioed to the Aid Unit that is responding. ii. A staff member will be posted at the indicated entrance to guide emergency personnel. iii. If appropriate, notify family members listed in the Emergency Contact Forms Book located in the Care Team areas. iv. Other patients and visitors will be removed from the emergency location. C. ABHS will make every effort to establish and maintain MOU's (Memorandums of Understanding) with local medical providers. D. Consistent with WAC 246-337-065 ABHS will make arrangements for forensic examinations with an outside medical facility." It also states, "1. Upon notification of an alleged PREA Incident the Appointing Authority will review the Incident Report and, in collaboration with the PREA Coordinator will assign the investigation to a qualified PREA Investigator. 2. The Appointing Authority may place any staff member accused of sexual misconduct on Administrative leave pending the results of the investigation. 3. When necessary, the Appointing Authority can/may transfer an alleged victim to another facility to ensure their safety. At no time will an alleged victim be placed in isolation or segregated from the community unless it is deemed medically necessary by a licensed medical provider for the victim's protection. 4. The Appointing Authority will ensure that the victim receives timely access to medical and mental health services for any alleged case involving sexual assault or sexual abuse." The auditor interviewed several staff who work for the agency, including random staff and the PREA Coordinator. Each understood the Coordinated Response plan. The auditor verified that the Coordinated Response Plan was followed in the three investigative packets that were reviewed.

	Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.266	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · Collective Bargaining Agreement between ABHS and the Washington Federation of State Employees Interviews Conducted: · Agency Head · Agency PREA Coordinator · Random Staff · Random Clients 115.266 (a) ABHS has entered into a collective bargaining agreement with AFSCME, the Washington Federation of State Employees. The auditor was provided with a copy of the most recent agreement, which is effective from July 1, 2025 - June 30, 2027, as well as the agreement for July 1, 2023, to June 30, 2025. ABHS has the ability to remove staff who are under investigation from contact with clients pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The collective bargaining agreement states, "An employee may need to be placed on administrative leave during an investigation in order to protect the Employer’s operations and/or the integrity of the investigation".

	115.266 (b) Nothing in the agreement provided restricts the ability to enter into or renew agreements that govern the disciplinary process, as long as they are not inconsistent with the provisions of 115.272 and 115.276 or whether a no-contact assignment that is imposed shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.267	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.12 PREA Retaliation and Prevention Plan · Interview Acknowledgment Form · Investigative Packets Interviews Conducted: · Agency Head · Agency PREA Coordinator · Staff who Monitor for Retaliation 115.267 (a) The PREA Manual, Section 6.12 Retaliation & Prevention Plan, outlines the agency's policy to protect all clients and staff who report sexual abuse or sexual harassment or cooperated with sexual abuse or sexual harassment investigations from retaliation by other clients or staff. The PREA Manual, 6.12 PREA Retaliation Prevention Plan states, "ABHS prohibits all

	forms of retaliation and will treat each offense as a separate case with disciplinary sanctions up to and including termination and prosecution." Clients, staff, contractors, and volunteers are told about their right to be free from retaliation during the interview. Each client would complete an Interview Acknowledgment form. This form states: "ABHS prohibits retaliation against any person because of his/her involvement in the reporting or investigation of an allegation. ABHS will treat retaliation as a separate offense subject to investigation and prosecution. All concerns regarding retaliation should be reported to the appropriate staff or the Appointing Authority and can be reported following the PREA reporting guidelines." The auditor reviewed three investigative packets, which showed completed Interview Acknowledgement Forms. The facility investigator is designated as the staff member who is responsible for monitoring for retaliation. The primary investigator was interviewed during the site review. He said he will discuss retaliation with the client when conducting the investigation and let them know how they can report retaliation and that the agency has zero tolerance for retaliation for reporting or participating in an investigation. Suspects are also told of the expectations around retaliation, and staff who are interviewed sign a form that states they are not allowed to retaliate during the investigation. 115.267 (b) ABHS states it employs multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for clients or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. 115.267 (c) PREA Manual, 6.12 PREA Retaliation Prevention Plan states "The ABHS Facility Administrator or designee and staff will monitor the parties involved periodically for a period of 90 days to ensure that retaliation does not occur. a. Monitoring can include, but is not limited to: i. The disciplinary reports for involved staff/clients, ii. The disciplinary reports for involved staff/clients, iii. Performance Appraisals of involved staff,

	iv: Staff Reassignment." The investigator who is charged with retaliation monitoring also explained that the client's counselor meets with the client periodically during the 90-day period, or longer if needed, to ensure the client has not been retaliated against. He also monitors any client's disciplinary reports, housing, or program changes, negative performance reviews, or reassignments of staff. These would be documented in the investigative packet if needed. Investigative reports were reviewed as part of the documentation review, and these complied with this standard, which included retaliation monitoring efforts. 115.267 (d) ABHS said in the case of clients, such monitoring shall also include periodic status checks. Investigative reports were reviewed as part of the documentation review, and these complied with this standard that included retaliation monitoring efforts because in each instance, the client was released from the facility prior to an initial periodic status check being needed. 115.267 (e) ABHS said If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The investigator who is charged with retaliation monitoring was interviewed and understood that appropriate measures who be taken immediately to protect an individual from retaliation. He explained some of the actions he may take to protect them, including the reassignment of suspects. The agency/facility head also understood these requirements and said he would often be involved in any protection measures taken. Staff and clients who were interviewed understood that they have the right to be free from retaliation for reporting. The auditor reviewed three investigative files, and they did not indicate retaliation occurring or being alleged.

	115.267 (f) ABHS understood its obligation to monitor shall terminate if the agency determines that the allegation is unfounded. The investigator who is charged with retaliation monitoring understood this requirement; however, there were no allegations during the 12 months preceding the audit that were determined to be unfounded. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.271	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.3 PREA Staff Training · ABHS PREA Manual, Section 6.9 PREA Investigations and Case Review · ABHS PREA Manual, Section 6.10 PREA Evidence Collection · ABHS PREA Manual, Section 6.13 PREA Records Maintenance · Investigator Training Curriculum · Investigator Training Certification · PREA Investigations Assignment Letter · PREA Investigations Report Template · Investigation Packets Interviews Conducted: · Investigators

	115.271 (a) ABHS reports that when the agency conducts its own investigation into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Once an allegation is made, the appointing authority assigns it out for investigation utilizing a PREA Investigation Assignment Letter. A template for this letter was provided to the auditor for review. This letter explains the investigative assignment and allegations. It also states, "It is my expectation that you will treat this investigation as a top priority and submit a draft written report for review by (date)". There were three investigations in the twelve months prior to the audit. The auditor reviewed all three investigative reports, and they were all prompt, thorough, and objective. Each investigation included the requirements in this provision. The auditor interviewed two investigators, and both were aware of these requirements. 115.271 (b) ABHS PREA Manual, 6.3 PREA Staff Training states, "Specialized Investigation training is provided to designated ABHS staff members. B. Investigator Training 1. Training will be consistent with the Department, maintained by the PREA Coordinator and Human Resources Manager, and include the following: a. Investigating sexual misconduct b. Interview techniques c. Crime scene management d. Crisis intervention e. Report writing f. Confidentiality for all investigations g. Evidence procurement and retention”. The auditor reviewed the Specialized Investigator Curriculum. The curriculum complied with the training requirements in 115.234. Documentation of completed training was reviewed for each investigator and provided to the auditor. Both investigators interviewed were able to discuss the training they had received.

	115.271 (c) ABHS reports that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The PREA Manual, 6.10 Evidence Collecting to include the requirement that "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator". The Appointing Authority directs the investigator in the PREA Investigation Assignment Letter that once the draft investigative report is prepared, it should be sent to him for review and finalization so that they can ensure the investigation was conducted appropriately. At the conclusion of unsubstantiated and substantiated allegations of sexual abuse, an incident review is completed within 30 days of case closure. The Appointing Authority reviews the credibility of victims, witnesses, and suspects, and any prior complaints and reports of sexual abuse regarding the suspect. Both investigators that was interviewed were able to describe the requirements in this provision. Each investigative report provided to the auditor included the necessary components to be compliant with this provision. 115.271 (d) ABHS said that if the quality of evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle to subsequent criminal prosecution. It was explained that in this case, local law enforcement makes this determination, and they would defer to them. The investigator explained they would not conduct compelled interviews when the quality of evidence appears to support a criminal prosecution. All criminal investigations are referred to law enforcement. The investigator was aware that they would need to consult with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. One investigative report that was reviewed supported criminal prosecution, but it did not include a

	compelled interview. The staff member volunteered to complete the interview. 115.271 (e) The PREA Manual, 6.10 PREA Evidence Collecting states that the "Credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as resident or staff. ABHS shall not require a client who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation." The PREA Case Review form for sexual abuse incident reviews has the Appointing Authority review the credibility of the victim, suspect, and witnesses. The facility head/agency head and investigator interviewed understood that the credibility of an alleged victim, suspect, or witness should only be assessed on an individual basis and not determined by the person's status as a client or staff. They also understood that they could not require a client who alleges sexual abuse to a polygraph examination or other truth-telling devices as a condition for proceeding with the investigation of such an allegation. A review of all three investigations supported compliance with this provision. 115.271 (f) ABHS PREA Manual, 6.9 - PREA Investigations & Case review of Sexual Abuse includes administrative investigations, including an effort to determine whether staff actions or failures to act contributed to the abuse. They report this would be documented in written reports that would include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. ABHS has a template PREA Investigation Report. This template includes the name of the investigator, date opened, date closed, name of accused, name(s) of the alleged victim(s), the origin of the report, persons interviewed, referral to local law enforcement, and summary of allegations and exhibits. It is recommended that this template be updated to include the requirements under this standard and an area for review, approval, and investigative findings. The investigator understood the requirements of administrative investigations; all three administrative investigations the auditor reviewed complied with this provision in the body of the report. 115.271 (g) ABHS states criminal investigations shall be documented in a written

	report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Criminal investigations are referred to an outside agency for review. There was one criminal investigation during the documentation, but it was not provided to the facility; therefore, it was unavailable for the auditor to review. 115.271 (h) ABHS states that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The PREA Manual, 6.9 - Investigations & Case Review, explains that once a final decision has been made, the Appointing Authority will remand the case for prosecution if substantiated. There was one substantiated allegation of sexual abuse for review; however, the facility had not received information from the Chehalis Police Department if they had referred it for prosecution, however, the investigators understood this requirement. 115.271 (i) ABHS states they retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The PREA Manual, 6.13 Maintenance of Records explains "ABHS will maintain electronic records for all PREA investigations on the ABHS secure “S” drive for 20 years." In discussing this with the PREA Coordinator, she explained that this facility does not house clients long-term. Some clients will stay a month, and others could be up to six months, but there would be no reason a client would be at the facility for over five years. Since this would mean the agency would retain reports for over 19 years after release, it meets the standard. It would be recommended that the policy language is updated to be more in line with the standards or explain the length of stay so the reader would understand it meets compliance with the PREA standards. 115.271 (j) ABHS reports the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The PREA Manual, 6.9 - Investigations & Case Review states that investigations of staff sexual misconduct will be completed regardless of staff employment status. It explains that if staff resigns or is terminated as a result of a substantiated allegation, the Appointing Authority will place a letter reflecting this in the staff’s personnel file; however, investigators report this would not stop the investigation. The investigators were aware of this requirement and said the investigation would continue regardless. The auditor reviewed two investigations where the staff member resigned or was terminated, and both investigations continued.

	115.271 (k) ABHS said any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements. There was no investigation by either to review. The agency/facility head has previously requested that the law enforcement agency ask them to comply with the PREA standard requirements regarding investigation, and they replied that they would. 115.271 (l) ABHS reports that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The investigator and agency/ facility head both explained they would cooperate and endeavor to remain informed. The facility provided one investigative packet that was criminal in nature, and relevant information to the Chehalis Police Department was included. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.272	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · PREA Manual, 6.9 Investigations & Case Review of Sexual Misconduct · Investigative Reports Interviews Conducted: · Administrative Investigators 115.272 ABHS said they impose no standard higher than the preponderance of the evidence in determining whether an allegation of sexual abuse or sexual harassment is substantiated.

	The PREA Manual, 6.9 Investigations & Case Review of Sexual Misconduct states, " After meeting with the review board, the Appointing Authority will decide whether the allegation is one of the following. (see Investigative Finding Sheet). a. Substantiated: The allegation was determined by a preponderance of evidence to have occurred. b. Unsubstantiated: There was not sufficient evidence to determine if the allegation was true or false. c. Unfounded. The allegation was determined not to have occurred." The investigators were unaware of this requirement; however, the investigative outcomes are determined by the Agency and the Facility Head. The auditor reviewed two investigative reports that were appropriately substantiated based on the preponderance of evidence. It was recommended to the Facility Head that the investigators receive additional information on this. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.273	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.9 PREA Investigations and Case Review of Sexual Misconduct · ABHS PREA Manual, Section 6.5 PREA Risk Reporting, Client and Staff Interviews Conducted: · Agency Head · Agency PREA Coordinator

	· Random Staff · Random Clients 115.273 (a) The ABHS PREA Manual, 6.9 - PREA Investigations & Case Review of Sexual Misconduct explains that the alleged victim will be notified of the outcome of the investigation once a final decision has been made by the Appointing Authority. If the client remains at the facility, the Appointing Authority will assign someone familiar with the case to meet the alleged victim and inform him of the final decision, confidentially. If the alleged victim is no longer in the facility, the Appointing Authority may send a letter informing them of the outcome. The auditor reviewed three investigative packets, and in each one, the resident was released from custody for reasons unrelated to the investigation; therefore, the information required by this provision was not provided. 115.273 (b) The PREA Manual, 6.5 - Reporting, Client & Staff was updated to include " If local law enforcement assumes the investigation, the PREA Coordinator, or another designated party will request updates at least weekly on the ongoing investigation until completion and document in the investigative file." The auditor reviewed three investigative packets, and in each one, the resident was released from custody for reasons unrelated to the investigation; therefore, the information required by this provision was not provided. 115.273 (c) The ABHS PREA Manual, 6.12 - PREA Investigations & Case Review of Sexual Misconduct states, " Ongoing investigation notification will be made to the client in the event that an allegation that a staff member has committed sexual misconduct, unless it is unfounded, in the following instances. a. The staff member is no longer employed. b. The staff member has been placed on Administrative leave. c. The agency learns that the staff member has been indicted on charges of sexual misconduct within the facility. d. The agency learns that the staff member has been convicted of sexual misconduct within the facility."

	The ABHS PREA Manual, 6.12 - PREA Investigations & Case Review of Sexual Misconduct also states, “ If the alleged staff member is a staff member, volunteer, or contractor, the person will be removed from contact with the potential victim. a. Once the staff member is no longer posted in the unit, the client will be notified of this change.” The auditor reviewed three investigative packets, and in each one, the resident was released from custody for reasons unrelated to the investigation; therefore, the information required by this provision was not provided. 115.273 (d) The ABHS PREA Manual, 6.9 - PREA Investigations & Case Review of Sexual Misconduct states, " Ongoing investigation notification will be made to the client in the event that an alleged client abuser has committed sexual misconduct, unless it is unfounded, in the following instance. a. The agency learns that the alleged abuser has been convicted on a charge related to sexual misconduct within the facility. b. The agency learns that the alleged abuser has been indicted on a related charge of sexual misconduct within the facility ." The auditor reviewed three investigative packets, and in each one, the resident was released from custody for reasons unrelated to the investigation; therefore, the information required by this provision was not provided. 115.273 (e) The ABHS PREA Manual, 6.9 - PREA Investigations & Case Review of Sexual Misconduct explains that all formal notifications will be documented and placed in the case file. In all investigative files, the auditor reviewed, the clients were no longer at the facility at the time of the case closure, so there were no examples to review. 115.273 (f) ABHS is aware that the obligation to report under this standard shall terminate if the resident is released from the agency's custody, however, the ABHS PREA Manual, 6.9 - PREA Investigations & Case Review of Sexual Misconduct states "If the alleged victim is no longer in the facility the Appointing Authority may send a letter informing them of the outcome.

	The auditor reviewed three investigative packets, and in each one, the resident was released from custody for reasons unrelated to the investigation; therefore, no outcome was provided. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.276	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.7 PREA Custodial and Sexual Misconduct · ABHS Policy, Section 5.0 Harassment · Investigative Packets Interviews Conducted: · Agency Head · Facility Head · Random Staff · Human Resources 115.276 (a) ABHS PREA Manual, 6.7 - PREA Sexual Misconduct states " ABHS has a zero-tolerance for sexual misconduct. Incidents of sexual misconduct will be referred to law enforcement for prosecution when appropriate. ABHS will impose disciplinary sanctions for such conduct, up to and including dismissal of staff".

	The ABHS Policy, Section 5.0 Harassment states, “Employees who instigate this type of misconduct will be subject to disciplinary action, including suspension, demotion, or termination.” It also states, “The conclusion of the investigation will be made known to the parties directly involved. If it is found that conduct prohibited by this Policy occurred in the workplace (substantiated), appropriate corrective actions will be taken to address the situation and prevent further harassment, which may include, but not be limited to: a. Workplace accommodations determined necessary and appropriate. b. Education c. Re-training d. Reassignment e. Suspension f. Termination” The Human Resources staff, the Facility Head, and random staff who were interviewed understood this requirement. 115.276 (b) The facility understood that in substantiated sexual abuse allegations, the presumptive disciplinary sanction would be termination. The auditor reviewed two investigative reports that were substantiated, and both resulted in termination. Documentation of termination was provided in the investigative packets. 115.276 (c) The Human Resources staff and Facility Head that was interviewed said disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. This was verified in both substantiated investigative reports that were reviewed. The PAQ noted there were no staff who had been disciplined, short of termination, for violation of the agency’s sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse). The auditor wasn’t able to see this occurring

	when reviewing the investigative packets. 115.276 (d) ABHS PREA Manual, 6.9 - PREA Investigations & Case Review states "In the event that the allegation was substantiated, the Appointing Authority will proceed with appropriate disciplinary sanctions, up to and including termination or prosecution." The ABHS Policy, Section 5.0 Harassment states, “If the ABHS becomes aware of any violation of this policy that may also be a violation of applicable laws, appropriate legal actions will be taken.” The Human Resources staff and the Facility Head that was interviewed knew that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies. The auditor reviewed two investigative files that were substantiated that resulted in terminations. In one investigation, the staff member was licensed, and the information was referred to the relevant licensing body, and documentation of that was included in the investigative reports that were provided to the auditor. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.277	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.7, PREA Custodial and Sexual Misconduct

· ABHS PREA Manual, Section 6.9 PREA Investigations and Case Review of Sexual Misconduct

· ABHS PREA Manual, Section 6.12 PREA Risk Retaliation and Prevention Plan

· Investigative Packets

Interviews Conducted:

· Agency Head

· Facility Head

· Agency PREA Coordinator

· Random Staff

· Human Resources

115.277 (a) The Human Resources staff and the Facility Head who were interviewed said any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with clients and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

ABHS PREA Manual, 6.7 - PREA Sexual Misconduct states that staff is trained that they are subject to disciplinary sanctions for violating the agency's sexual abuse and sexual harassment policies, including removal of the person (s) from proximity to offenders, removal of person(s) from contract work at DOC, contract termination, criminal and/or civil prosecution, or liability for damages to the offender/victim.

ABHS PREA Manual, 6.9 - PREA Investigations & Case Review states, " American Behavioral Health Systems, Inc. (ABHS) has implemented policies and procedures to ensure the immediate and complete investigation for any allegation of sexual misconduct, sexual assault, and sexual harassment. ABHS will discipline and, when appropriate, refer for prosecution individuals determined to have participated in such conduct."

The auditor reviewed three investigative packets, and none were related to a contractor or volunteer.

	115.277 (b) The facility said they understand they shall take appropriate remedial measures and shall consider whether to prohibit further contact with clients, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. At the time of the audit, the facility had one volunteer and only contractors who provided telehealth at the facility. The facility reported that there had been no PREA allegations involving a contractor or a volunteer. The auditor reviewed all three investigative reports, and they did not include a volunteer or contractor. The Human Resources staff and the Facility Head interviewed were aware of the requirements in this standard. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.278	**Disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.4 PREA Client Orientation · ABHS PREA Manual, Section 6.5 PREA Reporting, Client and Staff · ABHS PREA Manual, Section 6.6 PREA Response to Sexual Misconduct · ABHS PREA Manual, Section 6.9 PREA Investigations and Case Review of Sexual Misconduct Interviews Conducted:

	· Facility Head · Agency PREA Coordinator · Random Staff · Random Clients 115.278 (a) ABHS reports that if a client was found to have engaged in client-on-client sexual abuse following a criminal finding of guilt, the client would be referred to local law enforcement and prosecutors, and the client's housing at the facility would be discontinued. The Facility Head and Agency PREA Coordinator reported that if there was a client who was found to have engaged in client-on-client sexual abuse, he would be terminated from the facility program immediately. ABHS PREA Manual, Section 6.9 PREA Investigations and Case Review of Sexual Misconduct states, “Clients who have been determined guilty of sexual misconduct will be removed from the facility and referred to either local law enforcement for prosecution or the Department of Corrections for further sanctions.” 115.278 (b) The provision to have sanctions be commensurate with the nature and circumstances of the abuse committed, the client's disciplinary history, and the sanctions imposed for comparable offenses by other clients with similar histories is not applicable since the facility would not allow the client to continue to be housed at the facility if there were substantiated allegations. 115.278 (c) The provision to have a disciplinary process to consider whether a client's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed is not applicable since the facility would not allow the client to continue to be housed at the facility if there were substantiated allegations. 115.278 (d) Chehalis Residential does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse; therefore, this provision is not applicable.

	115.278 (e) The PREA Manual, 6.9 Investigations & Case Review states, " In the case of staff sexual misconduct, clients are not subject to disciplinary sanctions." There were no instances of clients being disciplined for sexual contact with staff, and staff were aware that this should never occur unless the staff members did not consent to such contact. The Facility Head was aware that clients should not be disciplined for this purpose. 115.278 (f) The PREA Manual, 6.9 PREA Investigations & Case Review said, " For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. a. In the case of staff sexual misconduct, clients are not subject to disciplinary sanctions. b. In the event that a client is falsely accused, as determined by a preponderance of evidence, an innocent person, the client will be remanded to Department of Corrections custody and removed from the ABHS facility”. ABHS PREA Manual, Section 6.5 PREA Reporting, Client and Staff states “. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. a. In the case of staff sexual misconduct, clients are not subject to disciplinary sanctions. b. In the event that a client is falsely accused, as determined by a preponderance of evidence, an innocent person, the client will be remanded to the Department of Corrections' custody and removed from the ABHS facility.” When reviewing investigative reports, and interviewing staff and clients, there were no indications that any clients who made allegations is good faith were disciplined, even if the allegation was not substantiated.

	115.278 (g) ABHS reported on the PAQ that it prohibits all sexual activity between clients. The PREA Manual, 6.6 Response to Sexual Misconduct states that if the sexual activity between clients is determined to be consensual, they will receive a violation and be staffed clinically for discharge on the next business day. If the sexual activity occurs after business hours, the clients involved will be separated and be placed on a running log until they are notified by the administration to discontinue. If the incident was not consensual and coercion, threats, or force was used, the incident will be reported to the Appointing Authority using ABHS PREA Reporting Procedures. ABHS PREA Manual, Section 6.4 PREA Client Orientation states, “ABHS maintains a zero-tolerance standard for sexual misconduct, of any nature, whether or not consensual.” Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.282	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.6 PREA Response to Sexual Misconduct · Facility PREA Plan Interviews Conducted: · Medical Staff and Mental Health Contractors 115.282 (a) ABHS reported on the PAQ that client victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis

	intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. ABHS PREA Manual, 6.6 PREA Response to Sexual Misconduct says that ABHS will make arrangements for forensic examinations with an outside medical facility and refer to mental health crisis counseling and/or medical services as needed. ABHS Facility Plan states, "All potential victims will be referred to mental health crisis counseling and/or medical services to an outside provider as needed, at no cost to the client." Medical and mental health staff interviewed understood that those client victims should receive timely, unimpeded access to crisis intervention services. They explained that the nature and scope of those services would be determined by the medical and mental health practitioners' professional judgment. The auditor reviewed three investigations. In all three investigations, access to emergency medical treatment and crisis intervention services was appropriate for the allegation. 115.282 (b) The facility said that if there are no qualified medical and mental health practitioners on duty at the time of a report of recent abuse, staff at the facility who are first responders will take preliminary steps to protect the victim pursuant to 115.262 and will immediately notify the appropriate medical and mental health practitioners. The facility does not employ security staff. The Facility PREA Plan states, “e. Reassure the potential victim that staff will keep them safe and remove them from the community to a secure environment until local authorities arrive and assume responsibility for the victim.” It also states, “All potential victims will be referred to mental health crisis counseling and/or medical services to an outside provider as needed, at no cost to the client. (See Mental Health Crisis Procedure) h. If the victim requests counseling, staff will refer them to their counselor during normal business hours to an outside referral, and pass for facility leave. If it is after hours, staff will refer them to the crisis hot line and provide transportation as needed. i. In Chehalis- Human Response Network- 1-800-244-7414 ii. In Spokane- Spokane Rape Crisis Center- 509-624-7273

	In the event of any medical emergency (Code Blue). 1. Dial 911 and request medical aid.” All staff interviewed understood the need to take preliminary steps to protect the victim and provide immediate mental health and medical referrals. Medical referrals would all be completed to off-site facilities/providers, and mental health referrals would be completed with mental health staff. 115.282 (c) ABHS reported on the PAQ that client victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff interviewed were aware of this requirement. There were no allegations during the documentation period that would require this to be provided. 115.282 (d) ABHS reported on the PAQ that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation. ABHS PREA Manual, 6.6 PREA Response to Sexual Misconduct states " all potential victims will be referred to mental health crisis counseling and/or medical services as needed, at no cost to the client." Medical and mental health staff were aware of this requirement. There was no indication that victims were charged for any treatment services. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.5, PREA Reporting, Client and Staff · ABHS PREA Manual, Section 6.6 PREA Response to Sexual Misconduct Interviews Conducted: · Agency PREA Coordinator · Random Staff 115.283 (a) ABHS reported on the PAQ that the facility offers medical and mental health evaluation and, as appropriate, treatment to all clients who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The PREA Manual, 6.6 PREA Response to Sexual Misconduct and ABHS PREA Manual, Section 6.5, PREA Reporting, Client and Staff outline the procedure of responding to an allegation, including providing medical and mental health care. Both state that medical and mental health services will be provided to any potential victim. All clients have access to medical and mental health care as needed. Clients who have been abused in a prison, jail, lockup, or juvenile facility will receive a mental health evaluation upon arrival at the facility and have the ability to be referred to an outside provider for ongoing services if determined by the professional judgment of the staff completing the evaluation. Medical and mental health staff were aware of this requirement. There were no examples where this had occurred for the auditor to review. 115.283 (b) Medical and mental health staff and contractors who were interviewed at the facility said that the evaluation and treatment of such victims shall include,

	as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Although there were no examples of this occurring for the auditor to review, there was also no indication that follow-up services were needed in any instance. 115.283 (c) The facility reported in the PAQ that all medical and mental health services provided are consistent with the community level of care. All response to sexual abuse for victims is provided to an off-site providers in the community. Medical and mental health staff interviewed explained that all medical and mental health services are consistent with the community level of care. There was no indication in file review or interviews that this was not the case. Some clients who were interviewed had significant medical issues that were addressed while housed at this facility. 115.283 (d) Chehalis Residential is a facility that is designated to house male clients; therefore, the requirement to provide victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. 115.283 (e) Chehalis Residential is a facility that is designated to house male clients; therefore, the requirement that if pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to lawful pregnancy-related medical services. 115.283 (f) The PAQ and medical and mental health staff said victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. There were no allegations reviewed for the documentation period that this would have been appropriate; therefore, no examples to review.

	115.283 (g) ABHS medical and mental health staff were aware that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. PREA Manual, 6.6 - Response to Sexual Misconduct states, " All potential victims will be referred to mental health crisis counseling and/or medical services as needed, at no cost to the client." 115.283 (h) ABHS offers all clients a mental health evaluation when entering the facility and would offer a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The agency/facility head explained that clients would not continue to be housed at the facility with this abuse history and would likely be released. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.286	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.9 PREA Investigations and Case Review of Sexual Misconduct · PREA Review Checklist/Incident Review Interviews Conducted: · Incident Review Team Member

	115.286 (a) The PREA review checklist was provided, which outlines how the facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated unless the allegation has been determined to be unfounded. The checklist states it must be completed for all substantiated and unsubstantiated investigations of PREA violations. The auditor interviewed a member of the incident review team. That manager stated that a review is always completed at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. Examples of PREA Incident Reviews were reviewed while onsite. 115.286 (b) The PREA review checklist states that the checklist should be completed within 30 days of findings. The manager who was interviewed as part of the Incident Review team explained this would be completed as soon as the case is closed. The two Incident Reviews that were completed during the documentation period were completed within the 30-day timeframe. 115.286 (c) ABHS states the review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The form includes a space for attendees' information/input received from management, supervisors, investigators, medical and mental health, and others. The appointing authority has a section to approve and make comments, and then the form is forwarded to the PREA Coordinator. Three examples were provided to the auditor and included the necessary attendees. 115.286 (d) ABHS PREA Review Checklist form includes considerations: " As a result of the investigation, is a change to ABHS policy or procedure indicated? Was the incident motivated by: race or ethnicity, actual or perceived sexual orientation, actual or perceived transgender/intersex status, gang affiliation, other group dynamics." If any of those items are true, they must provide recommendations to address the issue. The PREA Review Checklist asks if physical barriers or physical layout of the facility enabled the abuse if the company- approved staffing models were followed, and if the staffing in the affected areas is adequate and provides recommendations. It also reviews whether monitoring technology is available or adequate, and if not, asks to

	provide recommendations. The PREA Review Checklist serves as a report of its findings, including but not limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this provision, and provides recommendations for improvement, which are then submitted to the facility head and PREA Coordinator. Two examples were provided to the auditor that considered all elements required in this provision. 115.286 (e) The PREA Review Checklist also includes additional items to assess if a thorough investigation was completed. The Appointing Authority reviews the credibility of the victim, suspect, and witnesses, assesses if prior complaints and reports of sexual abuse were reviewed regarding the suspect, and decides if recommendations from the Local Review Committee are accepted and or not, and why. The form explains that an action plan needs to be submitted to the PREA Coordinator, and the form will track the action item, the person responsible, the planned completion date, and the date actually completed. In the examples of Incident Reviews reviewed by the auditor, there were no recommendations for improvement. The PREA Incident Review team member who was interviewed and understood that all recommendations for improvement would be documented, or it would be documented the reason for not doing so. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.287	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed:

	· ABHS PREA Manual, Section 6.1 PREA Organization and Responsibilities · ABHS PREA Manual, Section 6.9 PREA Investigations and Case Review of Sexual Misconduct · PREA Data Collection Sheet Interviews Conducted: · Agency Head · Agency PREA Coordinator 115.287 (a) The PAQ said the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. ABHS PREA Manual, Section 6.9 PREA Investigations and Case Review of Sexual Misconduct states, “All Investigative Findings will be submitted electronically to the PREA Coordinator along with the entire investigation report for data collection and reporting purposes (see Data Collection Sheet, section 6.1).” During each PREA investigation, a PREA Data Collection Sheet is completed. The collection sheet covers a variety of pertinent data that the facility is to collect. These sheets are retained for tracking purposes. 115.287 (b) The PAQ said the agency aggregates the incident-based sexual abuse data at least annually. The PREA annual report is posted on the website and shows the aggregated data. https://www.americanbehavioralhealth.net/prea/. Annual reports are on the website for the years 2022-2024. In 2022, it was completed separately for each facility, and in 2023 and 2024, it was combined into one report that provides data for each of the three facilities, along with agency-level information. 115.287 (c) The PAQ said the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The facility was familiar with the Survey of Sexual Violence, but it has never been

	requested that they complete it, and the current PREA Coordinator or agency/facility head is aware. ABHS PREA Manual, Section 6.1 PREA Organization and Responsibilities states the PREA Coordinator will “e. Audit and report all substantiated incidents of PREA annually and submit a report to the DOC. (see ABHS Data Sheet & DOJ Survey) f. Will work with ABHS management to compile and review sexual misconduct, at least annually, to identify trends and use the information to assist with operational practices in order to ensure safety regarding sexual misconduct.” A PREA Data Collection Sheet is completed for each PREA incident. The data collected includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. These sheets are retained in case they are asked to complete the SSV. The auditor was able to review completed sheets for the three PREA investigative packets that were reviewed. 115.287 (d) ABHS maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. These documents were reviewed and provided to the auditor. 115.287 (e) ABHS does not contract with a private facility; therefore, this provision of the standard is not applicable. 115.278 (e) The Department of Justice has not requested any data from ABHS/ Chehalis Residential; however, the PREA Coordinator is aware that if it is requested, they must provide the data from the previous calendar year no later than June 30. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · PREA Annual Report for 2024 and 2023 Interviews Conducted: · Agency Head · Agency PREA Coordinator 115.288 (a) ABHS reviews data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The annual report was provided to the auditor for review, which identified problem areas and took corrective action on an ongoing basis. The report also includes an overview of the agency, the purpose of the report, background, agency achievements, and data aggregated for the agency. For 2024, the facility had identified training as an area of improvement. The Annual Report states, “We have improved our training processes and implemented a new Employee Handbook to emphasize Ethics, Boundaries, and professionalism.” In 2023, the report states there were no areas of concern that needed improvement, but it continued to train staff on ethics and proper boundaries, and manipulation. The Chief Operating Officer/Agency Head completes this report annually and understands the requirements in this provision. 115.288 (b) The annual report provided for 2024 and 2023 did not include a comparison of the current year’s data and corrective actions with those from prior years; however, the Agency Coordinator said that since the prior year’s annual reports were available on the website, the historical data is available. While this auditor agrees that people reviewing the website would have access to compare data themselves, it is recommended that the agency ensure that annual reports clearly state the comparison. 115.288 (c) The annual reports provided were prepared by and approved by the

	Agency Head. 115.288 (d) The agency understands it may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. There was no information provided in the report that would need to be redacted. The PREA Coordinator and Agency Head understood what should be redacted and the requirement to explain what was redacted. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.289	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.1 PREA Organization and Responsibilities · ABHS PREA Manual, Section 6.13 PREA Maintenance of PREA Records Interviews Conducted: · Agency Head · Agency PREA Coordinator · Facility Head 115.289 (a) The agency ensures all data collected pursuant to 115.287 is securely retained. All data is under lock and key or is in an electronic, password-protected format. The PREA Coordinator understood the need to have data securely retained and explained various protection measures to ensure information is held with the highest confidentiality.

	The Facility Head showed the locked drawer where the data is stored in his office. He is the only person at the facility with access to the data. 115.289 (b) ABHS makes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means. The annual report is posted on its website for the public to view every year. Additional information can be requested and released if approved by the Chief Executive Officer. The ABHS PREA Manual, Section 6.13 PREA Maintenance of PREA Records states the PREA Coordinator “e. Audit and report all substantiated incidents of PREA annually and submit a report to the DOC. (see ABHS Data Sheet & DOJ Survey) f. Will work with ABHS management to compile and review sexual misconduct, at least annually, to identify trends and use the information to assist with operational practices in order to ensure safety regarding sexual misconduct. g. Will ensure that all facilities have posted the necessary reporting information annually”. 115.289 (c) ABHS removes all personally-identifying information prior to posting on the agency website or otherwise making it available to the public. In reviewing the annual report and other information posted on the website, there was no personally identifying information. The PREA Coordinator understood the need for the highest amount of confidentiality. 115.289 (d) The PAQ said the agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection unless federal, state, or local law requires otherwise. PREA Manual, 6.13 Maintenance of PREA Records states "ABHS will maintain electronic records for all PREA investigations on ABHS’s secure “S” drive for 20 years." Retaining PREA records for 20 years exceeds the 10-year requirement.

	Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · PREA Audit Report for 2022 Interviews Conducted: · Agency Head · Agency PREA Coordinator · Hope Alliance Representative 115.401 (a) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency ensures that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. ABHS had audits delayed last audit cycle slightly due to Covid-19; however, all audits that are required for this cycle are already scheduled to occur before the end of this cycle year. Chehalis Residential received past PREA audits in 2015, 2018, and 2022. This auditor authored the audit in 2022 and reviewed it in preparation for this audit. 115.401 (b) ABHS ensures that during each one-year period starting August 20, 2013, the agency ensures at least one-third of each facility operated by the agency is audited. Each audit is posted on the agency's website at: https://www.american-behavioralhealth.net/prea/ . 115.401 (c) The Department of Justice may send a recommendation to an agency

	for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA-related issues. 115.401 (d) The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit. 115.401 (e) The agency bears the burden of demonstrating compliance with the standards. The agency made corrective actions as part of this PREA audit in order to meet the auditor's compliance determination of compliance. 115.401 (f) f) This auditor reviewed all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type. 115.401 (g) The auditor reviewed a sampling of relevant documents and other records and information for the most recent one-year period, and in some instances, since the last PREA audit. 115.401 (h) The facility provided this auditor with access to all areas of Chehalis Residential for observation. 115.401 (i) The auditor requested and received copies of all relevant documents. 115.401 (j) The auditor will retain and preserve all documentation (including, e.g., videotapes and interview notes) relied upon in making audit determinations. Such documentation should be provided to the Department of Justice upon request. 115.401 (k) The auditor interviewed a representative sample of inmates, clients, and detainees, and of staff, supervisors, and administrators. 115.401 (l) The auditor reviewed a sample of any available videotapes and other electronically available data that were relevant to the provisions being audited.

	115.401 (m) The auditor was permitted to conduct private interviews with clients. This was completed in a private office, where others couldn't overhear. 115.401 (n) Inmates, clients, and detainees were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor provided instructions to the facility prior to posting a notice that the mailroom staff should be instructed that they are not to inspect outgoing mail to the auditor. The auditor did not receive any mail as part of this PREA audit, but the auditor was able to verify the audit notice had been posted for over six weeks prior to the audit, and the auditor observed such postings onsite. 115.401 (o) The auditor contacted the local community-based victim advocacy center, Hope Alliance, as part of this audit. The auditor also contacted Just Detention International to see if they had any concerns about this facility. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · ABHS PREA Manual, Section 6.7, PREA Custodial and Sexual Misconduct · ABHS PREA Manual, Section 6.9 PREA Investigations and Case Review of Sexual Misconduct · ABHS PREA Manual, Section 6.12 PREA Risk Retaliation and Prevention Plan

	Interviews Conducted: · Agency Head · Agency PREA Coordinator · Random Staff · Human Resources 115.403 (a) The auditor certified that no conflict of interest exists with respect to their ability to conduct an audit of ABHS or Chehalis Residential. 115.403 (b) The auditors' report states whether the agency-wide policies and procedures comply with relevant PREA standards. 115.403 (c) For each PREA standard, the auditor determined whether the audited facility reaches one of the following findings: Exceeds Standard (substantially exceeds the requirement of standard); Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period); Does Not Meet Standard (requires corrective action). The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level. 115.403 (d) This audit report describes the methodology, sampling sizes, and basis for the auditor’s conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action 115.403 (e) The auditor will redact any personally identifiable client or staff information from this report, but it will be provided to the agency or the Department of Justice upon request. 115.403 (f) The auditor will instruct the agency to post the final report on its website or make it otherwise available to the public. All previous PREA audits are posted on the website at https://www.americanbehavioralhealth.net/prea/ . Conclusion:

	The auditor has determined the facility is in substantial compliance with every provision of this standard.

Appendix: Provision Findings		
115.211 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	**Contracting with other entities for the confinement of residents**	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	**Contracting with other entities for the confinement of residents**	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	**Contracting with other entities for the confinement of residents**	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	**Supervision and monitoring**	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	**Supervision and monitoring**	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	**Supervision and monitoring**	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	**Limits to cross-gender viewing and searches**	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	**Hiring and promotion decisions**	

(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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	**Hiring and promotion decisions**	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	**Upgrades to facilities and technology**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	**Upgrades to facilities and technology**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

	agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents’ right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	**Employee training**	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	**Volunteer and contractor training**	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	**Resident education**	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	**Resident education**	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	**Resident education**	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	**Resident education**	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	**Specialized training: Investigations**	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	yes
115.235 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	**Screening for risk of victimization and abusiveness**	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	**Screening for risk of victimization and abusiveness**	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

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

115.241 (g)	**Screening for risk of victimization and abusiveness**	
	Does the facility reassess a resident’s risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness?	yes
115.241 (h)	**Screening for risk of victimization and abusiveness**	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	**Screening for risk of victimization and abusiveness**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents?	yes
115.242 (a)	**Use of screening information**	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	**Use of screening information**	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	**Use of screening information**	
	Are each transgender or intersex resident’s own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	**Use of screening information**	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	**Use of screening information**	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	na
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	na
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	na
115.251 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	**Resident reporting**	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	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.)	na
115.252 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	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 is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	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.)	na
115.252 (e)	**Exhaustion of administrative remedies**	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	na

	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.)	
	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.)	na
115.252 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	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.)	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.)	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.)	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.)	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.)	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.)	na
115.252 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to	na

	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.)	
115.253 (a)	**Resident access to outside confidential support services**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	**Resident access to outside confidential support services**	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	**Resident access to outside confidential support services**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	**Third party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	**Staff and agency reporting duties**	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	**Staff and agency reporting duties**	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	**Staff and agency reporting duties**	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators?	yes

115.262 (a)	**Agency protection duties**	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	**Staff first responder duties**	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

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

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

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

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	**Criminal and administrative agency investigations**	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	**Reporting to residents**	
	Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	**Reporting to residents**	
	If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency	yes

	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.)	
115.273 (c)	**Reporting to residents**	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	**Reporting to residents**	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	**Corrective action for contractors and volunteers**	

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

	condition of access to programming and other benefits?	
115.278 (e)	**Disciplinary sanctions for residents**	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	**Disciplinary sanctions for residents**	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	**Disciplinary sanctions for residents**	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	**Access to emergency medical and mental health services**	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	**Access to emergency medical and mental health services**	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	**Data collection**	

(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
115.287 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.288 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes