

# PREA Facility Audit Report: Final

**Name of Facility:** Enumclaw City Jail

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 05/13/2022

**Date Final Report Submitted:** 11/14/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kenneth E Arnold	<b>Date of Signature:</b> 11/14/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Arnold, Kenneth
<b>Email:</b>	kenarnold220@gmail.com
<b>Start Date of On-Site Audit:</b>	03/21/2022
<b>End Date of On-Site Audit:</b>	03/23/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Enumclaw City Jail
<b>Facility physical address:</b>	1705 Wells Street, Enumclaw, Washington - 98022
<b>Facility mailing address:</b>	1705 Wells Street, Enumclaw, Washington - 98022

Primary Contact	
<b>Name:</b>	Michael S. Desens
<b>Email Address:</b>	mdesens@police.ci.enumclaw.wa.us
<b>Telephone Number:</b>	(360) 825-8580

Warden/Jail Administrator/Sheriff/Director	
<b>Name:</b>	Tim Floyd
<b>Email Address:</b>	tfloyd@police.ci.enumclaw.wa.us
<b>Telephone Number:</b>	(360) 825-3505

Facility PREA Compliance Manager	
<b>Name:</b>	Tony Ryan
<b>Email Address:</b>	tryan@police.ci.enumclaw.wa.us
<b>Telephone Number:</b>	

Facility Characteristics	
<b>Designed facility capacity:</b>	25
<b>Current population of facility:</b>	7
<b>Average daily population for the past 12 months:</b>	14
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	18-75
<b>Facility security levels/inmate custody levels:</b>	Minimum
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	7
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	2
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	14

AGENCY INFORMATION	
<b>Name of agency:</b>	Enumclaw Police Department
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	1705 Wells Street, Enumclaw, Washington - 98022
<b>Mailing Address:</b>	1705 Wells Street, Enumclaw, Washington - 98022
<b>Telephone number:</b>	3608258580

Agency Chief Executive Officer Information:	
<b>Name:</b>	Chief Tim Floyd
<b>Email Address:</b>	tfloyd@police.ci.enumclaw.wa.us
<b>Telephone Number:</b>	3608253505

**Agency-Wide PREA Coordinator Information**

<b>Name:</b>	Heidi Boyovich	<b>Email Address:</b>	hboyovich@police.ci.enumclaw.wa.us
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**SUMMARY OF AUDIT FINDINGS**

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

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

**Number of standards exceeded:**

1	<ul style="list-style-type: none"><li>• 115.31 - Employee training</li></ul>
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**Number of standards met:**

44
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**Number of standards not met:**

0
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# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-03-21
2. End date of the onsite portion of the audit:	2022-03-23

### Outreach

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

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	25
15. Average daily population for the past 12 months:	14
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	17
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The auditor's findings regarding the presence of specialized inmate groups at EPD are reflected above and throughout the report narratives.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	7
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	As previously indicated, zero volunteers have provided services at EPD during the last 12 months in view of COVID-19 constraints. While 14 volunteers are reportedly properly trained, none have provided services as reflected above.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

53. Enter the total number of <b>RANDOM INMATES/RESIDENTS/DETAINEES</b> who were interviewed:	10
54. Select which characteristics you considered when you selected <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees was geographically diverse?	Placement in housing units throughout the facility is the determining factor in terms of geographical diversity.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	As the result of lack of specialty interviewees at EPD, the random inmate sample was quite large.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
58. Enter the total number of <b>TARGETED INMATES/RESIDENTS/DETAINEES</b> who were interviewed:	1
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>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).</b></p>	<p>As reflected throughout the report narratives, physically disabled inmates are not housed at EPD. Throughout the facility tour, the auditor communicated with inmates and he did not observe any evidence of physically disabled inmates.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>As reflected throughout the report narratives, inmates with cognitive disabilities are not housed at EPD. Throughout the facility tour, the auditor communicated with inmates and he did not observe or detect any evidence of cognitively impaired inmates.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>As reflected throughout the report narratives, inmates with low vision and blindness are not housed at EPD. Throughout the facility tour, the auditor communicated with inmates and he did not observe or detect any evidence of low vision or blind inmates.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>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).</b></p>	<p>As reflected throughout the report narratives, inmates with low hearing and deafness are not housed at EPD. Throughout the facility tour, the auditor communicated with inmates and he did not observe or detect any evidence of low hearing and deaf inmates.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>As reflected throughout the report narratives, limited English proficient inmates are not housed at EPD. Throughout the facility tour, the auditor communicated with inmates and he did not observe or detect any evidence of limited English proficiency.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>As reflected throughout the report narratives, transgender/intersex inmates are not generally housed at EPD. Throughout the facility tour, the auditor communicated with inmates and staff and he did not observe or detect any evidence of transgender/intersex inmates.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>



<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>As reflected in the narrative for 115.22, zero sexual abuse/harassment investigations were facilitated at EPD during the last 12 months.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Pursuant to staff interviews, the auditor did not discover any evidence substantiating inmate verbalization of prior institutional or community sexual abuse during risk screening.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Pursuant to staff and random inmate interviews (during the facility tour) and the auditor's observations during the facility tour, he did not discover the use of involuntary segregated confinement for risk of sexual victimization during the last 12 months.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>None.</p>

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:

6

72. 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

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- Yes
- No

a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)

- Too many staff declined to participate in interviews.
- Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).
- Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.
- Other

74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

The jail staff complement is six line staff and one supervisory staff member. Given the staffing complement, the requisite 12 interviews could not be conducted. Only one staff member included in this complement was interviewed as a random staff member. All others performed multiple roles in terms of specialized duties.

### Specialized Staff, Volunteers, and Contractor Interviews

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

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

9

76. Were you able to interview the Agency Head?

- Yes
- No

<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agency contract administrator</li> <li><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</li> <li><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</li> <li><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</li> <li><input type="checkbox"/> Medical staff</li> <li><input type="checkbox"/> Mental health staff</li> <li><input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</li> <li><input checked="" type="checkbox"/> Administrative (human resources) staff</li> <li><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</li> <li><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</li> <li><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</li> <li><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</li> <li><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</li> <li><input checked="" type="checkbox"/> First responders, both security and non-security staff</li> <li><input checked="" type="checkbox"/> Intake staff</li> <li><input type="checkbox"/> Other</li> </ul>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of CONTRACTORS who were interviewed:</b></p>	<p>2</p>

<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>None.</p>

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

<p><b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>None.</p>
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### Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

- Yes  
 No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

10 Human Resources files.  
10 random staff training files.  
9 random inmate files.

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
<b>Total</b>	0	0	0	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
<b>Total</b>	0	0	0	0

### Sexual Abuse and Sexual Harassment Investigation Outcomes

#### Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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



a. Explain why you were unable to review any sexual harassment investigation files:	Zero sexual harassment allegations reported.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	None.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	

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

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

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

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.11	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Pursuant to the Pre-Audit Questionnaire (PAQ), the Director self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.</p> <p>Enumclaw Police Department (EPD) Policy 606 entitled Prison Rape Elimination Act (PREA), page 2, section 606.2, addresses 115.11(a)-1.</p> <p>Pursuant to the PAQ, the Chief of Police (COP) self reports the facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>EPD Policy 606 entitled PREA, pages 1-13, sections 606.1 through 606.18 addresses 115.11(a)-2.</p> <p>Pursuant to the PAQ, the COP self reports policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.</p> <p>EPD Policy 606 entitled PREA, pages 1 and 2, section 606.1.1 addresses 115.11(a)-3.</p> <p>Pursuant to the PAQ, the COP self reports policy includes sanctions for those found to have participated in prohibited behaviors.</p> <p>EPD Policy 606 entitled PREA, page 9 , section 606.7.1 addresses 115.11(a)-4.</p> <p>Pursuant to the PAQ, the COP self reports policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.</p> <p>EPD Policy 606 entitled PREA, pages 1-14, sections 606.1 through 606.15 addresses 115.11(a)-5.</p> <p>The EPD policy is comprehensive, incorporating both standards and implementation language. In view of the above, the auditor finds EPD to be substantially compliant with 115.11(a).</p> <p>The auditor's review of signed and dated 2021 New Correctional Officer Training Classes documents reveals that the employee read, reviewed, received training, and understands the training provided wherein 115.11 requirements are captured. The new employee reviewed the National Institute of Corrections (NIC) video entitled Your Role: Response to Sexual Abuse. An NIC certificate for this course is included in the PAQ documentation.</p> <p>Pursuant to the PAQ, the COP self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator (PC). The COP further reports that the PC has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The COP asserts a sergeant is designated as the PC at EPD.</p> <p>The auditor's review of the EPD Organizational Structure addresses 115.11(b)-1.</p> <p>Pursuant to appointment letter, the sergeant assigned PC duties reports to the Commander Support Services who reports to the Chief of Police. Accordingly, the PC clearly has/had access to both facility and departmental executive staff in terms of all matters PREA.</p> <p>In view of the PC's actual role at EPD, the auditor opted to interview him pursuant to the PREA Compliance Manager Questionnaire. Specifically, the corrections sergeant handles "all things PREA" on a daily basis. The PC asserts he does feel he has sufficient time to manage all of his PREA related responsibilities. He employs time management skills to effectuate the same in addition to his sergeant duties. The PC responsibilities are closely linked to his sergeant responsibilities and accordingly, daily Management By Wandering Around (MBWA) provides significant time for "all things PREA and security."</p> <p>During MBWA tours/rounds throughout the entire facility, he is both visible and accessible to both staff and inmates. He assesses PREA issues and brainstorms potential solutions. If any PREA issues may require fiscal expenditures, he discusses the same with the Commander Support Services.</p> <p>The PC asserts he facilitates all correctional training, inclusive of PREA, throughout the jail. Given the small size of the jail, he maintains close contact with both staff and inmates on a daily basis. Additionally, he checks the PRC website frequently.</p> <p>The PC assesses each PREA issue or potential issue to determine whether training, policy, or facility issues gave rise to the matter or potential matter. Generally, he can address these issues and if monetary expenditures are required, he addresses</p>

the same through the Commander Support Services.

Pursuant to the PAQ, the COP self reports the facility has designated the aforementioned Commander Support Services as the PREA Compliance Manager (PCM) at EPD. The PCM is identified in the organizational structure.

Pursuant to the PAQ, the COP self reports the PCM has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards and the PCM is in the agency's organizational structure. Reporting assignments in terms of the PC and PCM are discussed in the narrative for 115.11(b). Of note, the PCM reports to the COP as articulated in an appointment letter.

The PCM's statement essentially parallels that of the PC. In view of responsibilities across multiple disciplines, he makes rounds throughout the jail, minimally, three times per week. When he is duty officer, unannounced rounds are more frequent.

In view of the above, the auditor finds EPD substantially compliant with 115.11.

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Pursuant to the PAQ, the COP self reports the agency has entered into or renewed a contract for the confinement of inmates since the last PREA audit. The COP further self reports all SCORE, King County Jail (KCJ), and Yakima County Department of Corrections (YCDOC) contracts require contractors to adopt and comply with PREA standards. None of these contracts are void of requirements that the contractor adopt and comply with PREA standards.

EPD Policy 606 entitled PREA, page 3, section 606.3(e) addresses 115.12.

The auditor's review of the aforementioned contracts reveals substantial compliance with 115.12(a).

Pursuant to the PAQ, the COP self reports all of the above contracts require the agency to monitor the contractor's compliance with PREA standards. Zero contracts are void of this requirement.

The auditor's review of the above contracts reveals some compliance with 115.12(b). The SCORE Jail contract and a supplemental signed letter to the KCJ contract, reveals oversight of the contract by EPD in accordance with the PRC Frequently Asked Question (FAQ) dated July 9, 2013. The aforementioned SCORE Jail and KCJ supplemental letters contain language regarding review of PREA audit reports and documentation, as well as, on-site visits to assess PREA implementation. The YCDOC contract addresses only compliance with PREA standards and fails to address EPD monitoring.

The PC states that he reviews the PREA audit reports related to the aforementioned facilities however, the same accounts for the only monitoring activities. The aforementioned FAQ clearly reflects the same is acceptable only during on-site audit years. During non-audit years, the contracting agency must implement other monitoring activities.

In view of the above, the auditor finds EPD non-compliant with 115.12(b). Accordingly, the auditor imposes a 180-day corrective action period wherein EPD will demonstrate compliance with and institutionalization of 115.12(b). The completion date for this corrective action is established as October 12, 2022.

To establish compliance and institutionalization of 115.12(b), the YCDOC contract must be amended to include the requirements of the aforementioned PAQ. Additionally, the PC and EPD leadership will develop a monitoring format or protocol to be implemented during non-on-site audit years. This may include development of audit action steps for on-site visits [e.g. staff supervision practices, cross-gender announcements prior to entry into units housing opposite gender inmates, proper use of the victimization/aggressor screening tool (conduct of initial and reassessment procedures), housing and work assignment of inmates following screening, and staff response to first responder questions]. Additionally, review of sexual abuse/harassment investigations regarding EPD inmates confined at the respective facility, screening assessments, housing assignments, etc. should be included in the monitoring plan. These monitoring efforts should be employed at least one time per year during non-on-site audit years during each three year audit period.

Subsequent to completion of the amended YCDOC contract and development of the aforementioned monitoring plan, the PC will upload the same into OAS for the auditor's review. The PC will also upload minutes relative to on-site visits at contracted facilities and documentation review as evidence of "actual practice".

September 21, 2022 Update:

By virtue of an email dated September 20, 2022, the Commander Support Services states both he and the PCM facilitated one non-audit-year follow-up check with a contracting jail (SCORE). The Commander asserts that they reviewed all recommended areas as outlined above and found that the facility met, at least, minimum standards of PREA compliance. The auditor is accepting this email as evidence of corrective action in regard to the 115.12 finding. Given the time involved in developing this corrective action, there are two remaining follow-up checks to complete during 2022 and each facility must reviewed every subsequent year. Of course, the PCM can review contracted facility PREA audit reports as validation during their audit years.

During the next audit period, the auditor strongly recommends that the PC develop a written document wherein the above issues, minimally, are reduced to writing. The document should include space following each issue wherein the auditor can document comments and check a box for either compliance, non-compliance, or NA. An additional space for the reviewer's initials should also be included. This process will enable efficient review of the status of PREA operations at these facilities as applied to EPD inmates.

According to the PC, the contract with YCDOC is not being renewed and accordingly, the requisite contract amendment will not be facilitated, nor will the follow-up check be completed.

In view of the above, the auditor finds EPD substantially with 115.12.

115.13

**Supervision and monitoring**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Pursuant to the PAQ, the COP self reports the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates against sexual abuse. The COP further self reports since the last PREA audit, whichever is later, the average daily number of inmates is 16 while the average daily number of inmates on which the staffing plan is predicated is 25 inmates.

EPD Policy 606 entitled PREA, pages 2 and 3, section 606.3(c)(1-11) addresses 115.13(a)-1.

The Commander Support Services (Warden/PC interviewee) asserts the agency does have a staffing plan and staffing levels are adequate to protect inmates against sexual abuse. Specifically, two staff per 12 hour shift are assigned to each floor (staggered shifts) to facilitate rounds or tours every 59 minutes in general population cells. Investigation outcomes and/or inmate population changes or increases dictate staffing considerations. Command staff also maintain an "open door" policy regarding any staffing issues.

Video monitoring is employed throughout the facility on a 24/7 basis. Given the small size of the jail and the staffing pattern, video monitoring supplants direct supervision. Sufficient staff eyes are focused on camera monitoring.

The staffing plan is electronically documented and a hard copy is maintained by the COP, Commander Support Services, and the PC. Electronic access is limited to those staff who have privileges.

The Director asserts when assessing adequate staffing levels and the need for video monitoring, the facility was recently subjected to a LEMAP audit facilitated by correctional executives from various jails throughout the state. Operations and "best practices" were assessed with respect to all jail operations, inclusive of PREA. A report will be forthcoming. Members of this committee represented the Washington Association of Sheriffs and Police Chiefs (WASPC). Of note, the COP requested this audit at EPD.

In regard to judicial findings, findings of inadequacy from federal investigative agencies, or findings of inadequacy from internal or external oversight bodies, zero findings have been identified.

As previously mentioned in the narrative for 115.11, the PC employs daily MBWA rounds throughout the facility. Other key staff also employ MBWA rounds covering each day of the week. These rounds provide stakeholders the opportunity to assess performance of expected practices. During these MBWA rounds, affected staff assess blind spots, minimally. If diagnosed, camera angles may be expanded and additional cameras may be requested and implemented, if approved.

The auditor notes that video coverage is portal to portal meaning that one is continuously on camera from jail entry to exit. One camera is located in each of the six cells however, toileting areas are pixilated to ensure genitalia are not observed by opposite gender staff. The Commander Support Services asserts he and the correctional sergeant have reviewed each camera/camera angle to assess optimal efficiency and elimination of blind spots.

In regard to the composition of the inmate population, EPD does receive gang members or "wannabes" from time to time. In terms of ethnic composition, the facility is comprised of primarily caucasians and hispanics with minimal problems evolving from the same. Age and physical health are not a concern in terms of PREA issues. Of note, zero LGTI inmates were housed at the facility during the auditor's on-site visit.

One correctional sergeant supervised the six correctional officers (COs) and 19 inmates on site during the on-site audit. The auditor notes that a significant gap exists when supervisory staff are not in the jail. If fiscally feasible, the auditor recommends that an additional supervisor be added to the complement to oversee the off shift. The addition of a corporal may be an option, ensuring that unannounced rounds are routinely made during the off shift.

There is currently very little programming at EPD in view of the small size of the jail and the number of short sentences, as well as, COVID-19 precautions. Generally, Bible studies and religious programming would constitute the gamut of programming. If programming needs require a higher concentration of staff, positions would be administratively realigned to meet needs.

Most EPD inmates fall under the Revised Code of Washington (RSW)- Washington state statutes). The facility operates pursuant to the Washington Administrative Code.

The prevalence of substantiated and unsubstantiated incidents of sexual abuse are used to assess blind spots and impediments to effective supervision, camera needs, and staffing increases or realignment. Zero incidents occurred at EPD during the last 12 months.



The auditor notes that the PC provided essentially the same rationale as reflected above in terms of staffing plan considerations. He did add that facility operations are facilitated pursuant to Lexi-Pol (policy database) and the same is based on legally researched and established policy and procedure.

In regard to compliance checks regarding staffing plan compliance, the correctional sergeant monitors the daily roster. The Commander Support Services also monitors current staffing via PACE. The correctional sergeant can back-fill with overtime, either voluntary or mandated. Posts are never vacated.

Pursuant to the PAQ, the COP self reports deviations from the staffing plan are documented. The reason for the vacancy, how the same was addressed, and whether the previous shift was held over while searching for a voluntary staff member, would be documented.

The COP asserts resignation, medical issues, and retirements are the primary reasons for non-compliance with the staffing plan. However, posts are not left vacant and as such, there is no evidence of staffing plan non-compliance.

Pursuant to random review of posts throughout the on-site audit, the auditor validated the COP's statement.

The auditor notes that operationally, the Commander Support Services assumes the role of Warden at EPD.

Pursuant to the PAQ, the COP self reports at least once every year the facility/agency, in collaboration with the PC, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

The Commander Support Services asserts that staffing plans are reviewed annually to ensure compliance with 115.13(c).

EPD Policy 606 entitled PREA, page 2, section 606.3(c) addresses 115.13(c)-1.

The auditor's review of December 2019, December 2020, and December 2021 memorandums reveals evaluation of the staffing plan by the PC and Warden/PCM regarding annual staffing and extenuating circumstances that may require further consideration throughout the following year. Technology and camera issues were considered during these meetings.

Correction of staffing patterns up or down was made to accommodate facility needs. It is apparent that 115.13(a) considerations were made in terms of that document.

In view of the above, the auditor finds EPD substantially compliant with 115.13(c).

Pursuant to the PAQ, the COP self reports the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment and that such rounds are documented.

The unannounced sexual safety rounds cover all shifts and the facility prohibits staff from alerting other staff as to the conduct of such rounds.

The auditor's review of EPD Policy 606 entitled PREA, page 4, section 606.3(m) addresses 115.13(d)(1-4).

The auditor's review of twenty-six 2021 and 2022 Jail Activity Logs or emails reveals substantial compliance with 115.213(d). The rounds were facilitated by supervisors during both shifts and encompass calendar years 2021 and 2022.

The intermediate or higher level facility staff member who conducts unannounced sexual safety rounds interviewee asserts he conducts unannounced sexual safety rounds frequently. Staff are not advised of the tour until advised to log the same as reflected above. The tour is logged as a PREA round as reflected above. The interviewee walks to every cell.

Rounds are unpredictable in terms of timing and route. Additionally, the interviewee varies rounds in terms of the method employed.

In view of the above, the auditor finds EPD substantially compliant with 115.13.

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1477 461">Pursuant to the PAQ, the COP self reports the facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. The COP further self reports the facility does not have housing units to which youthful inmates are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters and staff do not place youthful inmates in the SAME HOUSING UNIT as adults.</p> <p data-bbox="244 495 1493 618">In the last 12 months, zero housing units, to which youthful inmates may be assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters, were used. The PC states EPD only temporarily holds juveniles arrested long enough to complete booking paperwork, photo, and prints. They are released to an adult or transferred to a juvenile detention facility.</p> <p data-bbox="244 651 1461 712">EPD Policy 311 entitled Temporary Custody of Juveniles, pages 3 and 4, sections 311.6 and 311.7 address 115.14(a) and (b).</p> <p data-bbox="244 745 1453 804">During a separate conversation with the PC, he asserts that juveniles are never assigned to a cell but rather remain in the Booking Area, separate from adult inmates by sight, sound and physical interaction.</p> <p data-bbox="244 837 1031 864">In view of the above, the auditor finds EPD substantially compliant with 115.14.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Pursuant to the PAQ, the COP self reports facility staff do not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. The COP further self reports that In the last 12 months, zero cross-gender strip or cross-gender visual body cavity searches of inmates were facilitated at EPD.

EPD Policy 513 entitled Searches, pages 5 through 8, sections 513.4.4 and 513.4.5 address 115.15(a). Specific scenarios are clearly articulated with respect to strip or modified strip searches and the basis for the same. Approval procedures, inclusive of warrants, are discussed in conjunction with both pre-trial and sentenced inmates. The auditor finds that while the term exigent circumstances is not specifically defined, there is more than sufficient guidance for staff in terms of ensuring the presence of exigent circumstances and procedures to be followed.

The non-medical staff involved in strip or visual searches interviewee states that reasonable suspicion of a weapon secreted in an inmate's rectum constitutes an exigent circumstance warranting a strip or visual search of an inmate. However, adherence with the procedures identified in the aforementioned policy are required for the conduct of the same.

During the on-site audit, the auditor found no evidence of the conduct of cross-gender strip searches and cross-gender visual body cavity searches.

Pursuant to the PAQ, the COP self reports facility staff do not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. The COP further self reports that facility staff do not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. Forty-five pat-down searches of female inmates were reportedly conducted during the last 12 months.

EPD Policy 513 entitled Searches, page 2, section 513.3 addresses 115.15(b). Generally, cross-gender pat searches of female inmates are not facilitated absent emergency circumstances. Emergency circumstances are generally addressed in this policy provision. As an example, suspicion of contraband possession is a reason for a cross-gender pat search of a female inmate in the event female staff are not available. Additionally, release of female inmates is an example of applicability for cross-gender searches of female inmates.

The six random staff interviewees state that access to programs or out-of-cell activities would not be restricted if insufficient female staff were available to conduct pat searches. Generally, female staff are on shift however, in the event female staff were not available, female staff would be activated for the activity.

One random female inmate interviewee states such outside activities or out-of-cell activities would not be restricted. In view of the recent arrival of the other random female inmate interviewee, she could not respond to the question.

In regard to searches of female inmates at Booking, if female staff are not on shift, a female patrol or transport officer would conduct any pat down search. A female detective may also conduct the pat down search. Of course, female staff (either jail or patrol) facilitate strip or unclothed searches, if appropriate and commensurate with law.

Should a female be brought into the jail by a female patrol or transport officer and only a male jail co is working, the female officer is documented as conducting the pat down search. If a male patrol or transport officer transported a female inmate to the jail, a female patrol officer or detective, if on duty, is contacted.

Sample documentation regarding pat searches of two female inmates who released from EPD were uploaded by the PC. Pursuant to a separate conversation with the PC, the auditor learned that these two female inmates were pat searched by male staff as zero female cos, patrol officers, or detectives were available at the time. This documentation is also contained in the electronic booking record of 43 additional inmates.

Pursuant to the PAQ, the COP self reports facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches are documented. Likewise, facility policy requires that all cross-gender pat-down searches of female inmates are documented.

EPD Policy 513 entitled Searches, pages 5 through 7, sections 513.4.4 and 513.4.5(f) addresses 115.15(c).

The PC states that at present, the male and female detectives/patrol officers are not formally trained. If requested to complete a cross gender pat down search of a female or transgender/intersex inmate, the on-duty co would explain to the officer why they were requested to conduct the pat down search. The PC states that staff do not conduct cross gender strip searches. As such searches are same gender, in nature, the auditor finds no contradiction with policy or standard provisions.

The auditor notes that documentation is contained in the electronic booking record.

The auditor notes that at the time of the on-site audit at EPD, three male and three female cos were employed by the facility. The PC is also a male.

Pursuant to the PAQ, the COP self reports the facility has implemented policies and procedures that enable inmates 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 (this includes viewing via video camera). Policies and procedures also require staff of the opposite gender to announce their presence when entering an inmate housing unit.

EPD Policy 807 entitled Inmate Hygiene, page 4, section 807.9 addresses 115.15(d).

Nine of 10 random inmate interviewees state that male/female staff announce their presence when entering their housing area. This applies to opposite gender staff. Additionally, interviewees and other inmates are never naked in full view of opposite gender staff (exclusive of medical staff such as doctors, nurses) when showering, toileting, or changing clothes.

All six random staff interviewees state that they or other officers announce their presence when entering a housing unit that houses residents of the opposite gender. Inmates are able to dress, shower, and toilet without being observed by staff of the opposite gender. Of course, viewing incidental to routine cell checks or exigent circumstances constitutes the exception.

Pursuant to the PAQ, the COP self reports the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Such searches (described in 115.15(e)-1) did not occur in the last 12 months.

EPD Policy 513 entitled Searches, page 8, section 513.5 addresses 115.15(e).

The PC states that transgender/intersex inmates are generally not housed at EPD. During the last 11 years, he has noted only two to three arrests of transgender/intersex inmates and all were released on their own recognizance. Zero arrests of transgender/intersex inmates occurred during this audit period.

All six random staff interviewees state they are aware of the policy prohibiting staff from searching or physically examining a transgender/intersex inmate for the sole purpose of determining that inmate's genital status.

Pursuant to the PAQ, the COP self reports 100% of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs.

EPD Policy 513 entitled Searches, pages 9 and 10, section 513.10 addresses 115.15(f).

The auditor's review of an EPD Training Roster with training dates in November, 2021 reveals six line staff, as well as, the corrections sergeant completed the Cross-Gender and Transgender Pat Down Searches course. Participants affixed their signature and date on the document, adjacent to their typewritten name.

The auditor's review of the PREA Resource Center (PRC) video regarding Guidance in Cross-Gender and Transgender Pat Searches reveals substantial compliance with 115.15(f).

The PC asserts that as there are no on-duty medical staff, the only other two choices employed are that male and female staff conduct requisite searches of transgender females or males or the inmate is questioned as to his/her preference. Normally, the inmate is asked regarding his/her preference.

All six random staff interviewees state the agency does train staff to conduct cross-gender pat-down searches and searches of a transgender and intersex inmates in a professional and respectful manner, consistent with security needs. All interviewees further state they have received such training during pre-service training and/or annual in-service training. The training is presented in video, power point, Field Training Officer facilitated, webinar, and/or discussion formats. A test generally follows such training. All have received such training during the last 12 to 18 months.

The auditor's review of staff training files reveals each of the six cos plus the PC completed the training, in question, during two of the three audit years.

In view of the above, the auditor finds EPD substantially compliant with 115.15.

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Pursuant to the PAQ, the COP self reports the agency has established procedures to provide disabled inmates 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.

EPD Policy 602 entitled Inmates with Disabilities, pages 1 and 2, section 602.3 addresses 115.16(a)-1. This policy provision includes TDDY telephones to address certain disabilities, as well as, contact with a regional resource to assess and address disabilities.

According to the PC, inmates with certain disabilities (hearing and sight) would generally not be booked into EPD. They are generally released on personal recognizance or transferred to another facility. If booked into EPD, individuals with low hearing or poor reading skills either watch the PREA video or are provided the PREA handout. The font size can be increased for those inmates who might have difficulty reading the document.

The PC continues, stating that inmates who are physically disabled (e.g. confined to a wheel chair), possess poor reading skills, exhibit speech impairment are not booked into the jail as they are either booked and released (without going into general population) or transferred to the SCORE Jail.

Due to the size of the jail, there are no staff on board to educate these special groups. Although the jail is located in the largest county in Washington State, it is pretty remote from receiving support from agencies in King County so there are no local community resources, nor are there any MOUs.

The PC asserts zero disabled inmates were housed at EPD at the time of the on-site audit. Accordingly, the disabled inmate questionnaire was not administered.

The agency head interviewee asserts the agency has established procedures to provide inmates with disabilities and inmates who are limited English proficient (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse/harassment. Specifically, handouts and posters are printed in English and Spanish, one also printed in Russian. Additionally, EPD uses LanguageLine as a translation service. Staff read a two page document regarding PREA policies and procedures to all admissions however, a deaf inmate would be transferred to an equipped facility. Resources are limited at EPD.

Pursuant to the PAQ, the COP self reports the agency has established procedures to provide inmates with limited English proficiency 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 PC asserts that LanguageLine can be accessed to assist inmates who speak languages other than English. There is no contract between EPD and LanguageLine rather, contacts can be made on a per-call basis.

The auditor's knowledge of LanguageLine services reveals substantial compliance with 115.16(b). EPD staff can access a plethora of languages translated by representatives from LanguageLine.

The PC states zero bilingual staff who speak Spanish are on board at EPD. On average, LanguageLine is accessed for four to five inmates.

Pursuant to the PAQ, the COP self reports agency policy prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations. The COP further relates the agency or facility does document the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used. Finally, the Director self reports in the last 12 months, zero instances arose wherein inmate interpreters, readers, or other types of inmate assistants were used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations.

EPD Policy 606 entitled PREA, page 7, section 606.6 addresses 115.16(c)-1.

Following the auditor's recitation of a mock scenario, six of six random staff interviewees assert the agency would allow the use of inmate interpreters, inmate readers, or other types of inmate assistants to assist inmates with disabilities or inmates who are LEP when making an allegation of sexual abuse or harassment. Four of six interviewees correctly cited the potential for loss of evidence/an investigation and further injury to the victim as rationale for invoking the above action. None of the six random staff interviewees recalled any situations occurring during the audit period wherein the above action was invoked.

In view of the above, the auditor finds EPD substantially compliant with 115.16.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Pursuant to the PAQ, the COP self reports agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates 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); Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

EPD Policy 305 entitled Recruitment and Selection, pages 3 and 5, sections 305.7 and 305.8.1(a-d) addresses 115.17(a)-1 and (b).

The auditor's on-site random review of two Human Resources (HR) files relative to staff hired during 2019 and 2021 respectively and one promotion file reveals there is no evidence the requisite 115.17(a)-1 and 115.17(b)-1 questions were asked of applicants or staff applying for promotion who may have contact with inmates. Additionally, the auditor has not been provided any evidence of the same related to the selection of contractors (none selected during 2020 and 2021 in view of COVID-19 constraints) who may have contact with inmates. Accordingly, the auditor finds EPD non-compliant with standard provisions 115.17(a) and (b).

In view of the above, the auditor is imposing a 180-day corrective action period, concluding on or about September 12, 2022, wherein EPD must demonstrate compliance with the above provisions, as well as, institutionalization of the same.

In follow-up to other non-compliance findings articulated as follows, the auditor recommends incorporation of the three questions into the application document or, as an alternative, development of a separate form bearing the three questions, as well as, a question regarding sexual harassment as prescribed in 115.217(b). It is also recommended that language be incorporated into this document regarding the continuing obligation to report such information [See 115.217(f)] and that provision of material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination [See 115.217(g)]. Of course, with respect to the three 115.217(a) questions and the 115.217(b) sexual harassment question, applicants/promotion candidates/existing employees/and contractor applicants will check the "Yes" or "No" box for each question and sign/date the form in a signature/date block. A staff witness will also affix his/her signature/date in the same manner.

If adopted, this form can be used in the following situations:

EPD Applicants and Employees:

In conjunction with the application process;

At the hiring interview; and

During promotion interviews or in conjunction with promotion applications.

Contractors:

In conjunction with the contractor's submission of their application; and

At the selection interview.

Such corrective action will require that the PC provide training to all relevant stakeholders regarding all policy provision amendments articulated throughout this standard narrative. The PC will provide the auditor with a copy of any amended policy provision(s) in this regard, the training plan(s), as well as, training documentation validating understanding by the stakeholder recipients of the training.

In addition to the above, the PC will provide to the auditor a roster of all newly hired staff and contractors who have contact with inmates, as well as, all applicants for promotion who have been selected between the date of this interim report and the corrective action due date. The auditor will randomly select five to ten names from those rosters and the PC will upload relevant documentation as agreed upon by the PC and the auditor as evidence of compliance. The date of hire/promotion/selection will be included in this packet.

March 27, 2022 Update:

The PC has provided to the auditor a draft of a separate 115.17(a) and (b) form for consideration. While the same addresses

the four questions, the form requires modification to conform with recommended corrective action.

October 11, 2022 Update:

The auditor's review of separate forms for promotion and contractor candidates, current or previous correctional employers, and new hires reveals substantial compliance with 115.217(a), (b), and (g). The auditor's review of four 2022 new hire forms and one promotion form reveals corrective action is now implemented.

Pursuant to the PAQ, the COP self reports agency policy requires the consideration of 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 inmates.

The Human Resources (HR) interviewee asserts the facility now considers prior incidents of sexual harassment when determining whether to hire or promote any EPD staff member, or to enlist the services of any contractor who may have contact with inmates.

Findings with respect to 115.17(b) expectations are also addressed in the narrative for 115.17(a). Likewise, corrective action is also described in the same narrative. In addition to the above, EPD Policy 305 entitled Recruitment and Selection, page 5, section 305.8.1(a-d) now addresses 115.17(b)-1.

Pursuant to the PAQ, the COP self reports agency policy requires that before it hires any new employees who may have contact with inmates, it:

Conducts criminal background record checks;

Consistent with federal, state, and local law, makes 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.

In the last 12 months, one person hired, who may have contact with inmates, has been subjected to a criminal background record check.

EPD Policy 305 entitled Recruitment and Selection, page 3, section 305.7 and page 5, section 305.8.1 addresses 115.17(c).

The HR interviewee states agency policy requires that before it hires any new employees who may have contact with inmates, it conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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.

Pursuant to the auditor's random review of staff HR files, he discovered the criminal background record check for the one employee hired within the last 12 months was completed by a contract investigator. The investigator did not consider any of the 115.17(a) or (b) questions nor did he follow-up with a prior institutional employer regarding 115.17(c)-1 issues related to the existence of PREA investigations and 115.17(a) and (b) issues, during her employment at the prior facility. Furthermore, there is no evidence that such follow-up was attempted by EPD staff. The auditor does note that the criminal background record search appears to have been completed prior to the date of hire in this case, as well as, an additional hire on December 16, 2019.

HR staff and the PCM state that the NCIC serves as the criminal background record check. The hiring manager does carefully scrutinize the same for 115.17(a) violations.

In view of the above, the auditor finds EPD non-compliant with 115.17(c). Accordingly, the auditor places EPD in 180-day corrective action status, concluding on or about September 12, 2022, wherein the PC will demonstrate compliance with and institutionalization of 115.217(c) requirements.

In addition to the corrective action mentioned in the narrative for 115.217(a), further validation of the existence of sexual harassment of inmates in the applicant's/promotion applicant's/contractor's history and the status of sexual abuse investigations initiated within the prior institutional agency, it may be necessary to inquire of previous institutional employers regarding the same [at least in terms of the status of sexual abuse investigations initiated by the prior institutional agency- 115.217(c)]. The auditor recommends use of the same form, as referenced in the 115.17(a) and (b) narratives, to address the above.

As there is no evidence of such inquiries of prior institutional employers pursuant to 115.217(c), the auditor recommends use of the previously mentioned form, inclusive of the 115.17(c) narrative regarding substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. or that a form be developed, encompassing all requisite components as discussed above. This document must bear the name of the information provider, as well as, the date of document completion. If staff call the prior institutional employer to facilitate the inquiry, the inquiring staff member's



name, title, date of inquiry, and the target employer's name/identifying information must be documented. It is also recommended, in the event a form is mailed to a prior institutional employer, that the date of mailing be noted on the form.

In addition to the above, the PC will train all hiring managers regarding this process, providing a written overview and ensuring staff understanding pursuant to signature and date on a training roster. Upon completion of the above, the PC will upload any relevant documents into OAS.

November 5, 2022 Update:

The PC has advised the auditor that the previously mentioned four questions and newly developed form are now included in the investigative packet completed by the aforementioned contract investigator. The auditor's review of the same completed by an applicable employee hired since the date of the interim report reveals substantial compliance with 115.17(c).

Additionally, the auditor's review of the relevant EPD Applicant Information Sheet and Background Investigation Tracking Sheet further validate compliance with 115.17(c).

In addition to the above, the auditor's telephonic conversations with the PC and Commander Support Services on November 4, 2022 reveals both are clearly aware of the subject-matter of 115.17(c). In fact, the Commander Support Services forwarded to the auditor the aforementioned EPD Applicant Information Sheet and Background Investigation Tracking Sheet. The auditor is satisfied that corrective action is complete and 115.17(c) is institutionalized.

In view of the above, the auditor now finds EPD substantially compliant with 115.17(c).

Pursuant to the PAQ, the COP self reports agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. The PC states that zero contractors were hired during the last 24 months.

EPD Policy 305 entitled Recruitment and Selection, page 3, section 305.7 addresses 115.17(d).

In view of the above, the auditor finds no evidence validating a deviation from 115.17(d).

Pursuant to the PAQ, the COP self reports agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees.

EPD Policy 606 entitled PREA, page 4, section 606.3(o) addresses 115.17(e).

Although required by page 15 of the WASIC standards, the auditor's review of eight random HR files (relative to staff hired prior to December 1, 2018) reveals no evidence that a five-year reinvestigation was completed in any of the cases. A Communications staff member with responsibilities for completion of five-year reinvestigations interviewee asserts that WASIC requires a five-year NCIC reinvestigation for all corrections staff.

She tracks due dates and updates a spread sheet with the latest initial criminal background record check or five-year reinvestigation dates on a perpetual basis. The auditor's review of the spreadsheet reveals that all reinvestigations are current.

The auditor notes that the aforementioned employee did assert that pursuant to regulation, the actual five-year criminal background record check is destroyed following review. Accordingly, the auditor was not able to review the physical document.

Pursuant to the PAQ, the COP self reports the agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The HR interviewee asserts the facility has added 115.17(a) and (b) language into the PHQ for all employees who may have contact with inmates and the auditor has validated the same. Additionally, the HR interviewee asserts the same questions have been added into the performance review document. The auditor did validate the inclusion of 115.17(a) and (b) language on page 7 of the PHQ and accordingly, the auditor finds EPD staff have implemented corrective action to address this shortcoming during the audit period.

While corrective action has been implemented, it is necessary for EPD staff to substantiate actual practice. Accordingly, until September 12, 2022 or sooner, the PC will upload completed copies of annual performance evaluations reflecting 115.17(a) and (b) language.

The continual employee affirmative duty to disclose any 115.17(a) and (b) misconduct is addressed in the narrative for 115.17(a). Copies of new hire packets, inclusive of the revised PHQ as previously described, and/or recommended form as

described in the narrative for 115.17(a), will also be uploaded.

Similar to the above, there is no evidence that the facility imposes upon staff a continuing affirmative duty to disclose any such previous misconduct. The HR interviewee asserts this caveat is now included in the performance evaluation document.

In view of the above, the auditor finds EPD non-compliant with 115.17(f). Corrective action is addressed in the narrative for 115.17(a) above.

Pursuant to the PAQ, the COP self reports agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

EPD Policy 305 entitled Recruitment and Selection, page 5, section 305.8.1 addresses 115.17(g).

This issue is addressed in the corrective action recommendation articulated in the narrative for 115.17(a) as zero documentary evidence is existent to substantiate the provision.

Pursuant to the PAQ, the Director self reports that unless prohibited by law, the agency shall 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.

The HR interviewee asserts that when a former employee applies for work at another institution, upon request from that institution, the facility provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law. The same is required pursuant to WA State RCW.

The PC asserts there has been no such requests during the last 12 months.

In view of the above, the auditor now finds EPD substantially compliant with 115.17.

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1453 331">Pursuant to the PAQ, the COP self reports the agency has not acquired a new facility or made a substantial expansion or modification to the existing facility since the last PREA audit.</p> <p data-bbox="244 360 1023 387">EPD Policy 606 entitled PREA, page 3, section 606.3(d) addresses 115.18(a).</p> <p data-bbox="244 418 1453 479">Both the Agency Head and Commander Support Services interviewees assert zero structural modifications to the existing facility or additions to the same were effected during the audit period.</p> <p data-bbox="244 510 1485 636">Pursuant to the PAQ, the COP self reports the agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. The COP further self reports updating existing systems are a work in progress. Cameras have been added and some camera equipment has been updated as the result of dissipating resolution, etc.</p> <p data-bbox="244 667 1481 792">According to the COP, justification for video monitoring systems/electronic surveillance systems upgrades is captured in a memorandum. If the upgrade is the result of a sexual abuse/harassment incident, language would be included in the report, etc. identifying the specific benefits of the upgrade from a PREA perspective. If a blind spot is the basis for the upgrade or addition, the same is documented in the report.</p> <p data-bbox="244 824 1469 920">The report reflects that camera(s) are located in the female sleeping space and dayroom. The spray can capture female inmates in various states of undress if they fail to change in the shower as directed. The auditor notes that inmates are affirmatively admonished that they are required to change clothes in the shower/bathroom area. Toilet areas are pixillated.</p> <p data-bbox="244 952 1474 1012">The Commander Support Services asserts that addition of expansion of the camera system requires a Budget Amendment. Essentially, the same is drafted and moved through the process one year in advance as a Capital Project.</p> <p data-bbox="244 1043 1031 1070">In view of the above, the auditor finds EPD substantially compliant with 115.18.</p>

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the COP self reports the agency/facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). The COP further self reports that an area police agency would facilitate criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.</p> <p>EPD Policy 606 entitled PREA, pages 7 and 8, section 606.7 addresses 115.21(a). EPD Policy 608 entitled Sexual Assault Investigations, pages 1-5 addresses specifics regarding physical evidence collection, etc. EPD Policy 801 entitled Property and Evidence, pages 1-10 addresses the uniform evidence protocol utilized in such investigations.</p> <p>For purposes of facilitation of criminal sexual abuse/harassment investigations, EPD uses an area police department to conduct criminal investigation, more than likely the Black Diamond or Buckley Police Departments. Such investigations are conducted outside EPD pursuant to written agreement between smaller jurisdiction police chiefs throughout the area. The auditor finds this practice may facilitate transparency.</p> <p>The PC asserts that an MOU developed by the Washington Association of Sheriffs and Police Chiefs serves as the basis for criminal PREA sexual abuse investigations. If needed, EPD staff would address the PREA investigation requirements with investigative agency investigators prior to commencing the investigation.</p> <p>All six random staff interviewees assert they know and understand the agency's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse. The auditor's finding in terms of interviewee knowledge of evidence preservation at EPD is articulated in the narrative for 115.64(a). In view of that finding, the auditor also finds EPD non-compliant with 115.21(a) with the same corrective action and completion date articulated in 115.64 also applicable to 115.21(a).</p> <p>Three of six random staff interviewees assert that the EPD detectives conduct administrative sexual abuse/harassment investigations. Interviewees did not correctly identify criminal investigators.</p> <p>Pursuant to the PAQ, the COP self reports the protocol is developmentally appropriate for youth. The COP further self reports the protocol was adapted from or is otherwise based on the most recent edition of the DOJ'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.</p> <p>EPD Policy 606 entitled PREA, page 8, section 606.7 addresses 115.21(b).</p> <p>As reflected in the narrative for 115.14, juveniles are not housed at EPD. The EPD evidence preservation policy is commensurate with 115.21(b). Criminal investigative protocols are commensurate with the RCW.</p> <p>Pursuant to the PAQ, the COP self reports the facility offers all inmates who experience sexual abuse access to off-site forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim.</p> <p>Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs. Zero forensic medical exams were conducted during the past 12 months.</p> <p>EPD Policy 606 entitled PREA, pages 12 and 13, sections 606.16 and 606.17 addresses 115.21(c).</p> <p>The PC asserts that there is no contract or MOU with the local hospital. In discussions with our detectives and local hospital officials, SANE examinations are facilitated at the local hospital. In the event of a sexual assault, one of our detectives or correctional officers (cos), until a detective arrived, would go to the hospital to ensure compliance with all standards.</p> <p>The SANE interviewee asserts that the company for whom she works, provides contract services for the conduct of forensic examinations at St. Elizabeth Hospital. Twenty-five trained SANE nurses provide these services at the hospital. All SANEs complete a 40 hour didactic training followed by preceptorship training. Preceptorship training includes observation and testing. The training is approved by the state of Washington.</p> <p>The company, for whom the interviewee works, guarantees 24/7 coverage. A SANE is always available.</p> <p>Provision of information about and access to emergency contraception/sexually transmitted infection prophylaxis is included</p>

in the forensic examination. While a pregnancy test would be given to a female inmate during the course of the forensic examination, timely follow-up regarding provision of information and access to all lawful pregnancy-related services is accomplished by referral.

Pursuant to the PAQ, the COP self reports the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and such efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

EPD Policy 606 entitled PREA, pages 12 and 13, section 606.16 addresses 115.21(d).

The PC asserts that zero inmates who reported a sexual abuse at EPD were housed at the facility during the on-site audit period. Additionally, zero incidents of sexual abuse/harassment were reported during the last 12 months. Accordingly, such interview questionnaire was not administered.

The auditor's review of the King County Sexual Assault Resource Center Memorandum of Agreement (MOA) speaks to the provision of victim advocacy services in sexual abuse matters both during confinement and following. The auditor does not find any language in the same wherein victim advocacy (VA) services are provided to EPD inmates during investigatory interviews and forensic examinations.

The PC states the chaplain (male) or chaplain's assistant (female) could respond and be with the victim. The auditor's review of a certificate for the chaplain's assistant relative to Basic Homicide Victim Advocacy reveals substantial compliance with 115.21(d). The same was issued by Violent Crime Victim Services.

The PC asserts that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and provides emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. Such services are provided pursuant to the services contract between EPD and KCSARC.

The auditor's review of two certificates (Chaplaincy staff) reveals the subject-matter of their coursework may meet the definition of victim advocate (va) for standards provisions 115.21(d) and (e). The PC asserts that if a rape crisis center is not available, facility staff would contact either Valley Cities Behavioral Health or the aforementioned trained chaplains to provide VA services. Of note, the auditor has not been provided any agreement between EPD and Valley Cities Behavioral Health regarding provision of VA services during investigatory interviews and forensic examinations.

While not optimal, the PC asserts that vas from KCSARC would not necessarily report to the hospital during the forensic examination or investigatory interviews however, they are available via telephone. Cumulatively, the auditor finds EPD compliant with 115.21(d) and (e).

Pursuant to the PAQ, the COP self reports if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

EPD Policy 606 entitled PREA, page 13, section 606.17(b) addresses 115.21(e).

The PC asserts that partial 115.21(e) va services are provided by rape crisis center staff. The PC discussed va credentials with KCSARC staff during 2016. Additionally, he is well aware of the chaplain and assistant chaplain's credentials.

Pursuant to the PAQ, the COP self reports the agency is responsible for investigating administrative allegations of sexual abuse. EPD staff would contact a selected area police agency and then discuss the PREA requirements. This process is addressed in the narrative for 115.21(a).

In view of the above, the auditor finds EPD compliant with 115.21.

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="240 143 740 172"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1469 365">Pursuant to the PAQ, the COP self reports the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse and staff sexual misconduct). In the last 12 months, zero allegations of sexual abuse and sexual harassment were received at EPD.</p> <p data-bbox="240 394 1449 488">The agency head interviewee asserts the agency ensures that an administrative or criminal investigation is completed for allegations of sexual abuse/harassment. EPD detectives facilitate administrative investigations while consortium agency investigators facilitate criminal investigations.</p> <p data-bbox="240 517 1490 611">In regard to the process for the conduct of administrative and criminal investigations, the Commander Support Services appoints the administrative investigator who subsequently opens an investigation. The administrative investigator checks the crime scene and assesses the completion of 1st Responder duties, inclusive of victim and perpetrator supervision.</p> <p data-bbox="240 618 1485 779">Threshold questioning of the victim follows along with review of all written reports and staff/inmate witness interviews. Video review of applicable camera footage, telephone monitoring, and staff and inmate file reviews ensues. Review of relevant files and interviews/re-interviews of staff and inmates leads to an assessment of credibility. Finally, the perpetrator is interviewed if the case has been released by the investigating agency for administrative investigation. Report writing is the final step in the process.</p> <p data-bbox="240 808 995 837">EPD Policy 606 entitled PREA, page 7, section 606.7 addresses 115.22(a).</p> <p data-bbox="240 866 1485 960">Pursuant to the PAQ, the COP self reports the agency has a policy requiring that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.</p> <p data-bbox="240 990 1453 1084">The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p data-bbox="240 1113 1437 1207">The EPD website delineates investigative responsibilities between administrative and criminal. The PREA policy is also available on the website. Although not listed on the website, an individual could request documents via a Public Records Request.</p> <p data-bbox="240 1236 1222 1265">EPD Policy 606 entitled PREA, pages 4 and 8, sections 606.3(k)(1) and 606.7 address 115.22(b).</p> <p data-bbox="240 1294 1485 1426">The administrative investigative staff interviewee asserts agency policy requires that allegations of sexual abuse/harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. As previously mentioned in the narrative for 115.21, undesignated area police agency investigator(s) facilitate criminal investigations.</p> <p data-bbox="240 1456 1390 1516">Investigative responsibilities with respect to EPD and relevant investigative agencies are clearly scripted in relevant policy(ies) as reflected above and are available pursuant to the aforementioned procedure.</p> <p data-bbox="240 1545 1031 1574">In view of the above, the auditor finds EPD substantially compliant with 115.22.</p>

115.31	<b>Employee training</b>
	<p data-bbox="242 145 766 174"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="242 208 454 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1428 331">Pursuant to the PAQ, the COP self reports the agency trains all employees who may have contact with inmates on the following:</p> <ul data-bbox="242 360 1460 757" style="list-style-type: none"> <li>The agency's zero-tolerance policy for sexual abuse and sexual harassment;</li> <li>How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;</li> <li>The right of inmates to be free from sexual abuse and sexual harassment;</li> <li>The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;</li> <li>The dynamics of sexual abuse and sexual harassment in confinement;</li> <li>The common reactions of sexual abuse and sexual harassment victims;</li> <li>How to detect and respond to signs of threatened and actual sexual abuse;</li> <li>How to avoid inappropriate relationships with inmates;</li> <li>How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and</li> <li>How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</li> </ul> <p data-bbox="242 786 1157 815">EPD Policy 310 entitled PREA Training, pages 1 and 2, section 310.3 addresses 115.31(a).</p> <p data-bbox="242 844 1444 904">The auditor's cursory review of the PRC PREA Powerpoint Presentation (Prevention and Detection of Sexual Abuse and Harassment) training slides reveals substantial compliance with 115.31(a).</p> <p data-bbox="242 934 1452 1061">All six random staff interviewees assert they received the above training, minimally, within the last 12 months. All interviewees responded in the affirmative that they receive PREA Annual Refresher Training (ART). Training is generally accomplished on-line or in person with a PRC Power Point Presentation, lecture, and discussion. COVID-19 precautions certainly disrupted the training program as many random staff interviewees assert they completed training on-line.</p> <p data-bbox="242 1090 1492 1249">The auditor's review of 2019, 2020, and 2021 Annual Performance Evaluations (APE) reflect that all six EPD Corrections line staff, the sergeant, and the Commander Support Services completed a review of Policy 606. Staff signed and dated their APE, certifying completion of the training. Some other individual PREA training classes are captured on rosters bearing the "I understand" caveat, the staff member's signature, and date of completion however, such certification is not available for PREA ART.</p> <p data-bbox="242 1279 1452 1339">Pursuant to review of training documentation, the newest employee (date of hire: March 16, 2021) completed pre-service PREA training on March 23, 2021, prior to contact with inmates.</p> <p data-bbox="242 1368 1476 1527">While the auditor is convinced that pre-service PREA training and PREA ART were provided to staff, the auditor strongly recommends that a more efficient and user-friendly form of record keeping being implemented. Specifically, the use of the afore-described roster for pre-service PREA and PREA ART training will greatly enhance the program. The PRC training curriculums constitute one block of training, in total, and accordingly, it is essential that such training be accurately captured and documented. It will be essential to implement such documentation practices on an annual basis.</p> <p data-bbox="242 1556 1460 1617">The auditor notes that this method of documentation appears to have commenced during 2022 relative to the PRC Power Point training. Additionally, a 2021 policy review (Policy 606) is likewise documented in the same fashion.</p> <p data-bbox="242 1646 1492 1774">The auditor notes that 18 signed PREA Training (Staff, Contractor, Visitor) forms are included in the PAQ materials. Of those 18 forms, two are actually linked to contractors (the jail physician and nurse who oversee the MOUD/MAT Program). The other 16 are visitors (for example, public defenders, individuals who dispense Methadone, and the facility engineer who works in the jail).</p> <p data-bbox="242 1803 1444 1863">The PC further asserts that patrol sergeants, patrol officers, or records staff do not work in the jail. Furthermore, none of those individuals work overtime in the jail.</p> <p data-bbox="242 1892 1460 1953">Pursuant to the PAQ, the COP self reports training is tailored to the male and female gender of the inmates housed at the facility. PREA training encompasses both genders housed at EPD.</p> <p data-bbox="242 1982 1420 2042">The auditor's review of the training slides referenced in the narrative for 115.31(a) reveals substantial compliance with 115.31(b).</p> <p data-bbox="242 2072 1077 2101">EPD Policy 310 entitled PREA Training, page 2, section 310.3 addresses 115.31(b).</p>

According to the PC, incoming staff are PREA trained prior to contact with inmates.

Pursuant to the PAQ, the COP self reports between trainings that the agency provides employees who may have contact with inmates with refresher information by forwarding applicable PREA Resource Center (PRC) Announcements to officers and through monthly Lexipol Daily Training Briefs (DTBs).

EPD Policy 310 entitled PREA Training, page 2, section 310.3 addresses 115.31(c).

The auditor's review of 12 pages of employee training transcripts reveals all correctional employees, with the exception of one, received PREA ART. Additionally, the auditor's review of an EPD Training Roster reveals the name of the PREA course (Policy 606), the participant's typed name, signature, and date. Additionally, this document reflects the "I understand" caveat.

The PC states that EPD staff (six cos and the corrections sergeant), as well as, several other Department personnel, viewed the PREA webinar " Responding to Sexual Abuse of Inmates in Custody: Addressing the Needs of Men, Women, and Gender Non-conforming Individuals".

Given the auditor's findings as articulated in the narrative for 115.31(a), EPD exceeds standard expectations as PREA training is provided on an annual basis, as opposed to, another standard.

Pursuant to the PAQ, the COP self reports the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification.

EPD Policy 310 entitled PREA Training, page 2, section 310.3 addresses 115.31(d).

A synopsis of auditor findings following review of random staff training files is addressed in the narratives for 115.31(a) and (c).

In view of the above the auditor finds EPD exceeds standard requirements with respect to 115.31.



115.32	<b>Volunteer and contractor training</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1489 398">Pursuant to the PAQ, the COP self reports that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. As the auditor has learned, two contractors provide services at EPD. In view of COVID constraints, zero volunteers were utilized at EPD during the last 12 months preceding the on-site audit.</p> <p data-bbox="242 427 1409 490">Contractors and volunteers review, sign, and date the Enumclaw City Jail Contractors and Volunteers PREA Training document as evidence of training. Accordingly, the auditor finds EPD substantially compliant with 115.32(a).</p> <p data-bbox="242 519 1082 548">EPD Policy 310 entitled PREA Training, page 1, section 310.3 addresses 115.32(a).</p> <p data-bbox="242 577 1489 736">Both interviewees state they received PREA training prior to contact with inmates and annually thereafter. Training is generally in-person (discussion of the aforementioned training document, as well as, relevant policy). Some specific procedures are addressed, as well as, the impacts of sexual abuse in confinement settings and boundaries between inmates and contractors/volunteers, to name a few. All interviewees state they have been notified of the agency's zero tolerance policy on sexual abuse and sexual harassment, as well as, informed about how to report such incidents.</p> <p data-bbox="242 766 1433 864">The auditor's review of two 2021 Yearly PREA Training certifications, as referenced above, reveals affected contractors completed PREA training and read/understand both the aforementioned document, as well as, relevant policy. The contractor affixed his/her printed name, signature, and date to the document certifying compliance with 115.32(a).</p> <p data-bbox="242 893 1469 1021">Pursuant to the PAQ, the COP self reports the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. The COP further self reports all volunteers and contractors have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p data-bbox="242 1050 1422 1113">Policy and interview findings are addressed in the narrative for 115.32(a). The auditor notes that the Staff, Contractor, Volunteer PREA Training document addresses 115.32(b)-2 requirements.</p> <p data-bbox="242 1142 1469 1205">Pursuant to the PAQ, the COP self reports the agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p data-bbox="242 1234 1082 1263">EPD Policy 310 entitled PREA Training, page 2, section 310.3 addresses 115.32(c).</p> <p data-bbox="242 1292 1489 1420">The documentation provided as evidence of contractor understanding does not reflect that the contractor or volunteer understands the training provided. The training form and attestation was revised to include the requisite verbiage prior to the on-site audit. While EPD has not been compliant throughout the audit period, corrective action is now complete. Going forward, the revised document will be used.</p> <p data-bbox="242 1449 1489 1512">As previously mentioned, these documents are dated in 2021. It is important to note that volunteers were not granted access to EPD during 2020 and thus far in 2022 in view of COVID-19 restrictions.</p> <p data-bbox="242 1541 1031 1570">In view of the above, the auditor finds EPD substantially compliant with 115.32.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Pursuant to the PAQ, the COP self reports inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Prior to going over the intake assessment form, cos explain that the facility is PREA compliant, a description of PREA is provided, and the zero tolerance policy with respect to sexual abuse/harassment at EPD is emphasized. The COP further self reports 438 inmates admitted during the last 12 months were given this information at intake. This equates to 100% of inmates admitted to EPD during the last 12 months.

The COP asserts requisite information is available in the Enumclaw Corrections Inmate Handbook (pages 3 and 4), posters, and pursuant to the Sexual Assault & Custodial Sexual Misconduct tri-fold brochure that is issued to each inmate at intake.

The auditor's review of the PREA video entitled "What You Need to Know" reveals substantial compliance with 115.33(a) and (b). Sexual abuse/harassment reporting options and zero tolerance are noted in the English and Spanish tri-fold brochures previously mentioned. Inmates are provided PREA information at intake.

The "What You Need to Know" video is captured on a cd and the same is played on the televisions in the male and female dayrooms a couple times each month. The video is not initially shown to new arrivals on the date of their booking.

The intake staff interviewee asserts that during Booking, he reads the training document to new inmates and advises that the Inmate Handbook is available for review in the unit dayrooms. During the facility tour, the auditor observed the laminated Inmate Handbooks in the dayrooms.

As the inmate does not sign a receipt regarding the Inmate Handbook location admonishment or the fact that the aforementioned PREA memorandum is read to or provided to the inmate, the auditor strongly recommends that a receipt notice be developed. The same should include signature lines and date lines for both the inmate and staff witness.

Additionally, a caveat should be included reflecting that the inmate either received a copy of the PREA memorandum or the same was read to him/her and the PREA pamphlet was likewise provided to the inmate. Additionally, the caveat should address the Inmate Handbook located in each unit dayroom and that the inmate understands the PREA information he/she has been provided. The receipt must then be maintained in the inmate's file.

In addition to the above, the auditor strongly recommends that the PREA memorandum be amended to address reporting option change(s) (e.g. KCSARC is not a sexual abuse/harassment reporting source and the name of the newly established outside public reporting resource must be inserted [See 115.51(b) corrective action]. Of course, the Inmate Handbook must similarly be amended. Finally, reference to the location of the Inmate Handbook in the unit dayrooms must be added.

Eight of ten random inmate interviewees validated the statement of the intake staff interviewee. Interviewees state they were advised the Inmate Handbook is available in the unit and staff read the PREA memorandum to them. Additionally, the PREA pamphlet was provided to them at Booking. Additionally, the PREA video is displayed within days of Booking via CCTV.

The auditor's on-site review of nine random inmate files reveals substantial compliance with 115.33(a) in terms of timeliness, provision of materials, etc.

Pursuant to the PAQ, the COP self reports 45 of 53 inmates admitted during the last 12 months (whose length of stay in the facility was for 30 days or more) received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, within 30 days of intake. This equates to 84.9% of inmates received during the last 12 months whose length of stay in the facility was 30 days or more. The PC asserts that the remaining eight inmates received requisite training within five to seven days of the 30-day threshold.

The PC asserts inmates gain access to relevant PREA information pursuant to review of an inmate training document and the same is the only document that addresses additional PREA information for longer term inmates. A white board maintained in the Booking Room, is used to track when an inmate is due for the 115.33(b) training. The auditor did observe the white board and tracking mechanism during the facility tour and throughout the on-site audit.

The auditor notes that the aforementioned document is silent regarding the inmate's right to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents. During the pre-audit phase, the document was amended to include the requisite information reflected above. It is noted however, that the PREA education package is complete between the updated continuing education document and the aforementioned PREA video.

The intake staff interviewee asserts he advises inmates regarding some of these issues pursuant to the previously mentioned memorandum and he alerts them to the Inmate Handbook located in unit dayrooms. Inmates also receive a second

memorandum or training document within 30 days of arrival at the facility.

All 10 random inmate interviewees state that when they came to EPD, they were told about:

Their right not to be sexually abused or sexually harassed;  
How to report sexual abuse or sexual harassment;  
Their right not to be punished for reporting sexual abuse or sexual harassment.  
All interviewees state they received this information at Booking.

As noted in the narrative for 115.33(a), the aforementioned PREA video is presented twice per month within 30 days of the inmate's Booking at EPD.

The auditor's on-site review of nine random inmate files reveals seven inmates received comprehensive PREA training during the first 30 days of arrival at EPD. One of the two inmate files wherein evidence of this training is missing, is applicable to an inmate who was released the day following Booking.

Pursuant to the PAQ, the COP self reports all inmates have been properly educated in accordance with standard requirements. The COP further self reports agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility.

EPD Policy 606 entitled PREA, pages 3 and 5, sections 606.3(e) and 606.3(p) address 115.33(c).

Pursuant to inmate and staff interviews, as well as, review of random inmate files, the auditor concludes that inmate admissions to EPD are generally trained pursuant to 115.33(c).

Pursuant to the PAQ, the COP self reports inmate PREA education is generally available in formats accessible to all inmates, including those who are limited English proficient. However, the PC asserts that if an inmate is deaf, he/she would more than likely be released from EPD after booking or transferred to another facility. If not, they would be provided the aforementioned PREA tri-fold brochure. Dependent upon the level of visual impairment, an inmate may not be booked into the facility as they would be transferred. If the visual impairment is not severe, the PREA video is an option for listening. The COP further self reports inmate PREA education is available in formats accessible to all inmates with the exception of the above.

Specifics regarding the provision of PREA information to inmates meeting the above criteria are reflected in the narrative for 115.16(a).

In view of the above, the auditor finds EPD substantially compliant with 115.33(d).

Pursuant to the PAQ, the COP self reports the agency maintains documentation of inmate participation in PREA education sessions. The COP further self reports the Inmate Handbook is not provided to each inmate but rather, inmates are advised during Booking that a copy of the same is maintained in the dayroom.

The auditor's review of 24 pages of documents covering the January through June, 2021 time frame and 24 pages of documents covering the June through December, 2021 time frame reveals substantial compliance with 115.33(e).

Additionally, the auditor's review of 45 EPD PREA standards forms likewise reveals substantial compliance with 115.33(e). The documents address review of the PREA video and the subsequent education efforts.

In view of the above, the auditor finds EPD substantially compliant with 115.33(e).

Pursuant to the PAQ, the Director self reports the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats as reflected above. The auditor's review of the Enumclaw Corrections Inmate Handbook and the two previously mentioned posters included with the PAQ materials reveals substantial compliance with 115.33(f). However, some revisions to these documents are required as the result of non-compliance findings.

During the facility tour, the auditor noted ample posting of PREA-related information. EPD is clearly compliant with 115.33(f).

In view of the above, the auditor finds EPD substantially compliant with 115.33.

115.34	<b>Specialized training: Investigations</b>
	<p data-bbox="242 145 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1469 331">Pursuant to the PAQ, the COP self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p data-bbox="242 360 1082 389">EPD Policy 310 entitled PREA Training, page 3, section 310.5 addresses 115.34(a).</p> <p data-bbox="242 418 1469 515">The PC asserts facility sexual abuse/harassment investigators, minimally, complete the National Institute of Corrections (NIC)/PREA Resource Center (PRC) specialty training course entitled PREA: Conducting Sexual Abuse Investigations in a Confinement Setting or similar training.</p> <p data-bbox="242 544 1461 573">The auditor's review of the training plan regarding the aforementioned training reveals substantial compliance with 115.34.</p> <p data-bbox="242 577 1481 703">The auditor's review of NIC Certificates relative to the aforementioned course substantiates completion of the specialty training by two investigators (one who additionally completed similar training presented by the Pacific Training Group (PTG). A third certified investigator completed training facilitated through NIC. The training course is entitled PREA Investigator Training for Allegations of Sexual Abuse.</p> <p data-bbox="242 732 1469 828">The administrative investigative staff interviewee asserts she completed the NIC course entitled PREA: Conducting Sexual Abuse Investigations in a Confinement Setting. This three hour on-line scenario based course was completed in January, 2016 and she completed the PTG course in November, 2021.</p> <p data-bbox="242 857 1461 918">The auditor notes that the detectives are part of the EPD staff however, they are not considered jail employees. However, the interviewee did work in the jail prior to promotion to detective.</p> <p data-bbox="242 947 1193 976">Pursuant to the PAQ, the COP self reports that specialized training shall include techniques for:</p> <ul data-bbox="242 1005 1289 1131" style="list-style-type: none"> <li data-bbox="242 1005 587 1034">Interviewing sexual abuse victims;</li> <li data-bbox="242 1039 689 1068">Proper use of Miranda and Garrity warnings;</li> <li data-bbox="242 1072 863 1102">Sexual abuse evidence collection in confinement settings; and</li> <li data-bbox="242 1106 1289 1135">The criteria and evidence required to substantiate a case for administrative action or prosecution referral.</li> </ul> <p data-bbox="242 1164 1082 1193">EPD Policy 310 entitled PREA Training, page 3, section 310.5 addresses 115.34(b).</p> <p data-bbox="242 1223 1294 1252">The administrative investigative staff interviewee asserts that specialized training included techniques for:</p> <ul data-bbox="242 1281 1289 1406" style="list-style-type: none"> <li data-bbox="242 1281 587 1310">Interviewing sexual abuse victims;</li> <li data-bbox="242 1314 689 1344">Proper use of Miranda and Garrity warnings;</li> <li data-bbox="242 1348 863 1377">Sexual abuse evidence collection in confinement settings; and</li> <li data-bbox="242 1382 1289 1411">The criteria and evidence required to substantiate a case for administrative action or prosecution referral.</li> </ul> <p data-bbox="242 1440 1457 1500">The auditor's previous review of the training plan relative to the aforementioned NIC course referenced in the narrative for 115.34(a) reveals substantial compliance with 115.34(b).</p> <p data-bbox="242 1529 1493 1657">According to the criminal investigative interviewee, he completed a 40-hour in-person internal and administrative investigative class sponsored by the Everett WA PD. The training was orchestrated by the Criminal Justice Training Commission (CJTC). Throughout his career, he has completed training classes that addressed the four specialized training requirements articulated above, inclusive of sexual abuse evidence collection.</p> <p data-bbox="242 1686 1474 1747">Pursuant to the PAQ, the COP self reports the agency maintains documentation showing that investigators have completed the required training. The COP further self reports there are currently two sexual abuse investigators on board.</p> <p data-bbox="242 1776 1082 1805">EPD Policy 310 entitled PREA Training, page 3, section 310.5 addresses 115.34(c).</p> <p data-bbox="242 1834 1031 1863">In view of the above, the auditor finds EPD substantially compliant with 115.34.</p>

115.35	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1461 398">Pursuant to the PAQ, the COP self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The COP further self reports zero medical and mental health care practitioners who work regularly at this facility received the training required by agency policy. According to the COP, zero medical and mental health practitioners are employed at EPD.</p> <p data-bbox="242 427 1082 454">EPD Policy 310 entitled PREA Training, page 2, section 310.4 addresses 115.35(a).</p> <p data-bbox="242 486 1461 613">During the on-site audit, the auditor learned a contract physician provides on-site services at EPD. Additionally, a contract nurse provides medical services relative to a specialized program however, she is rarely, if ever, on site. The physician provides service approximately five times per month and she is generally under intermittent staff visual supervision. Both providers completed basic medical training germane to sexual abuse during respective schools.</p> <p data-bbox="242 642 1490 703">Pursuant to the PAQ, the COP asserts that forensic examinations are not conducted at EPD. The auditor validated the same during the on-site audit.</p> <p data-bbox="242 732 999 759">In view of the above, the auditor finds 115.35(b) not applicable to 115.35(b).</p> <p data-bbox="242 790 1469 851">Pursuant to 115.35(d), medical and mental health care practitioners shall also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency.</p> <p data-bbox="242 857 1490 949">The auditor's review of Enumclaw City Jail Staff/Contractors/Volunteer Training documents dated 2021 reveals substantial compliance with 115.35(d). The document is signed and dated by the aforementioned medical contractors and addresses all relevant components of 115.32.</p> <p data-bbox="242 981 1031 1008">In view of the above, the auditor finds EPD substantially compliant with 115.35.</p>

115.41

**Screening for risk of victimization and abusiveness**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Pursuant to the PAQ, the COP self reports the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates.

EPD Policy 507 entitled Inmate Classification, pages 1 through 3, sections 507.3 and 507.5 addresses 115.41(a) and (b). Initial classifications, inclusive of PREA questioning and determinations, are facilitated within 24 hours of arrival at the facility.

The staff responsible for risk screening asserts she does screen inmates upon admission to EPD or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. Screening is conducted within 24 hours of arrival at EPD.

Nine of 10 random inmate interviewees state that when they first arrived at EPD, they were asked questions like whether they had been in jail or prison before, whether they have ever been sexually abused, whether they identify as LGB, and whether they think they might be in danger of sexual abuse at EPD. They were asked these questions during Booking.

The auditor's on-site review of nine random inmate files reveals that in all cases, the requisite victimization screening was conducted within 24 hours of arrival at EPD.

Pursuant to the PAQ, the COP self reports policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. The COP further self reports 177 inmates entering the facility (either through intake or transfer) within the last 12 months, whose length of stay in the facility was for 72 hours or more, were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. According to the COP, this equates to 100% of inmates meeting the aforementioned criteria.

The policy citation reflected in the narrative for 115.41(a) is also applicable to 115.41(b). As previously referenced in the narrative for 115.41(a), initial screenings are facilitated within 24 hours of arrival at the facility.

Pursuant to the PAQ, the COP self reports risk assessment is conducted using an objective screening instrument. The auditor's review of the risk assessment tool reveals the same does not address all requisite 115.41(d) and (e) issues and the responses are not weighted.

In view of the above, the auditor finds that the whole of the process does not constitute an objective screening process.

Pursuant to the auditor's research of the PREA Resource Center FAQ dated May 10, 2021 entitled What is meant by the term "objective screening process", such a process is minimally based on weighted factors to establish an overall assessment of risk. The factors appear to be adequately established however, weight is not attached to the factors as previously described. Reading further into the footnotes of that FAQ, the auditor notes some excellent descriptions and recommendations are provided to assist in constructing an objective screening tool.

In addition to the above, the auditor finds that questions and observations regarding the following are not included in the screening tool:

- Detained solely for civil immigration purposes;
- Build;
- Age;
- Whether the inmate has a violent criminal history;
- Was the inmate a victim of sexual abuse in the community;
- History of prior acts of sexual abuse; and
- Prior convictions for violent offenses.

In view of the above, the auditor finds EPD non-compliant with 115.41(c). Accordingly, he is imposing a 180-day corrective action period wherein EPD will demonstrate compliance with and institutionalization of 115.41(c) requirements. The corrective action due date is established as September 12, 2022.

The aforementioned discussion provides direction in terms of resolution of this finding. To demonstrate compliance, the PC will develop an objective screening tool for use in making assessments wherein sexual abuse victims are separated from predators. The criteria identified in 115.41(d) and (e) will be included as part of the tool, along with any other criteria required by EPD. A weighting system will be used to assist in the assessment process and the auditor will be available to provide direction regarding the same.

The screening tool should reflect at least three classifications regarding sexual predator(s), sexual victim(s), and unassigned.

The screener will then utilize the objective tool and weighted factors, adding points, to identify appropriate housing.

Subsequent to completion of the sexual abuse/harassment assessment tool, a copy of the same will be uploaded into OAS and the auditor will review the same. Additionally, the PC will ensure that all EPD stakeholders (e.g. all Booking staff, sergeants, and Commander Support Services) receive training regarding the revised process. A copy of the training syllabus, as well as, training documentation reflecting the printed name(s)/signature(s), and date of completion will likewise be uploaded to OAS. A copy of the relevant training will also be placed in the respective employee's training file.

Finally, following implementation of the revised screening process, the PC will upload a copy of the most recent inmate roster and the auditor will identify five to fifteen inmate names. The PC will subsequently upload initial assessments and the 30-day reviews for those inmates, into OAS. Subsequent to the auditor's review of the same, he will make a determination regarding compliance.

November 10, 2022 Update:

The auditor's review of the amended and implemented sexual abuse/harassment assessment tool has revealed the same is compliant with 115.41(c), (d), and (e). The same addresses all 115.41 (d) and (e) issues and numerical weighting factors are assigned to each issue. The weighting factors are noted in red on sample screening tools included in OAS.

The auditor's random review of five sexual abuse/harassment assessment tools relative to inmates received at EPD since the date of the interim report reveals the same were completed in a timely and thorough manner. Additionally, the corresponding reassessments [115.41(f)] were completed in a timely manner. The initial assessments and reassessments are included in OAS.

In view of the above, the auditor now finds EPD substantially compliant with 115.41.

Pursuant to the PAQ, the COP self reports the intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

- Whether the inmate has a mental, physical, or developmental disability;
- The age of the inmate;
- The physical build of the inmate;
- Whether the inmate has previously been incarcerated;
- Whether the inmate's criminal history is exclusively nonviolent;
- Whether the inmate has prior convictions for sex offenses against an adult or child;
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the inmate has previously experienced sexual victimization;
- The inmate's own perception of vulnerability; and
- Whether the inmate is detained solely for civil immigration purposes.

EPD Policy 507 entitled Inmate Classification, pages 1 and 2, sections 507.3 addresses 115.41(c), (d), and (e).

The staff responsible for facilitation of risk screening interviewee asserts that the requisite screening considers the following:

- History of incarceration;
- History of sexual abuse;
- History of sexually abusive behavior while in and out of custody;
- LGBTI indicators and self-disclosure; and
- Sexual orientation.

The auditor's review of the existing screening tool reveals that the following topics are not considered in the same:

- The age of the inmate;
- The physical build of the inmate;
- Whether the inmate's criminal history is exclusively nonviolent;
- Whether the inmate has previously experienced sexual victimization (inclusive of victimization in the home, community, etc.); and
- Whether the inmate is detained solely for civil immigration purposes.

The interview is conducted in the Booking Area with no other inmates in the area. The interviewee reads the question to the inmate and documents his/her responses into an electronic system. The interview is recorded by video with no audio capability.

In view of the above and given the factors that are not considered in the screening tool, the auditor finds EPD non-compliant with 115.41(d). Addition of requisite issues, as articulated above, and the same corrective action noted in the narrative for

115.41(c) are applicable to 115.41(d).

Pursuant to the PAQ, the COP self reports the initial screening shall consider 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 inmates for risk of being sexually abusive.

The auditor's review of the documents and questions addressed in the narrative for 115.41(c) reveals some 115.41(e) questions are also asked pursuant to the screening tool. Exceptions are noted as follows:

Prior acts of sexual abuse in the home, community, etc.; and

Prior convictions for violent offenses in either a confinement setting or in the community.

In view of the above and given the 115.41(e) factors that are not considered in the screening tool, the auditor finds EPD non-compliant with 115.41(e). Addition of the questions articulated in the preceding paragraph into the revised screening tool and the same corrective action noted in the narrative for 115.41(c) are applicable to 115.41(e).

Pursuant to the PAQ, the COP self reports the policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.

EPD Policy 507 entitled Inmate Classification, page 4, section 507.6.1 addresses 115.41(f) and (g).

The PC self reports zero reassessments for sexual victimization or being sexually abusive were conducted.

The staff responsible for facilitation of risk screening interviewee asserts 30-day reassessments are only facilitated if new information is received.

None of the four applicable interviewees of 10 (six were not yet due for reassessment in view of their arrival date) stated they had been reassessed.

The auditor's review of the aforementioned applicable random resident files reveals no evidence corroborating timely completion of reassessments within 30 days of arrival at EPD in two cases and no evidence that reassessments were completed within 30 days of arrival in the two remaining cases.

In view of the above, the auditor finds EPD non-compliant with 115.41(f). Accordingly, the auditor imposes a 180-day corrective action period, concluding on or about September 12, 2022, wherein EPD will demonstrate compliance with and institutionalization of 115.41(f) requirements.

To demonstrate compliance, the PC will develop a plan to ensure compliance with 115.41(f) requirements. Staff or departmental assignments must be identified in the plan, ensuring accountability for completion of the reassessments.

Additionally, the plan must address the document (the auditor recommends that the same PREA classification tool previously mentioned) that will be employed to memorialize completion of the reassessment. Finally, how will due dates be tracked to ensure timeliness? For example, will the due date be established as the 21-day date or some other date and tracked via spread sheet?

If the same tool mentioned in the narrative for 115.41(c) is used, the auditor recommends that three boxes be included in the upper portion of the document, signifying Initial Assessment, 30-day Reassessment, and Other. The user can then check the appropriate box, complete the reassessment, and file the same in the inmate's file. The "Other" category may be the reassessment warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

The PC will then provide training to all EPD stakeholders regarding the aforementioned plan. The PC will upload a copy of the training syllabus, as well as, training documentation.

Upon completion of the above, the PC will upload all materials for the auditor's review. The PC will subsequently provide to the auditor an updated inmate roster and the auditor will identify five to 15 names for which reassessments will be uploaded. Upon completion of the same, the auditor will make a determination regarding compliance.

Pursuant to the PAQ, the COP self reports the policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

The policy citation is noted in the narrative for 115.41(f).

The auditor has discovered no evidence substantiating a 115.41(g) need for reassessment during the last 12 months.

Additionally, the PC advises that zero instances occurred during the last 24 months wherein an inmate's risk level was reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that



bears on the inmate's risk of sexual victimization or abusiveness.

Pursuant to the PAQ, the COP self reports the policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding:

Whether or not the inmate has a mental, physical, or developmental disability;

Whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;

Whether or not the inmate has previously experienced sexual victimization; and

The inmate's own perception of vulnerability.

EPD Policy 507 entitled Inmate Classification, page 2, section 507.3.1 addresses 115.41(h).

The PC advises zero inmates were disciplined for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's own perception of vulnerability. The staff responsible for risk screening corroborated the above.

Pursuant to the PAQ, the COP self reports the agency has 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 inmate's detriment by staff or other inmates.

EPD Policy 507 entitled Inmate Classification, page 2, section 507.3 addresses 115.41(i).

The PC and PCM assert that inmate risk screenings are accessible to COs, the Corrections Sergeant and the Commander Support Services. The staff responsible for risk screening states that screening documents are accessible to COs and the Corrections Sergeant.

In view of the above, the auditor finds EPD substantially compliant with 115.41.

115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 365">Pursuant to the PAQ, the COP self reports the agency/facility uses information from the risk screening required by 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p data-bbox="240 394 1153 421">EPD Policy 507 entitled Inmate Classification, page 5, section 507.10 addresses 115.42(a).</p> <p data-bbox="240 450 1473 611">According to the PC, EPD utilizes the aforementioned screening tool to separate victims of sexual abuse as determined pursuant to 115.41 and predators identified pursuant to the same. Primarily, the screening tool is a precursor to decision-making regarding continued placement of inmates at EPD or placement at another contracted jail. Victims and abusers are geographically separated by cell at EPD in terms of housing assignments. Work release inmates do mingle in the community and all inmates assigned to particular cells can mingle in the dayrooms.</p> <p data-bbox="240 640 1441 703">The auditor notes that the ability to transfer inmates to three other jails greatly enhances 115.42 implementation at EPD. With refinement of the screening process, decision-making should be further simplified.</p> <p data-bbox="240 732 1489 795">While security rounds are completed, minimally, on an hourly basis, camera supervision throughout the facility is exceptional. Camera monitoring stations provide substantial monitoring of each unit, cell, dayroom, etc.</p> <p data-bbox="240 824 1489 1019">According to the PC, the classification system is designed and implemented to separate victims of sexual abuse from perpetrators of sexual abuse and to inform housing/bed assignments, work assignments, and education/program assignments. Theoretically, victims and perpetrators are never housed together. EPD utilizes Spillman (an electronic inmate information system) to separate victims of sexual abuse as determined pursuant to 115.41 and predators identified pursuant to the same. The staff responsible for risk screening interviewee essentially corroborates the PC's statement as articulated in the preceding paragraph.</p> <p data-bbox="240 1048 1489 1176">The auditor's limited review of inmates during the selection of interviewees process reveals no conflicting evidence. Of note, the auditor's comparison of the current limited screening tools relative to the nine random inmate files against the aforementioned white board reveals no obvious 115.42(a) failures. In fact, the auditor notes that one inmate with a history of sexual predation was removed from the EPD facility and placed in a contract jail.</p> <p data-bbox="240 1205 1473 1267">Pursuant to the PAQ, the COP self reports the agency/facility makes individualized determinations about how to ensure the safety of each inmate.</p> <p data-bbox="240 1296 1158 1323">EPD Policy 507 entitled Inmate Classification, page 3, section 507.5.1 addresses 115.42(b).</p> <p data-bbox="240 1352 1477 1447">The staff responsible for risk screening interviewee asserts usual security concerns are generally factored in when making 115.42 housing assignments. EPD staff make individualized determinations about how to ensure the safety of each inmate. An in-depth analysis of the same is articulated in the narrative for 115.41.</p> <p data-bbox="240 1476 1466 1538">Pursuant to the PAQ, the COP self reports the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis.</p> <p data-bbox="240 1568 1227 1594">EPD Policy 507 entitled Inmate Classification, pages 5 and 6, section 507.10 addresses 115.42(c).</p> <p data-bbox="240 1624 1489 1785">The PC asserts that in view of the staffing pattern and small size of the facility [small number of cells (six total)], the ability to make multiple separation assignments, if warranted, is inhibited. Accordingly, if a transgender/intersex inmate (like any other inmate) cannot be safely housed at EPD or there are extenuating management concerns, the inmate may be moved to a contract county jail. Of note, few transgender/intersex inmates are received at EPD. Transgender/intersex inmate housing and program assignments would be made on a case-by-case basis, however.</p> <p data-bbox="240 1814 1469 1877">The PC asserts that zero transgender/intersex inmates were housed at EPD during the the on-site audit and the same was validated by random staff interviewees. Accordingly, zero such interviews were facilitated.</p> <p data-bbox="240 1906 1493 1968">Pursuant to the PAQ, the COP self reports placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.</p> <p data-bbox="240 1998 1158 2024">EPD Policy 507 entitled Inmate Classification, page 4, section 507.6.1 addresses 115.42(d).</p> <p data-bbox="240 2054 1477 2148">The PC asserts that transgender/intersex inmates are rarely, if ever, housed at EPD and accordingly, 115.42(d) is generally not applicable. The staff responsible for risk screening interviewee corroborates the statement of the PC as reflected above in terms of process.</p>

Despite the above, the auditor strongly recommends that EPD preemptively prepare for that unlikely 115.42(c) event. The same requires development of a process to validate completion of semi-annual housing, program, and work safety reviews of transgender/intersex inmates. If a form is developed, the same should then be implemented, signed and dated by the affected inmate and a staff witness, and placed in the inmate's file.

Pursuant to the PAQ, the COP self reports a transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.

EPD Policy 507 entitled Inmate Classification, page 6, section 507.10 addresses 115.42(e).

The PC asserts transgender/intersex inmate's views with respect to his/her own safety would be given serious consideration in placement and programming assignments. Likewise, the staff responsible for risk screening interviewee corroborates the same.

Pursuant to the PAQ, the COP self reports transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

The PC asserts transgender/intersex inmates would be given the opportunity to shower separately from other inmates. The dayroom shower would be locked down and a designated shower time would be established. The security of the process would be addressed pursuant to review of dayroom cameras. The staff responsible for risk screening corroborates the statement of the PC.

Pursuant to the PAQ, the COP self reports the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates.

EPD Policy 507 entitled Inmate Classification, page 6, section 507.10 addresses 115.42(g).

The PCM and PC assert the facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for LGBTI inmates.

The one inmate self identified as bisexual states he has not been placed in a housing area designated only for LGBTI inmates.

In view of the above, the auditor finds EPD substantially compliant with 115.42.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Pursuant to the PAQ, the COP self reports the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Compliance with the guidelines of EPD policies pursuant to 115.42(b)-1 is paramount.

Zero inmates were reportedly placed in "Involuntary Segregated Housing" for sexual victimization during the last 12 months.

EPD Policy 507 entitled Inmate Classification, page 5, section 507.10 addresses 115.43(a).

The Warden interviewee asserts agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers. However, if the victim requests protective custody, they can be housed in segregated housing.

Additionally, the interviewee asserts that there is a Holding Cell where inmates can be placed generally for no more than 24 hours unless they are pending a psychological evaluation. The auditor has not discovered any evidence substantiating 115.43(a) placements in the Holding Cell.

Pursuant to the PAQ, the COP self reports inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

The opportunities that have been limited;  
The duration of the limitation; and  
The reasons for such limitations.

EPD Policy 505 entitled Special Management Inmates, page 3, section 505.5 addresses 115.43(b).

The staff who supervises inmates in segregated housing interviewee states there are no education program(s) at EPD wherein physical instruction is accomplished rather, GED preparation is available through manuals. Inmates can request religious materials from staff. Additionally, work opportunities are not available in the Holding Cell.

The interviewee states zero inmates are confined in segregated housing for involuntary segregation as the result of sexual abuse or staff concern regarding their safety from sexual abuse.

The interviewee also states that if the facility restricts access to programs, privileges, education, or work opportunities, the facility documents:

The opportunities that have been limited;  
The duration of the limitations; and  
The reason for such limitations.

To restrict access as reflected above, the officer recommends, in writing, suspension of the activity or privilege and his/her supervisor then signs the same. All three tenets, as described above, are addressed in the recommendation.

Documentation is accomplished in the recommendations section of the incident report.

The PC asserts zero inmates were assigned to segregated housing (for risk of victimization/who allege to have suffered sexual abuse) at the time of the on-site audit.

Pursuant to the PAQ, the COP self reports in the last 12 months, zero inmates at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.

The Warden interviewee asserts inmates at high risk for sexual victimization or who have alleged sexual abuse are not ordinarily placed in involuntary segregated housing. If they were placed in such housing status, the same would encompass less than 24 hours. In addition to other cells, three contract jails are available for safe housing, if needed.

The staff who supervises inmates in segregated housing interviewee states that inmates are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Generally, inmates would be placed in this situation for less than 30 days however, the interviewee states he is not aware of any instances wherein a victim or potential victim has been involuntarily placed in segregated housing. They may be placed in the Holding Cell on a "24 Hour Hold" pending movement to a county jail. The victim or potential victim may be initially placed in

segregated housing for investigative purposes.

Pursuant to the PAQ, the COP self reports that zero inmates were held in involuntary segregated housing as the result of risk of sexual victimization or actual sexual victimization during the last 12 months. Accordingly, 115.43(d) actual practice documents are not available.

Pursuant to the PAQ, the COP self reports If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

EPD Policy 505 entitled Special Management Inmates, page 3, section 505.7 addresses 115.43(e).

The staff who supervises inmates in segregated housing interviewee states that once an inmate is assigned to involuntary segregated housing, the facility reviews the inmate's circumstances every 30 days to determine if continued placement in involuntary segregated housing is needed.

In view of the above, the auditor finds EPD substantially compliant with 115.43.

115.51

**Inmate reporting**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Pursuant to the PAQ, the COP self reports the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about:

Sexual abuse or sexual harassment;  
Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and  
Staff neglect or violation of responsibilities that may have contributed to such incidents.

EPD Policy 606 entitled PREA, page 4, section 606.3(h) addresses 115.51(a).

Internal sexual abuse/harassment incident(s), as well as, such incidents occurring in any confinement setting; retaliation against staff or inmates for reporting an incident(s) of sexual abuse/harassment; and staff neglect or violations of responsibilities that may have contributed to such incident options for reporting are articulated in a PREA poster and on page 5 of the Enumclaw Corrections Inmate Handbook. Inmates have access to these materials.

All 6 random staff interviewees were able to articulate at least two private reporting options for inmates regarding sexual abuse/harassment, retaliation by other inmates or staff for reporting sexual abuse/sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or harassment. Options cited include:

Call \*75;  
Third-party report;  
Verbal to staff;  
KCSARC Hotline; and  
Kite.

All 10 random inmate interviewees were able to articulate at least one private reporting option regarding sexual abuse/harassment, retaliation by other inmates or staff for reporting sexual abuse/sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or harassment. Options cited include:

KCSARC Hotline:  
Dial \*75;  
Kite;  
Third-party report; and  
Verbal to staff.

The auditor notes that many interviewees cited the KCSARC Hotline and verbal report to staff as the preferred methods of reporting.

The auditor notes EPD PREA posters, reflective of reporting options, are amply posted in living areas, program areas, and work locations throughout the facility.

Pursuant to the PAQ, the COP self reports the agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The COP further self reports the agency does not have a policy requiring that inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. The PC reports that inmates detained solely for civil immigration purposes are not housed at EPD.

EPD Policy 606 entitled PREA, page 4, section 606.3(h) addresses 115.51(b). Reporting options, inclusive of the KCSARC Hotline, are addressed in the Inmate Handbook and the PREA posters mentioned in the narrative for 115.51(a).

Pursuant to the auditor's review of all PAQ materials, one internal reporting source is listed on both the PREA poster and in the Inmate Handbook as sources to report abuse or harassment. Specifically, inmates are advised to report such incidents to \*75. Reporting to the KCSARC Hotline is articulated on another poster and the auditor has determined that the same is not a reporting source within the context of 115.51(b) but rather, 115.53(a).

Eight of 10 random inmate interviewees state they are allowed to make a report without having to give their name.

The auditor finds no evidence reflecting that reporter anonymity is compromised by this procedure.

In view of the above, the auditor finds EPD non-compliant with 115.51(b). Accordingly, the auditor imposes a 180-day corrective action period wherein EPD will demonstrate compliance with 115.251(b) and institutionalization of any corrective action. The corrective action due date is September 12, 2022.

This finding is validated by the PRC FAQ regarding 115.51 and dated January 14, 2015. Specifically, as previously cited, information points only to the aforementioned KCSARC Hotline as a public or private reporting source not affiliated with the facility. On March 23, 2022, the auditor spoke to the Acting Director at KCSARC and she advised that they are not a reporting source within the context of 115.51(b). Rather, they provide victim advocacy services within the context of 115.53(a).

As a starting point with respect to 115.51(b) corrective action, the PC must identify a public or private source, not connected to EPD, who can and will receive reports of sexual abuse from EPD inmates. This source must be willing to rapidly relay the report to the EPD COP or designee.

For purposes of this standard provision, the auditor recommends that a Mutual Aid Agreement be drafted and implemented between EPD and another small law enforcement jurisdiction within the area wherein their dispatchers will receive Hotline calls from both inmates and third-party sources regarding alleged sexual abuse. In consideration of the fact inmates must be able to maintain anonymity if they choose the same, the auditor recommends scripted questions be drafted in an effort to establish certain information integral to an investigation without requiring the reporter's name. The PC will play a crucial role in the development of these questions. Additionally, the MOU should specify EPD point(s) of contact by either title, telephone number, or both, as well as, a prescribed time frame for relaying requisite information to the EPD point of contact. The auditor notes that this recommendation regarding a Mutual Aid Agreement was provided by the oncoming PC.

Once the Mutual Aid Agreement is signed by all stakeholders, the PCM will train all command staff stakeholders, as well as, line staff regarding the nuances of the same. A copy of the Mutual Aid Agreement, as well as, any lesson plan will be uploaded into OAS. Additionally, documentation certifying that all stakeholders received and understand the subject-matter presented will be uploaded into OAS. This documentation will include the stakeholder's printed name, written name, and date. The same will also be included in each stakeholder's training or performance file.

In addition to the above, this procedural change will require amendment of PREA posters and the Inmate Handbook, as well as, potential policy change(s). Copies of the above, as well as, issuance dates; posting dates; and photographs validating the same will be uploaded into OAS. Additionally, an informative memorandum regarding this change will be posted in each living area, validated with a photograph uploaded into OAS. The auditor recommends that staff discuss this information with the inmate population in a town hall setting.

The PC will provide to the auditor a roster bearing the names of inmates received between the date of this interim report and the corrective action completion date. The auditor will select five to ten names and the PCM will upload evidence into OAS, substantiating compliance with 115.251(b). Once all corrective action is reviewed, the auditor will determine whether compliance has been attained.

#### November 14, 2022 Update:

The auditor's review of a Third-Party Contract Agreement between EPD and Bonney Lake Police Department (BLPD) reveals substantial compliance with 115.51(b). Initially, the MOA reflected that the inmate would call BLPD Dispatch, providing his/her (inmate's report) of the incident. The EPD Inmate Handbook was updated to include the relevant information and posters/inmate education was likewise updated.

Subsequent to the above, the auditor tested the process and determined there was some conflict associated with the same. As an example, the information would not be forwarded through the chain of command as the result of jurisdictional issues. Accordingly, the procedure, as scripted, was not commensurate with 115.51(b) as the information would not be routed to EPD officials.

In view of the above, the auditor collaborated with the PC and she did address the same with the EPD chain of command. The Commander Support Services did work with a counterpart at BLPD and a viable process was approved. Pursuant to the aforementioned Third-Party Contract Agreement, the inmate's report will be addressed with designated EPD staff within 72 hours of receipt of the same. According to the commander, this is commensurate with Washington State law and/or regulation. The auditor is satisfied that the process and accurate staff/inmate education is sufficient to ensure inmate/staff knowledge of both the relevant telephone number and procedure. The aforementioned Third-Party Contract Agreement, amended documentation, and photographs of posted educational materials are uploaded into OAS.

The auditor did test the new telephone number on November 11, 2022 and has determined that BLPD advised the Commander Support Services of the successful test on November 14, 2022. As previously indicated, the return call to EPD is completed within 72 hours of the aforementioned date.

Based on the corrective action previously mentioned, the auditor now finds EPD substantially compliant with 115.51(b).

Pursuant to the PAQ, the COP self reports the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The COP further self reports staff are

required to promptly document verbal reports.

EDC Policy 606 entitled PREA, page 5, section 606.4 addresses 115.51(c).

All six random staff interviewees state that when an inmate alleges sexual abuse/harassment, he/she can do so verbally, in writing, anonymously, and from third parties. Each interviewee states he/she does immediately document verbal reports.

All 10 random inmate interviewees state they can make reports of sexual abuse/harassment both verbally and in writing. Nine of 10 interviewees state that someone else can also make a report for the victim so they do not have to be named.

Pursuant to the PAQ, the COP self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. Staff are encouraged to speak with their supervisor or the correctional sergeant. The Director further self reports staff are informed of these procedures via staff training.

EDC Policy 606 entitled PREA, page 5, section 606.4 address 115.51(d).

All six random staff interviewees were able to cite at least one method at their disposal for confidential reporting of inmate sexual abuse. Specifically, they assert they can privately report incidents of inmate sexual abuse by the following methods:

Verbal behind closed doors with their supervisor;  
Submission of a letter to the chain of command;  
Telephone call to supervisor;  
Email to supervisor; and  
Call to \*75.

The auditor's review of the training syllabus mentioned in the narrative for 115.31 reveals substantial compliance with 115.51(d). Slide 16 specifically addresses staff reporting.

Finally, an EPD tri-fold pamphlet regarding zero tolerance and reporting options is given to non-security staff, visitors, contractors/volunteers and the same addresses immediate reporting of 115.51(a) and (d) information.

In view of the above, the auditor finds EPD substantially compliant with 115.51.



115.52

**Exhaustion of administrative remedies**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Pursuant to the PAQ, the COP self reports the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse.

EPD Policy 606 entitled PREA, pages 5 and 6, section 606.4.2 addresses 115.52(a).

The PC asserts that inmates are educated regarding PREA grievance procedures both verbally and pursuant to the Inmate Handbook. The auditor's review of the Inmate Handbook reveals such PREA grievance procedures are not addressed in the same.

The PC asserts zero grievances regarding sexual abuse have been received during the last 12 months.

While the standard requires policy or administrative procedure(s) regarding PREA grievances as articulated in 115.52 and EPD is compliant with all 115.52 policy requirements, the auditor's review of the Inmate Handbook reveals that none of these procedures are included in the same. Accordingly, there is no evidence substantiating that inmates are provided information or training regarding 115.52 subject-matter. Accordingly, the auditor strongly recommends that the PC amend the Inmate Handbook to include all 115.52 requirements and provisions.

Pursuant to the PAQ, the COP self reports agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The COP further self reports agency policy does not require an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

EPD Policy 606 entitled PREA, page 5, section 606.4.2 addresses 115.52(b).

Pursuant to the PAQ, the COP self reports the agency's policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The COP further self reports the agency's policy and procedure requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

EPD Policy 606 entitled PREA, page 5, section 606.4.2 addresses 115.52(c).

Pursuant to the PAQ, the COP self reports the agency's policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse is made within 90 days of the filing of the grievance. The COP further self reports zero grievances regarding a sexual abuse incident were filed within the last 12 months.

The agency always notifies an inmate, in writing, when the agency files for an extension, including notice of the date by which a decision will be made. The facility follows-up with every inmate personally and if there is a grievance response that will not be completed in 90 days, designated staff follow-up, in writing.

EPD Policy 606 entitled PREA, page 6, section 606.4.2 addresses 115.52(d).

Pursuant to the PAQ, the COP self reports agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. The COP further self reports agency policy and procedure requires that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. Zero grievances alleging sexual abuse were filed by inmates in the last 12 months wherein the inmate declined third-party assistance.

EPD Policy 606 entitled PREA, page 5, section 606.4.2 addresses 115.52(e).

Pursuant to the PAQ, the COP self reports the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The COP further self reports zero emergency grievances alleging substantial risk of imminent sexual abuse were filed during the last 12 months. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days.

EPD Policy 606 entitled PREA, page 6, section 606.4.2 addresses 115.52(f).

Pursuant to the PAQ, the COP self reports the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad

faith. In the last 12 months, zero grievances alleging sexual abuse resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith.

EPD Policy 610 entitled Inmate Grievances, page 4, section 610.6(g) addresses 115.52(g).

In view of the above, the auditor finds EPD substantially compliant with 115.52.

115.53	<b>Inmate access to outside confidential support services</b>
	<p data-bbox="240 145 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1489 533">Pursuant to the PAQ, the COP self reports the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. Additionally, the COP self reports the facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes however, detainees are not housed at EPD for civil immigration purposes. Finally, the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible.</p> <p data-bbox="240 562 1015 591">EPD Policy 606 entitled PREA, page 3, section 606.3(f) addresses 115.53(a).</p> <p data-bbox="240 620 1433 712">Pursuant to the auditor's review of page 1 of the MOU between EPD and King County Sexual Assault Resource Center (KCSARC), sexual abuse advocacy is available to inmates post incident. The auditor finds this agreement to suffice for compliance with 115.53(a).</p> <p data-bbox="240 741 1493 904">All 10 random inmate interviewees state that services are available outside of the facility for dealing with sexual abuse, if they needed the same. Two interviewees state service providers are comprised of KCSARC VAs and VAs from an unknown source. Eight of 10 interviewees state the facility provides addresses and telephone numbers for these outside services, three asserting the information is available pursuant to posters and another interviewee asserts information is available if he asks staff.</p> <p data-bbox="240 934 1489 1164">The auditor's review of the Inmate Handbook reveals no evidence of telephone number(s)/address regarding KCSARC as the outside source to assist inmates with recovery from sexual abuse. Likewise, the KCSARC poster reflects only the toll free telephone number and is silent regarding the address. Additionally, the poster is ambiguous in terms of the KCSARC mission. Accordingly, the auditor finds EPD inmates are not properly trained regarding KCSARC and its victim advocacy mission for EPD inmates. Accordingly, the auditor finds EPD non-compliant with 115.53(a) and a 180-day corrective action period is imposed wherein compliance with and institutionalization of 115.53(a) must be accomplished. The corrective action due date is September 12, 2022.</p> <p data-bbox="240 1193 1489 1424">To demonstrate compliance and institutionalization, the PC will devise a plan to ensure inmates are adequately informed of 115.53(a) information. This plan could include amendment or updating of the Inmate Handbook and/or posters or some variation thereof. Upon completion of the informational updates, the PC will upload the same for the auditor's review. He will then post a memorandum (English and Spanish) in all units regarding the updated information, inclusive of methods to seek VA services through KCSARC. Additionally, all staff stakeholders will be trained regarding the updated information, ensuring they are able to address any inmate questions regarding the same. The PCM will upload the lesson plan, as well as, training documentation certifying staff completion of said training.</p> <p data-bbox="240 1453 1489 1617">In addition to the above, the PC will implement corrective action with respect to 115.53(b). Specifically, the auditor finds no evidence that inmates are informed, prior to giving them access, of the extent to which their communications with KCSARC VAs will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The auditor recommends that the same corrective action plan referenced above in the narrative for 115.53(a) be implemented.</p> <p data-bbox="240 1677 504 1706">October 11, 2022 Update:</p> <p data-bbox="240 1736 1489 1899">The auditor's review of page 4 of the amended Inmate Handbook reveals 115.53(a) information regarding KCSARC is documented in the same. Additionally, photographs uploaded to OAS reveal that a poster (No Means No) addresses requisite information regarding the KCSARC telephone number and address and the same is posted near inmate telephones in each housing unit. In addition to the above, two informational KCSARC posters are available in each housing unit, complete with a narrative explaining the added 115.53(b) materials.</p> <p data-bbox="240 1928 1182 1957">In view of the above, the auditor now finds EPD substantially compliant with 115.53(a) and (b).</p> <p data-bbox="240 1995 1433 2056">Eight of 10 interviewees state the numbers are free to call. Six of 10 interviewees state they could talk with people from these services anytime.</p> <p data-bbox="240 2085 1489 2145">Pursuant to the PAQ, the COP self reports the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides inmates with access to such services by giving inmates</p>

mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. Additionally, the COP self reports the facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes however, detainees are not housed at EPD for civil immigration purposes. Finally, the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible.

EPD Policy 606 entitled PREA, page 3, section 606.3(f) addresses 115.53(a).

Pursuant to the auditor's review of page 1 of the MOU between EPD and King County Sexual Assault Resource Center (KCSARC), sexual abuse advocacy is available to inmates post incident. The auditor finds this agreement to suffice for compliance with 115.53(a).

All 10 random inmate interviewees state that services are available outside of the facility for dealing with sexual abuse, if they needed the same. Two interviewees state service providers are comprised of KCSARC VAs and VAs from an unknown source. Eight of 10 interviewees state the facility provides addresses and telephone numbers for these outside services, three asserting the information is available pursuant to posters and another interviewee asserts information is available if he asks staff.

The auditor's review of the Inmate Handbook reveals no evidence of telephone number(s)/address regarding KCSARC as the outside source to assist inmates with recovery from sexual abuse. Likewise, the KCSARC poster reflects only the toll free telephone number and is silent regarding the address. Additionally, the poster is ambiguous in terms of the KCSARC mission. Accordingly, the auditor finds EPD inmates are not properly trained regarding KCSARC and its victim advocacy mission for EPD inmates. Accordingly, the auditor finds EPD non-compliant with 115.53(a) and a 180-day corrective action period is imposed wherein compliance with and institutionalization of 115.53(a) must be accomplished. The corrective action due date is September 12, 2022.

To demonstrate compliance and institutionalization, the PC will devise a plan to ensure inmates are adequately informed of 115.53(a) information. This plan could include amendment or updating of the Inmate Handbook and/or posters or some variation thereof. Upon completion of the informational updates, the PC will upload the same for the auditor's review. He will then post a memorandum (English and Spanish) in all units regarding the updated information, inclusive of methods to seek VA services through KCSARC. Additionally, all staff stakeholders will be trained regarding the updated information, ensuring they are able to address any inmate questions regarding the same. The PCM will upload the lesson plan, as well as, training documentation certifying staff completion of said training.

In addition to the above, the PC will implement corrective action with respect to 115.53(b). Specifically, the auditor finds no evidence that inmates are informed, prior to giving them access, of the extent to which their communications with KCSARC VAs will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The auditor recommends that the same corrective action plan referenced above in the narrative for 115.53(a) be implemented.

October 11, 2022 Update:

The auditor's review of page 4 of the amended Inmate Handbook reveals 115.53(a) information regarding KCSARC is documented in the same. Additionally, photographs uploaded to OAS reveal that a poster (No Means No) addresses requisite information regarding the KCSARC telephone number and address and the same is posted near inmate telephones in each housing unit. In addition to the above, two informational KCSARC posters are available in each housing unit, complete with a narrative explaining the added 115.53(b) materials.

In view of the above, the auditor now finds EPD substantially compliant with 115.53(a) and (b).

Eight of 10 interviewees state the numbers are free to call. Six of 10 interviewees state they could talk with people from these services anytime.

Pursuant to the PAQ, the COP self reports the facility informs inmates, prior to giving them access to outside support services, of the extent to which such communications will be monitored. Additionally, the COP further self reports the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

EPD Policy 606 entitled PREA, page 3, section 606.3(f) addresses 115.53(b).

All 10 random inmate interviewees state that what they say to people from these services remains private. Four of 10 random inmate interviewees state that their conversations with people from these services could be told to or listened to by someone else. Reasons for such sharing include conversation regarding criminal activities (inclusive of child abuse and/or

child endangerment) and self injurious behavior.

in view of the evidence cited regarding 115.53(b) as articulated in 115.53(a), the auditor finds EPD non-compliant with 115.53(b). Corrective action is cited in the aforementioned narrative.

The auditor recommends that the PC collaborate with the Enumclaw City Attorney's Office regarding language for the update(s). This applies to the mandatory reporting requirements.

Pursuant to the PAQ, the COP self reports the agency or facility maintains memorandums of understanding (MOUs) or other agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse and the written MOU is on file.

The auditor's review of the MOA between EPD and King County Sexual Assault Resource Center reveals they provide 115.53 VA services. The MOA is maintained on file at the facility.

In view of the above, the auditor finds EPD substantially compliant with 115.53.

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1458 394">Pursuant to the PAQ, the COP self reports the agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. Specifically, the agency has a department website wherein third-party reporting information is listed. The COP further self reports the agency or facility publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates.</p> <p data-bbox="240 427 995 454">EPD Policy 606 entitled PREA, page 5, section 606.4 addresses 115.54(a).</p> <p data-bbox="240 488 1485 645">Options for reporting internal sexual abuse/harassment incident(s), retaliation against staff or inmates for reporting an incident(s) of sexual abuse/harassment, and staff neglect or violations of responsibilities that may have contributed to such incidents are articulated in a PREA poster and on pages 2 and 3 of the Inmate Handbook. Inmates have access to these materials. Of note, these documents, as well as, the information reflected on the EPD website, require amendment pursuant to the corrective action reflected in the narrative for 115.51.</p> <p data-bbox="240 678 1410 739">The aforementioned poster(s) and a tri-fold pamphlet are displayed in the Booking Area, clearly visible to third-parties entering the facility. Additionally, the auditor validated the subject-matter available on the EPD website.</p> <p data-bbox="240 772 1490 833">The auditor recognizes completion of the corrective action highlighted in the narrative for 115.51(b) will facilitate accurate and better knowledge for all stakeholders. Within the meaning of 115.54(a), EPD has met the requisite standard.</p> <p data-bbox="240 866 1031 893">In view of the above, the auditor finds EPD substantially compliant with 115.54.</p>

115.61	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the COP self reports the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Additionally, the COP further self reports the agency requires all staff to report immediately and according to agency policy any retaliation against inmates or staff who reported such an incident and, in accordance with agency policy, any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>EPD Policy 606 entitled PREA, page 5, section 606.4 addresses 115.61(a).</p> <p>All six random staff interviewees assert the agency requires all staff to report:</p> <p>Any knowledge , suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility;</p> <p>Retaliation against inmates or staff who reported such an incident; or</p> <p>Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>All six interviewees assert that reports must be effected immediately to the employee's immediate supervisor or corrections sergeant/patrol sergeant on duty unless the supervisor is alleged to be involved in the incident.</p> <p>Pursuant to the PAQ, the COP self reports that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>EPD Policy 606 entitled PREA, page 5, section 606.4 addresses 115.61(b).</p> <p>The PCM asserts that staff with a "need to know" regarding such reports of sexual abuse/harassment are sergeants in terms of the chain of command.</p> <p>Pursuant to the PAQ, the COP self reports that unless otherwise precluded by federal, state, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. As previously noted throughout this report, medical and mental health practitioners are not employed at EPD.</p> <p>The auditor notes that the contract medical providers have completed the Enumclaw City Jail Staff/Contractors/Volunteer Training document and accordingly, they are aware of and understand reporting obligations. The auditor finds no deviation(s) from the requirements of 115.61(c).</p> <p>Pursuant to the PAQ, the COP self reports if the alleged victim is under the age of 18 or considered a vulnerable adult under a state or local vulnerable persons statute, the agency shall report the allegation to the designated state or local services agency under applicable mandatory reporting laws. The PC asserts zero vulnerable adults or juveniles have been subjected to sexual abuse during the last 24 months.</p> <p>The PC asserts there is no EPD policy that addresses reporting sexual abuse of a juvenile or vulnerable adult under State or local vulnerable persons statute(s). Additionally, the PC asserts If a juvenile offender were subject to sexual abuse, designated staff would contact Child Protective Services and If a vulnerable adult were the subject of sexual abuse, Adult Protective Services would be contacted.</p> <p>The Commander Support Services and PC corroborate the above statement.</p> <p>Pursuant to the PAQ, the COP self reports the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.</p> <p>EPD Policy 606 entitled PREA, pages 4 and 5, section 606.4 addresses 115.61(e).</p> <p>The Commander Support Services asserts that all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators. The Commander Support Services receives reports and he immediately contacts the assigned detective.</p> <p>In view of the above, the auditor finds EPD substantially compliant with 115.61.</p>

<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1485 398">Pursuant to the PAQ, the COP self reports when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The COP further self reports in the last 12 months, the agency or facility determined that zero inmates were subject to a substantial risk of imminent sexual abuse.</p> <p data-bbox="244 432 1453 521">EPD Policy 606 entitled PREA, page 6, section 606.4.2 addresses 115.62(a). This policy citation speaks to protocols employed pursuant to the Emergency Grievance procedure. EPD Policy 610 entitled Inmate Grievances, page 4, section 610.6.1 likewise addresses 115.62(a).</p> <p data-bbox="244 555 1445 645">The COP asserts that when it is learned an inmate is subject to a substantial risk of imminent sexual abuse, the potential victim is immediately separated from the potential perpetrator, removing the victim from the danger zone. The potential victim may be moved to another cell and the potential perpetrator may be moved to one of the contract jails.</p> <p data-bbox="244 678 1465 745">The Commander Support Services asserts that if the alleged perpetrator is known, he/she is, more than likely, immediately moved to one of the contract jails. In some remote circumstances, the potential victim may be moved.</p> <p data-bbox="244 779 1473 835">All six random staff interviewees assert that if it is learned an inmate is at risk of imminent sexual abuse, the potential victim is immediately removed from the danger zone to a safe place.</p> <p data-bbox="244 869 1031 898">In view of the above, the auditor finds EPD substantially compliant with 115.62.</p>



115.63

**Reporting to other confinement facilities**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Pursuant to the PAQ, the COP self reports the agency has a policy requiring that, upon receiving an allegation an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. In the last 12 months, two allegations were received at EPD that an inmate was abused while confined at another facility. The COP self reports contact was made with the facility as described at 115.63(a).

EPD Policy 606 entitled PREA, page 5, section 606.4.1 addresses 115.63(a).

The auditor notes that notification to the other facility is delegated to the corrections sergeant pursuant to the above policy. The same is acceptable pursuant to a PRC FAQ. The FAQ is dated May 9, 2017.

The auditor's review of the 2019 and 2020 Annual PREA Reports reveals that two allegations of 115.63(a) sexual abuse occurring at other facilities were reported to the PC at those respective facilities. In addition to the above, one of the two previously referenced allegations, received within the last 12 months, was forwarded to the ombudsman in that jurisdiction. Accordingly, the auditor finds EPD non-compliant with 115.63(a), imposing a 180-day corrective action period wherein compliance with and institutionalization of the provision will be accomplished. The corrective action period will conclude on or before October 14, 2022.

To demonstrate compliance with and institutionalization of 115.63(a), the PC will provide training to stakeholders (minimally the command structure and the PC's successor) regarding the nuances of 115.63(a). Specifically, the auditor recommends that all emails be forwarded from the Commander Support Services email and they must be forwarded to the Warden, Director, or facility head at the facility where the alleged sexual abuse originated. The PCM will upload a copy of training documentation certifying that stakeholders completed the requisite training. This document will bear the printed/written signature of the attendee, as well as, the date and name of the training.

Throughout the 180-day corrective action period, the PCM will upload copies of requisite notifications, inclusive of the date on which the information of sexual abuse at the other facility, was learned. The auditor will then review such documentation and assess compliance.

September 22, 2022 Update:

The auditor's review of a training memorandum dated May 19, 2022 reflects all caveats of 115.63. EPD protocol, commensurate with 115.63(a), is clearly articulated with the COP, Commander Support Services, and PC signatures affixed to the document. The auditor has not been provided any documentation related to 116.63(a) reports since the interim report date

With completion of this corrective action, the auditor finds EPD substantially compliant with 115.63(a).

Pursuant to the PAQ, the COP self reports agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.

EPD Policy 606 entitled PREA, page 5, section 606.4.1 addresses 115.63(b).

With the exception of the findings articulated in the narrative for 115.63(a), the auditor finds no deviation in terms of timelines for notification of the facility head at the institution at which the alleged sexual abuse occurred.

Pursuant to the PAQ, the COP self reports the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

EPD Policy 606 entitled PREA, page 5, section 606.4.1 addresses 115.63(c).

The auditor's review of one notification referenced in 115.63(a) reveals the notification was properly documented. In the other matter, the inmate would not provide any information regarding his allegations regarding prison rape. Specifically, the facility wherein the alleged rape occurred, time and date of the rape, and perpetrator(s) were not provided by the alleged victim.

Pursuant to the PAQ, the COP self reports the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with PREA standards. The COP further self reports in the last 12 months, zero allegations of sexual abuse originating at EPD were received from another facility.

EPD Policy 606 entitled PREA, page 7, section 606.7 addresses 115.63(d).

The Agency Head interviewee asserts that the commander support services is the designated authority for receipt of notifications from other facilities regarding sexual abuse incidents allegedly originating at EPD. A full EPD sexual abuse investigation is conducted whenever such notification(s) are received. Zero such allegations have been received at EPD during the last 12 months. Of note, the Warden interviewee validates the Agency Head's statement.

In view of the above, the auditor finds EPD substantially compliant with 115.63.

115.64	<b>Staff first responder duties</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Pursuant to the PAQ, the COP self reports the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report:

Separates the alleged victim and abuser;

Preserves and protects any crime scene until appropriate steps can be taken to collect any evidence;

If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report requests the alleged victim not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and

If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensures 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.

The PC asserts that correctional officers (COs) also carry a card on their person that describes their responsibilities as a first responder.

The COP self reports In the last 12 months, zero allegations of sexual abuse at EPD were reported .

Two of six random staff interviewees were able to properly cite all four 1st responder duties as articulated at 115.64(a).

Those who could not properly cite the four steps stated that the 1st responder either ensures or requests that both the victim and perpetrator not destroy physical evidence. The security 1st responder likewise articulated the same. In view of the above, the auditor reviewed the laminated card which staff carry and noted that the same contained the language ensuring that both the victim and perpetrator do not destroy physical evidence.

In view of the above, the auditor finds EPD non-compliant with 115.64(a). The auditor therefore places EPD in corrective action status for a period of 180 days with the corrective action completion date of October 12, 2022. During this period, the PC will ensure that training regarding the nuances of 115.64(a) is completed and that proper protocol is implemented into the facility culture.

To demonstrate completion of corrective action, the PC will revise the aforementioned card, ensuring the terms "request" and "ensure" are reflected in proper context in accordance with policy. Additionally, the PC will train all jail staff regarding the aforementioned nuances, accentuating the same. Staff completion of this training will be properly documented on a training roster bearing the staff member's typed or printed name, signature, and date of instruction. The PC will subsequently upload a copy of the revised laminated card, the training syllabus, and the training roster into AOS for the auditor's review.

May 13, 2022 Update:

The auditor notes that the PC commenced corrective action with respect to the card amendment while the auditor was on-site. The amended version was not provided to the auditor prior to his departure. However, the auditor's review of the same on September 22, 2022 reveals 115.64(a) language is included in the same. Likewise the auditor's review of the training syllabus regarding 115.64(a) requirements is also reflective of the standard verbiage.

October 21, 2022 Update:

The auditor's review of the attached 115.64 training roster reveals that staff reviewed the training plan and received a carry card regarding 1st Responder duties pursuant to 15.64(a). The training roster also reveals that the COP and Commander completed the same training.

In view of the above, the auditor now finds EPD substantially compliant with 115.64(a).

EPD Policy 606 entitled PREA, page 7, section 606.6(a), (c), and (d) addresses 115.64(a).

Pursuant to the PAQ, the COP self reports agency policy requires that if the first staff responder is not a security staff member, the responder shall request the alleged victim not take any actions that could destroy physical evidence and the responder subsequently notifies security staff.

EPD Policy 606 entitled PREA, page 7, section 606.6 addresses 115.64(b).

In view of the above, the auditor now finds EPD substantially compliant with 115.64.

<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 365">Pursuant to the PAQ, the COP self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p data-bbox="240 394 1485 521">The Warden interviewee asserts the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators and facility leadership in response to an incident of sexual abuse. The same is addressed in EPD Policy 606 entitled PREA and the Policy Acknowledgment. Parts of the plan are discussed during daily training. The PC asserts the same is accessible to all cos.</p> <p data-bbox="240 551 903 580">The auditor notes that the EPD city jail is comprised of one facility.</p> <p data-bbox="240 609 1031 638">In view of the above, the auditor finds EPD substantially compliant with 115.65.</p>

<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1476 360">Pursuant to the PAQ, the COP self reports the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf, has entered into or renewed a collective bargaining agreement or other agreement since the last PREA audit.</p> <p data-bbox="240 396 1481 456">The auditor's review of the Agreement Between the City of Enumclaw and Enumclaw Police Officers Association reveals the same is current and is substantially compliant with 115.266(a).</p> <p data-bbox="240 488 1471 680">The COP is the designated agency head of EPD and he asserts the agency entered into or renewed collective bargaining agreements or other agreements since the last PREA audit (January, 2022). The agreement does not preclude the agency from removing alleged staff sexual abusers from contact with any inmate pending an investigation or a determination of whether and to what extent discipline is warranted. The auditor's review of the current Agreement Between the City of Enumclaw and Enumclaw Police Officers Association validates the COP's statement as reflected above. The aforementioned Agreement does not preclude 115.66(a) requirements.</p> <p data-bbox="240 712 1029 739">In view of the above, the auditor finds EPD substantially compliant with 115.66.</p>

115.67

**Agency protection against retaliation**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Pursuant to the PAQ, the COP self reports the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The COP further self reports the agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. At EPD, the correctional sergeant is designated as the retaliation monitor and, pursuant to policy, he can delegate 115.67(c) retaliation monitoring duties.

When any incident occurs with officers and inmates, the officer is removed from the floor until the investigation is completed. Depending on the outcome of the investigation, the officer may not be allowed to have contact or work on the floor where the inmate is assigned. The officer's direct supervisor will monitor and assign where staff will be working.

EPD Policy 606 entitled PREA, pages 6 and 7, section 606.5 addresses 115.67(a).

The auditor notes that zero sexual abuse/harassment allegations were investigated at EPD during the last 12 months.

Pursuant to the PAQ, the COP self reports the agency employs multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

EPD Policy 606 entitled PREA, page 6, section 606.5 addresses 115.67(b).

The designated staff member charged with monitoring retaliation interviewee asserts he monitors various factors relative to victims/potential victims who report sexual abuse or are the subject of reports of sexual abuse. Specifically, he trains staff and inmates regarding policy. He works with appropriate staff to ensure transfer of the alleged retaliation perpetrator to another facility or the victim as a last result in view of unique and precarious circumstances.

If housing change(s) are warranted, the alleged or known perpetrator is housed in specific cells. He may recommend emotional support services through DCR or Valley Cities Behavioral Health.

With respect to staff perpetrators of retaliation, they may be placed on administrative leave or placed in a non-inmate contact position. He might recommend the Employee Assistance Program (EAP) for staff victims.

Additionally, he coordinates actions in an attempt to ensure victim, etc. safety and freedom from retaliation. Specifically, he facilitates at a minimum, bi-weekly formal meetings with individual(s), in question, for a minimum 90-day period of time. All formal meetings and check-ins are documented in the Jail Incident Report. Informal or periodic check-ins are likewise documented. The staff member charged with monitoring retaliation asserts he initiates contact with inmates who have reported sexual abuse.

The Agency Head and Warden interviewee's statements in this regard parallel the retaliation monitor's statement.

The PC asserts zero inmates were housed in segregated housing (for risk of sexual victimization/who allege to have suffered sexual abuse) during the on-site audit.

Pursuant to the PAQ, the COP self reports the facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. Monitoring continues for a period of at least 90 days however, the facility acts promptly to remedy any such retaliation. The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The COP further self reports zero incidents of retaliation occurred in the last 12 months.

EPD Policy 606 entitled PREA, page 6, section 606.5 addresses 115.67(c).

The COP asserts that when retaliation is suspected, the corrections sergeant handles the same immediately pursuant to implementation of measures articulated in the following paragraphs.

The designated staff member charged with retaliation monitoring asserts he looks for the following to detect retaliation against inmates:

- Change in associations;
- Changes in demeanor and behavior;
- Eating habit changes;
- Requesting multiple clothing changes based on bodily function mishaps;
- Sleep pattern changes;

Multiple cell change requests; and  
Decompensation in terms of personal hygiene.

Retaliation against staff may manifest itself as follows:

Perpetual anger;  
Multiple shift and assignment change requests;  
Arguments with others;  
Isolation;  
Monitor performance depreciation;  
Increase in sick call requests; and  
Hygiene decompensation.

The designated staff member charged with monitoring retaliation interviewee asserts he monitors the conduct and treatment of inmates and staff who report the sexual abuse of an inmate or were reported to have suffered sexual abuse for at least 90 days. If there is a concern that potential retaliation might occur, monitoring may be extended until release from EPD.

The statement of the Director essentially parallels that of the designated member charged with retaliation monitoring.

Pursuant to the PAQ, the COP self reports In the case of inmates, such monitoring shall also include periodic status checks.

The designated staff member charged with retaliation monitoring interviewee's statement regarding warning signs of retaliation against inmate victims of sexual abuse is reflected in the narrative for 115.67(c).

The relevant policy citation is reflected in the narrative for 115.67(c).

Pursuant to the PAQ, the COP self reports 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 relevant policy citation is reflected in the narrative for 115.67(a).

If an individual who cooperates with an investigation expresses a fear of retaliation, the Agency Head and Warden interviewees assert the agency employs the observations and steps articulated in the narratives for 115.67(a-d), inclusive of implementation of psychological support services. The PC asserts that during the last 18 months, zero inmates expressed a fear of retaliation when and after cooperating in a sexual abuse investigation.

In view of the above, the auditor finds EPD substantially compliant with 115.67.



115.68	<p><b>Post-allegation protective custody</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the COP self reports the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and there is/are no available alternative means of separation from likely abusers. Zero inmates who allege to have suffered sexual abuse were held in involuntary segregated housing in the last 12 months for one to 24 hours awaiting completion of assessment. Additionally, zero inmates who allege to have suffered sexual abuse were assigned to involuntary segregated housing in the last 12 months for longer than 30 days while awaiting alternative placement. If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>EPD Policy 507 entitled Inmate Classification, pages 5 and 6, section 507.10 addresses 115.43(a).</p> <p>The Warden interviewee asserts agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers. If implemented, placement would be in the Holding Cell for less than 24 hours unless the inmate was pending psychological evaluation. However, if the victim requests protective custody, they can be housed in segregated housing.</p> <p>The interviewee asserts inmates at high risk for sexual victimization or who have alleged sexual abuse would generally be placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Aside from the time frame mentioned in 115.43(a), inmates are minimally assessed less than 24 hours of placement in segregated housing. Acceptable housing arrangements are assessed and possible alternatives, if necessary. Acceptable alternative housing arrangements are addressed in the narrative for 115.43.</p> <p>Finally, the interviewee asserts that during the last 12 months, there were no circumstances which warranted the use of segregated housing to protect an inmate who was alleged to have suffered sexual abuse.</p> <p>The statement of the staff who supervises inmates in segregated housing interviewee is reflected throughout the narrative for 115.43.</p> <p>In view of the above, the auditor finds EPD substantially compliant with 115.68.</p>
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115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1433 329">Pursuant to the PAQ, the COP self reports the agency/facility has a policy related to criminal and administrative agency investigations.</p> <p data-bbox="240 360 1469 454">EPD Policy 606 entitled PREA, pages 7 and 8, sections 606.7 and 606.7.1 addresses 115.71(a). Additionally, the auditor's review of a blank Aggravated Sexual Assault Checklist reveals a chronological sequence of steps to be taken in a sexual abuse incident. The document provides space for time, date, and initials of staff completing each individualized task.</p> <p data-bbox="240 486 1489 611">The administrative investigative staff interviewee asserts sexual abuse/harassment investigations are initiated immediately if on-site. If off-site, administrative investigations of sexual harassment are generally initiated within 24 hours. If off-site, the administrative investigative staff interviewee may ask the correctional officer (co) on duty to commence threshold questioning of the victim. She would generally report to the facility in the case of a sexual abuse allegation.</p> <p data-bbox="240 642 1489 701">The interviewee also asserts anonymous and third-party reports of sexual abuse are investigated in the same manner as any allegation.</p> <p data-bbox="240 732 1445 826">The PC asserts the collection of physical evidence is not part of the evidence collection protocol as cos do not collect physical evidence. Cos use the 1st Responder Checklist as they preserve physical evidence. First responder duties are addressed as part of the evidence training facilitated by agency trainers.</p> <p data-bbox="240 857 1230 884">The auditor's review of the Sexual Assault Checklist reveals substantial compliance with 115.71(a).</p> <p data-bbox="240 916 1430 974">Pursuant to the PAQ, the COP self reports where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34.</p> <p data-bbox="240 1005 995 1032">EPD Policy 606 entitled PREA, page 8, section 606.7 addresses 115.71(b).</p> <p data-bbox="240 1064 1469 1189">The administrative investigative staff interviewee asserts she did receive training specific to conducting sexual abuse investigations in confinement settings. She completed the NIC course entitled PREA: Conducting Sexual Abuse Investigations in a Confinement Setting. The course is a three-hour on-line course, inclusive of scenario work. The course did provide instruction regarding the following:</p> <ul data-bbox="240 1220 1222 1382" style="list-style-type: none"> <li>Techniques for interviewing sexual abuse victims;</li> <li>Proper use of Miranda and Garrity warnings;</li> <li>Sexual abuse evidence collection in confinement settings; and</li> <li>The criteria and evidence required to substantiate a case for administrative or prosecution referral.</li> </ul> <p data-bbox="240 1355 1038 1382">Additionally, she has completed academy-type one week individualized training.</p> <p data-bbox="240 1413 1091 1440">An analysis of specialty investigative training is articulated in the narrative for 115.34.</p> <p data-bbox="240 1471 1469 1529">The criminal investigative interviewee states that within hours of his receipt of a report, he dispatches a team, inclusive of a supervisor, to the facility. This occurs minimally, within 24 hours of allegation notification.</p> <p data-bbox="240 1561 1493 1655">As a consortium of investigators are used to ensure transparency with such investigations, the detectives (investigators) used are not affiliated with the facility. In terms of investigative protocol, the investigative team reports to the facility and completes the following:</p> <ul data-bbox="240 1686 1334 2112" style="list-style-type: none"> <li>Meets with EPD official(s) and investigator(s) in a briefing format;</li> <li>Secure evidence collected by EPD detective(s) and make a determination regarding crime laboratory referral;</li> <li>Review victim and witness statements and interview notes (threshold interviews);</li> <li>Develop interview strategy;</li> <li>Commence in-depth interview with the victim;</li> <li>Interview witnesses;</li> <li>Records check and credibility analysis, as compared to, the developing fact pattern;</li> <li>Review video, telephone monitoring, and radio transmissions;</li> </ul>

Interview perpetrator;

Re-interviews, if necessary; and

Write report.

The interviewee states that anonymous and third-party reports of sexual abuse are investigated in the same manner as any allegation.

As previously mentioned, EPD detectives are properly training to collect evidence and therefore, the majority of physical evidence would be collected prior to our arrival on site. Our team may collect additional direct and indirect evidence as the investigation develops.

Pursuant to the PAQ, the COP self reports 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.

EPD Policy 606 entitled PREA, page 7, section 606.6(c) addresses 115.71(c).

According to the administrative investigative staff interviewee, the following constitutes a snapshot of investigative steps and associated time frames for completion of the same:

Check the crime scene to ensure the same is secure (5 to ten minutes);

Threshold questioning of the victim (10 minutes);

Contact the criminal investigative team regarding a forensic examination;

Initiate warrant process for evidence collection (up to one hour);

Interview staff and inmate witnesses (15-20 minutes per witness);

Review video (one to two hours);

Review inmate and staff files (one hour);

Review telephone monitoring (30 minutes);

Re-interviews (10-15 minutes per witness);

Interview perpetrator (zero to one hour); and

Write report (one day).

The administrative staff investigative interviewee asserts she collects clothing, linens, letters, anything that might have DNA. Video monitoring, telephone monitoring, and files represent indirect evidence she would collect.

Pursuant to the PAQ, the COP self reports when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The administrative investigative staff interviewee asserts the conduct of compelled interviews is facilitated by consortium investigators.

The criminal investigative interviewee states that he and his team connect with prosecutors during the first 24 hours of the investigation. They coordinate compelled interviews at that time.

The administrative investigative staff interviewee asserts she bases credibility of an alleged victim, suspect, or witness on their familiarity with the fact pattern as the same unfolds throughout the investigative process. Consistency between the fact pattern and the victim's, witnesses', or perpetrator's statement equates to credibility. The alleged victim, suspect, or witness is believable until proven otherwise.

The criminal investigative interviewee states that his team assesses how the interviewee's statement coincides with physical/indirect evidence and the fact pattern, as known. Consistency is critical in terms of credibility determinations. The primary question is whether there is more evidence that the incident occurred, than not.

In addition to the above, both the administrative and criminal investigative staff interviewees assert they would not, under any circumstances, require an inmate who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

Pursuant to the PAQ, the COP self reports administrative investigations:

Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

EPD Policy 606 entitled PREA, pages 7 and 8, section 606.7 addresses 115.71(f).

The administrative investigative staff interviewee asserts she establishes the fact pattern and timeline and the Warden interviewee reviews the same to determine policy and ethical violations. She cites her findings in a written report as reflected above.

Her report generally follows the following format:

Executive digest of allegations;  
Timeline;  
Document witness statements;  
Document observations;  
Document physical evidence analysis; and  
Victim, witness, and perpetrator credibility assessments.

The criminal investigative interviewee states that the criminal report follows this format:

Executive Digest- Allegation(s) and fact(s) known;  
Victim(s) interview and credibility assessment(s);  
Witness interview(s) and credibility assessment(s);  
Physical and indirect evidence identification and credibility assessment(s);  
Perpetrator interview and credibility; and  
Finding.

EPD Policy 606 entitled PREA, page 8, section 606.7 addresses 115.71(g).

The administrative investigative staff interviewee asserts criminal investigation reports are documented. They somewhat mirror administrative investigations however, a thorough analysis of DNA, etc. is included in the criminal report.

Pursuant to the PAQ, the COP self reports substantiated allegations of conduct that appear to be criminal are referred for prosecution. Such administrative reports are forwarded to a consortium investigative agency for consideration of prosecution referral. Since the last PREA audit, zero matters were referred for prosecution.

The criminal investigative interviewee states that when they feel there is sufficient evidence to validate violation of state criminal code, they refer the case for prosecution.

EPD Policy 606 entitled PREA, page 9, section 606.7.1 addresses 115.71(h).

The administrative investigative staff interviewee asserts she does not refer cases for prosecution rather, such referral is a consortium investigative agency function.

Pursuant to the PAQ, the COP self reports the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

EPD Policy 606 entitled PREA, page 11, sections 606.12 addresses 115.71(a).

The auditor has not discovered any deviation(s) from 115.71(i).

Pursuant to the PAQ, the COP self 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.

EPD Policy 606 entitled PREA, page 8, section 606.7 addresses 115.71(j).

The administrative and criminal investigative interviewees assert that investigations continue when both a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct and when a victim who alleges sexual abuse/harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident.

Pursuant to the PAQ, the COP self reports 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.

EPD Policy 606 entitled PREA, page 8, section 606.7 addresses 115.71(l).

The Warden interviewee asserts that if an outside agency investigates allegations of sexual abuse, the detective(s) facilitate email and telephone follow-up to law enforcement to remain abreast of the status of the investigation. She documents those contacts. The PC corroborates the Director's assertion in this regard. Finally, the administrative investigative staff interviewee asserts she acts as a facilitator or liaison, assisting criminal investigators with whatever they need.

In view of the above, the auditor finds EPD substantially compliant with 115.71.

<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 273 1455 331">Pursuant to the PAQ, the COP self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="242 362 1011 389">EPD Policy 606 entitled PREA, page 8, section 606.7.1 addresses 115.72(a).</p> <p data-bbox="242 421 1439 546">According to the investigative staff interviewee, she is the "fact finder" and she makes no determination(s) regarding sufficiency of evidence for substantiation of an administrative charge. The corrections sergeant or commander support services makes the determination as to whether the evidence constitutes a preponderance of evidence. This process is consistent with the relevant policy narrative as reflected above.</p> <p data-bbox="242 577 1490 636">The criminal investigative interviewee states that probable cause is required as a precursor to prosecution referral. Evidence beyond a reasonable doubt is the criminal evidentiary standard.</p> <p data-bbox="242 667 1031 694">In view of the above, the auditor finds EPD substantially compliant with 115.72.</p>

115.73	<b>Reporting to inmates</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1477 398">Pursuant to the PAQ, the COP self reports the agency has a policy requiring that any inmate who makes an allegation he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The COP further self reports zero sexual abuse investigation cases were completed during the last 12 months.</p> <p data-bbox="242 427 1011 456">EPD Policy 606 entitled PREA, page 9, section 606.7.2 addresses 115.73(a).</p> <p data-bbox="242 495 1477 622">The Warden interviewee asserts the corrections sergeant notifies an inmate who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Such notification is always made in writing pursuant to Disposition of Finding memorandum. The corrections sergeant corroborates the statement of the COP in this regard.</p> <p data-bbox="242 651 1497 779">Pursuant to the PAQ, the COP self reports if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. The COP further self reports during the last 12 months, zero investigations of alleged inmate sexual abuse in the facility were completed by an outside agency and the requisite notification was provided to each.</p> <p data-bbox="242 808 1011 837">EPD Policy 606 entitled PREA, page 9, section 606.7.2 addresses 115.73(b).</p> <p data-bbox="242 866 1461 927">The Warden interviewee asserts the detectives maintain contact with outside jurisdiction(s) regarding the status of criminal sexual abuse investigations. Further, the detectives provide the interviewee a weekly briefing regarding the same.</p> <p data-bbox="242 956 1477 1052">Pursuant to the PAQ, the COP self reports following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever:</p> <ul data-bbox="242 1081 1477 1279" style="list-style-type: none"> <li>The staff member is no longer posted within the inmate's unit;</li> <li>The staff member is no longer employed at the facility;</li> <li>The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or</li> <li>The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</li> </ul> <p data-bbox="242 1218 1477 1279">The COP further self reports there has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility in the last 12 months.</p> <p data-bbox="242 1308 1011 1337">EPD Policy 606 entitled PREA, page 9, section 606.7.2 addresses 115.73(c).</p> <p data-bbox="242 1366 1246 1395">The auditor has not found nor has he been provided any evidence warranting 115.73(c) notifications.</p> <p data-bbox="242 1424 1426 1485">Pursuant to the PAQ, the COP self reports that following an inmate's allegation he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever:</p> <ul data-bbox="242 1514 1417 1574" style="list-style-type: none"> <li>The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or</li> <li>The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</li> </ul> <p data-bbox="242 1603 1011 1632">EPD Policy 606 entitled PREA, page 9, section 606.7.2 addresses 115.73(d).</p> <p data-bbox="242 1662 1469 1722">As zero allegations of inmate-on-inmate sexual abuse were received during the last 12 months, zero 115.73(d) notifications were applicable.</p> <p data-bbox="242 1751 1246 1780">The auditor has not found nor has he been provided any evidence warranting 115.73(d) notifications.</p> <p data-bbox="242 1809 1490 1937">Pursuant to the PAQ, the COP self reports the agency has a policy that all notifications to inmates described under this standard are documented. The director further self reports in the last 12 months, zero written notifications to inmates were provided pursuant to 115.73. Again, the auditor notes, as previously, stated in this report, that zero sexual abuse cases were investigated during the last 12 months.</p> <p data-bbox="242 1966 1011 1995">EPD Policy 606 entitled PREA, page 9, section 606.7.2 addresses 115.73(e).</p> <p data-bbox="242 2024 1031 2054">In view of the above, the auditor finds EPD substantially compliant with 115.73.</p>

<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1409 331">Pursuant to the PAQ, the COP self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="240 360 994 387">EPD Policy 606 entitled PREA, page 8, section 606.7 addresses 115.76(a).</p> <p data-bbox="240 418 1490 515">Pursuant to the PAQ, the COP self reports zero facility staff have violated agency sexual abuse/harassment policies during the last 12 months. Additionally, zero facility staff have been terminated (or resigned prior to termination) for violating agency sexual abuse/harassment policies.</p> <p data-bbox="240 544 956 571">The relevant policy citation is referenced in the narrative for 115.276(a).</p> <p data-bbox="240 602 1497 761">Pursuant to the PAQ, the COP self reports the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The COP self reports zero facility staff have been disciplined, short of termination, for violation of agency sexual abuse/harassment policies (other than actually engaging in sexual abuse).</p> <p data-bbox="240 790 1011 817">EPD Policy 606 entitled PREA, page 8, section 606.7.1 addresses 115.76(c).</p> <p data-bbox="240 848 1485 1008">Pursuant to the PAQ, the COP self reports all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. The COP further self reports that in the last 12 months, zero facility staff have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="240 1039 866 1066">EPD Policy 606, page 9, section 606.7.1 addresses 115.76(d).</p> <p data-bbox="240 1097 1031 1124">In view of the above, the auditor finds EPD substantially compliant with 115.76.</p>



115.77	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1477 427">Pursuant to the PAQ, the COP self reports agency policy requires that any contractor or volunteer who engages in sexual abuse is reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. The COP further self reports agency policy requires that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates. In the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.</p> <p data-bbox="240 461 1485 555">EPD Policy 606 entitled PREA, page 9, section 606.8.1 addresses 115.77(a). Additionally, the auditor's review of the EPD Staff/Contractors/Volunteers PREA Training document reveals admonishments to contractors and volunteers and substantial compliance with 115.77(a).</p> <p data-bbox="240 589 1493 712">Pursuant to the PAQ, the COP self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The PC elaborates further that if there is a claim a contractor or volunteer violated agency sexual abuse or sexual harassment policies, he/she will not be allowed in the facility.</p> <p data-bbox="240 745 1485 869">The Warden interviewee asserts that in the case of any violation of agency sexual abuse/harassment policies by a contractor or volunteer, facility access privileges are immediately suspended pending the outcome of an investigation. If the investigation is substantiated, access privileges are revoked on a permanent basis. The interviewee further asserts there were no such situations that occurred during the last 24 months.</p> <p data-bbox="240 902 1031 931">In view of the above, the auditor finds EPD substantially compliant with 115.77.</p>

115.78	<b>Disciplinary sanctions for inmates</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 398">Pursuant to the PAQ, the COP self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt that an inmate engaged in inmate-on-inmate sexual abuse. In the last 12 months, zero administrative findings or criminal findings of guilt for inmate-on-inmate sexual abuse occurred at the facility.</p> <p data-bbox="242 427 1422 490">EPD Policy 600 entitled Inmate Discipline, page 8, section 600.11 addresses 115.78(a). Pages 5, 6, and 7 of the EPD Inmate Handbook also addresses 115.78(a) and (b).</p> <p data-bbox="242 519 1490 613">Pursuant to the PAQ, the COP self reports sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.</p> <p data-bbox="242 642 1115 672">EPD Policy 600 entitled Inmate Discipline, page 8, section 600.11 addresses 115.78(b).</p> <p data-bbox="242 701 1458 795">The Warden interviewee asserts inmates are subject to criminal charges, loss of work time, administrative transfer, loss of Good Conduct Time. Sanctions imposed are proportionate to the nature and circumstances of the abuses committed, the inmate's disciplinary history, and the sanction imposed for similar offenses by other inmates with similar histories.</p> <p data-bbox="242 824 1469 887">Pursuant to the PAQ, the COP self reports the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="242 916 1120 945">EPD Policy 600 entitled Inmate Discipline, page 6, section 600.8.4 addresses 115.78(c).</p> <p data-bbox="242 974 1485 1068">The Warden interviewee asserts that mental disability or mental illness are considered when determining sanctions. If there is a question of mental incapacity, we coordinate with the Designated Crisis Responder (DCR- a county employee) to assess mental health status.</p> <p data-bbox="242 1097 1481 1191">Pursuant to the PAQ, the COP self reports the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The DCR provides follow-up and the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.</p> <p data-bbox="242 1220 1485 1314">Pursuant to the PAQ, the COP self reports the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. An investigation is conducted and if proven the inmate was inappropriate with staff and staff was not a willing participant, the inmate can be disciplined.</p> <p data-bbox="242 1344 1115 1373">EPD Policy 600 entitled Inmate Discipline, page 8, section 600.10 addresses 115.78(e).</p> <p data-bbox="242 1402 1485 1496">Pursuant to the PAQ, the COP self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p data-bbox="242 1525 1110 1554">EPD Policy 600 entitled Inmate Discipline, page 8, section 600.10 addresses 115.78(f).</p> <p data-bbox="242 1583 1469 1646">Pursuant to the PAQ, the COP self reports the agency prohibits all sexual activity between inmates and disciplines inmates for sexual abuse only when the agency deems such activity was coerced.</p> <p data-bbox="242 1675 1115 1704">EPD Policy 600 entitled Inmate Discipline, page 8, section 600.10 addresses 115.78(g).</p> <p data-bbox="242 1733 1031 1762">In view of the above, the auditor finds EPD substantially compliant with 115.78.</p>

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the COP self reports all inmates at the facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake. In the last 12 months, two inmates who disclosed prior institutional sexual victimization during screening were offered a follow-up meeting with a medical or mental health practitioner as all inmates are offered follow up with mental health and medical providers. Community medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>EPD Policy 707 entitled Health Appraisals, page 2, section 707.3.1 addresses 115.81(a).</p> <p>The PC interviewee asserts zero inmates who reported historical community or institutional sexual victimization during risk screening were housed at the facility during the on-site audit. Accordingly, that audit questionnaire was not administered.</p> <p>The staff who performs screening for risk of victimization and abusiveness interviewee asserts she does offer a follow-up meeting with a medical and/or mental health practitioner whenever a 115.41 screening indicates that an inmate has experienced prior sexual victimization. A mental health consultant may be brought into the facility. The interviewee was not aware of the timeline for the meeting following the report.</p> <p>The auditor's review of two reports wherein inmates reported 115.83(a) historical institutional sexual abuse and declined mental health follow-up, reveals such documentation was not completed. The PC asserts documentation was not completed. The auditor does note however, that reports reflect one of the alleged victims was advised of available resources for working through the alleged sexual abuse. With respect to the other incident, the inmate provided insufficient information as to the prison at which the alleged abuse occurred or the date/approximate date of the alleged abuse.</p> <p>The auditor recommends the facility utilize DCR to facilitate such meetings and follow-up. The auditor also recommends that such meetings be thoroughly documented. If the inmate declines the meeting, the same must be documented in the record.</p> <p>The PC also asserts zero incoming inmates reported sexual abuse in the home, community, etc.</p> <p>Pursuant to the PAQ, the COP self reports the facility is a jail and therefore, 115.81(b) is not applicable. The auditor concurs with this assessment as the facility is classified as a jail. However, during the last 12 months, zero inmates previously perpetrated sexual abuse, as indicated during the screening.</p> <p>The staff responsible for risk screening interviewee states that typically, such inmates are moved to a contract facility.</p> <p>The specifics regarding 115.81(c) are addressed in the narrative for 115.81(a).</p> <p>Pursuant to the PAQ, the COP self reports information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to care and custody staff to assist with security decisions such as housing, bed assignment, and treatment.</p> <p>EPD Policy 606 entitled PREA, pages 13 and 14, section 606.17(j) addresses 115.81(d).</p> <p>Pursuant to the PAQ, the COP self reports medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.</p> <p>EPD Policy 606 entitled PREA, page 13, section 606.17(i) addresses 115.81(e).</p> <p>As previously mentioned throughout this report, medical and mental health staff do not provide services at EPD/</p> <p>In view of the above, the auditor finds EPD substantially compliant with 115.81.</p>

115.82	<b>Access to emergency medical and mental health services</b>
	<p data-bbox="240 143 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1469 499">Pursuant to the PAQ, the COP self reports inmate 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. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p data-bbox="240 528 1310 555">EPD Policy 606 entitled PREA, page 12, section 606.14 and page 13, section 606.15 addresses 115.82(a).</p> <p data-bbox="240 584 1458 647">As previously noted throughout this report, zero allegations of sexual abuse originating at EPD occurred during the last 12 months. Accordingly, there is no evidence supporting 115.82(a) medical/mental health care.</p> <p data-bbox="240 676 1058 703">In view of the above, the auditor finds EPD substantially compliant with 115.82(a).</p> <p data-bbox="240 732 1461 828">If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p data-bbox="240 857 1023 884">EPD Policy 606 entitled PREA, page 7, section 606.6(b) addresses 115.82(b).</p> <p data-bbox="240 913 1474 976">The security staff 1st responder interviewee correctly cited 115.64(a) 1st responder duties. The PC advised the auditor that all EPD staff (jail) are considered security staff and accordingly, the non-security 1st responder interview was not facilitated.</p> <p data-bbox="240 1005 1469 1102">Pursuant to the PAQ, the COP self reports inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p data-bbox="240 1131 1046 1158">EPD Policy 606 entitled PREA, page 13, section 606.17(e) addresses 115.82(c).</p> <p data-bbox="240 1187 1461 1249">As reflected in the narrative for 115.21(c), the above information and services are provided in conjunction with the forensic examination.</p> <p data-bbox="240 1279 1398 1344">Pursuant to the PAQ, the COP self reports treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="240 1373 1046 1400">EPD Policy 606 entitled PREA, page 13, section 606.17(h) addresses 115.82(d).</p> <p data-bbox="240 1429 1466 1491">The auditor has not learned of any instance wherein financial charges for treatment services were imposed upon the victim whether he/she named the abuser or cooperated with any investigation arising out of the incident.</p> <p data-bbox="240 1520 1031 1547">In view of the above, the auditor finds EPD substantially compliant with 115.82.</p>

115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the COP self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>EPD Policy 707 entitled Health Appraisals, page 2, section 707.3.1 addresses 115.83(a).</p> <p>Pursuant to the PAQ, the COP self reports 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.</p> <p>EPD Policy 606 entitled PREA, page 13, section 606.17(g) addresses 115.83(b).</p> <p>The facility provides such victims with medical and mental health services consistent with the community level of care.</p> <p>EPD Policy 606 entitled PREA, page 7, section 606.6(b) addresses 115.83(c).</p> <p>Care is generally provided at a hospital in the surrounding facility. Accordingly, the community standard of care is met. The contract physician may provide some care however, following the forensic examination.</p> <p>Pursuant to the PAQ, the COP self reports female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.</p> <p>EPD Policy 606 entitled PREA, page 13, section 606.17(f) addresses 115.83(d).</p> <p>The auditor has not been provided nor has he discovered any evidence reflective of sexually abusive vaginal penetration of a female inmate during the last 12 months and the PC reports no such incidents have occurred. A discussion regarding specifics of the forensic examination as applied to 115.83 is addressed in the narrative for 115.21(c).</p> <p>Pursuant to the PAQ, the COP self reports if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.</p> <p>The relevant policy citation and discussion is articulated in the narrative for 115.83(d).</p> <p>Pursuant to the PAQ, the COP self reports inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p>EPD Policy 606 entitled PREA, page 13, section 606.17(c) addresses 115.83(f).</p> <p>Pursuant to the PAQ, the COP self reports treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>EPD Policy 606 entitled PREA, page 13, section 606.17(h) addresses 115.83(g).</p> <p>As EPD is classified as a jail, 115.83(h) has been determined to be not-applicable to EPD.</p> <p>In view of the above, the auditor finds EPD substantially compliant with 115.83.</p>

115.86	<b>Sexual abuse incident reviews</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1484 398">Pursuant to the PAQ, the COP self reports the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The COP further self reports in the last 12 months, zero criminal and/or administrative investigations of alleged sexual abuse were completed at the facility, excluding only "unfounded" incidents.</p> <p data-bbox="242 427 1018 456">EPD Policy 606 entitled PREA, page 10, section 606.10 addresses 115.86(a).</p> <p data-bbox="242 486 1493 613">Pursuant to the PAQ, the COP self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The Director further self reports in the last 12 months, zero criminal and/or administrative investigations of alleged sexual abuse were completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.</p> <p data-bbox="242 642 1018 672">EPD Policy 606 entitled PREA, page 10, section 606.10 addresses 115.86(b).</p> <p data-bbox="242 701 1484 761">Pursuant to the PAQ, the COP self reports the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="242 790 1018 819">EPD Policy 606 entitled PREA, page 10, section 606.10 addresses 115.86(c).</p> <p data-bbox="242 848 1445 909">The Warden interviewee asserts that the facility does have a SAIR team and the team includes upper-level management officials, allowing for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="242 938 1473 1066">The PC asserts the facility conducts sexual abuse incident reviews and reports are prepared from its findings, including any determinations pursuant to 115.86(d)(1-5) and recommendations pursuant to 115.86(e). The PC asserts that he writes the SAIR reports and recommendations are implemented. If a recommendation cannot be implemented, the rationale is documented. He asserts zero trends have been identified as the result of such reviews.</p> <p data-bbox="242 1095 1278 1124">The auditor's review of a blank EPD SAIR report reveals the same meets the requirements of 115.86(d).</p> <p data-bbox="242 1153 1461 1214">Pursuant to the PAQ, the COP self reports the facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p data-bbox="242 1243 1018 1272">EPD Policy 606 entitled PREA, page 11, section 606.10 addresses 115.86(e).</p> <p data-bbox="242 1301 1029 1330">In view of the above, the auditor finds EPD substantially compliant with 115.86.</p>

115.87	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the COP self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>EPD Policy 606 entitled PREA, page 1, section 606.1.1 and page 4, section 606.3(i) address 115.87(a).</p> <p>The PC asserts that all PREA cases are stored in one particular area of the police department. While the auditor noted the particular room was not secured on one occasion, the same was secured at all other times. Of note, zero sexual abuse/harassment investigations were completed within the last 12 months. PREA cases are also scanned into a password protected database.</p> <p>Pursuant to the PAQ, the COP self reports the agency aggregates the incident-based sexual abuse data at least annually.</p> <p>EPD Policy 606 entitled PREA, page 4, section 606.3(i)(b) addresses 115.87(b).</p> <p>Based on the auditor's review of annual reports and corresponding Sexual Victimization Collection Instrument, he finds no deviations from 115.87(b-d).</p> <p>Pursuant to the PAQ, the COP self reports the standardized instrument includes, at a minimum, 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.</p> <p>EPD Policy 606 entitled PREA, page 4, section 606.3(i)(a) addresses 115.87(c).</p> <p>The auditor's review of the Sexual Victimization Collection Instrument reveals substantial compliance with 115.87(c).</p> <p>Pursuant to the PAQ, the COP self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>EPD Policy 606 entitled PREA, page 4, section 606.3(i) addresses 115.87(d).</p> <p>Pursuant to the PAQ, the COP self reports the agency does obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Pursuant to the auditor's observation and research, EPD contracts with three other facilities for confinement of EPD inmates. The COP also self reports that the data from private facilities complies with SSV reporting regarding content.</p> <p>EPD Policy 606 entitled PREA, pages 4 and 11, sections 606.3(i) and 606.11 address 115.87(e).</p> <p>The PC asserts there were no incidents involving sexual abuse of EPD inmates housed at other contracted facilities during the last 12 months. The auditor's review of annual reports related to two of the three contract facilities reveals substantial compliance with 115.87(e). The auditor reviewed the remaining facility's annual report and demographics pursuant to audit of that facility.</p> <p>Pursuant to the PAQ, the COP self reports the agency was not required to provide the Department of Justice (DOJ) with data from the previous calendar year upon request.</p> <p>In view of the above, the auditor finds EPD substantially compliant with 115.87.</p>

115.88

**Data review for corrective action**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Pursuant to the PAQ, the COP self reports the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:

Identifying problem areas;

Taking corrective action on an ongoing basis; and

Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

EPD Policy 606 entitled PREA, page 11, section 606.11 addresses 115.88(a).

The Agency Head asserts EPD executives use incident-based sexual abuse data to assess and improve "all things PREA."

In other words, the assessment of existing data and facts is utilized to diagnose trends and remove sexual abuse/harassment opportunities.

The PC and Warden interviewee assert the agency does review all data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training.

Mechanically, all sexual abuse data is monitored by the PC and Commander Support Services. Information is maintained as described in the narrative for 115.87(a).

115.88 requires that an official annual PREA report be published on an annual basis and made available to the public on the agency website or through some other means. the auditor's review of the 2019, 2020, and 2022 EPD Annual PREA Reports reveals substantial compliance with 115.88.

The annual PREA report must address the following as articulated in the standard:

Identification of problem areas;

Taking corrective action on an ongoing basis;

Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole;

A comparison of the current year's data and corrective actions with those from prior years;

Provides an assessment of the agency's progress in addressing sexual abuse; and

The annual reports are approved by the agency head.

Pursuant to the aforementioned policy citation, the corrections sergeant approves the aforementioned annual reports. Upon questioning, the PC asserts that he does not approve the same. As such, the auditor strongly recommends that policy be updated to reflect current practice.

The auditor notes that all incidents referenced in the 115.87 demographics occurred at other facilities and accordingly, the same are not applicable to EPD requirements.

Pursuant to the PAQ, the COP self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years and an assessment of the agency's progress in addressing sexual abuse. The PC asserts zero sexual abuse/harassment incidents were reported at EPD since the last PREA audit. Therefore, relevant EPD annual reports do not include a comparison of the current year's data and corrective actions with those from prior years. The auditor's review of the reports confirms the same.

EPD Policy 606 entitled PREA, page 11, section 606.11 addresses 115.88(b).

Pursuant to the PAQ, the COP self reports the agency does make its annual report readily available to the public at least annually through its website. As previously indicated, development of the annual PREA report is delegated to the corrections sergeant.

EPD Policy 606 entitled PREA, page 11, section 606.11 addresses 115.88(c).

The PC asserts that he develops the annual PREA report and he receives either email or verbal approval from the COP or Commander, Support Services. The auditor's review of 2019 and 2020 email approvals validates the PC's statement. The PC asserts the 2021 approval was verbal.

The auditor strongly recommends that the PC add signature and date lines to the annual report format for both the PC or PCM and the COP. This will eliminate any questions regarding Agency Head review and approval of the same.



Pursuant to the PAQ, the COP self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency then indicates the nature of material redacted.

EPD Policy 606 entitled PREA, page 11, section 606.11 addresses 115.88(d).

The auditor has not found any evidence of redactions being made to any of the aforementioned reports.

In view of the above, the auditor finds EPD substantially compliant with 115.88.

115.89	<b>Data storage, publication, and destruction</b>
	<p data-bbox="240 143 740 172"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 268 1493 297">Pursuant to the PAQ, the COP self reports the agency ensures that incident-based and aggregate data are securely retained.</p> <p data-bbox="240 327 1018 356">EPD Policy 606 entitled PREA, page 11, section 606.12 addresses 115.89(a).</p> <p data-bbox="240 385 1066 414">Secure maintenance of 115.87 data is addressed in the narrative for that standard.</p> <p data-bbox="240 443 1485 535">Pursuant to the PAQ, the COP self reports agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website.</p> <p data-bbox="240 564 1018 593">EPD Policy 606 entitled PREA, page 11, section 606.11 addresses 115.89(b).</p> <p data-bbox="240 622 1485 714">The auditor's review of the agency website at <a href="https://cityofenumclaw.net/389/Jailinmate-information">https://cityofenumclaw.net/389/Jailinmate-information</a> reveals the 2019, 2020, and 2021 EPD Annual PREA Reports, inclusive of the 115.87 data for each year, is published on an annual basis. However, the same data from those facilities with which EPD contracts, is not available on the website.</p> <p data-bbox="240 743 1474 875">As previously indicated, the auditor did review the annual PREA reports relative to the contracted facilities. The PC asserts there is a file wherein each contracted agency's most recent Annual Report is maintained. There is also a section in the PREA website where readers are informed that inmates are housed at those facilities. There is a link to each facility where readers can access those websites to review respective PREA material and annual reports.</p> <p data-bbox="240 904 1474 996">Pursuant to the PAQ, the COP self reports that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Additionally, the agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p data-bbox="240 1025 1123 1055">EPD Policy 606 entitled PREA, page 11, sections 606.11 and 606.12 address 115.89(c).</p> <p data-bbox="240 1084 1485 1146">Pursuant to the PAQ, the COP self reports the agency shall maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p data-bbox="240 1176 1027 1205">EPD Policy 606 entitled PREA, page 12, sections 606.12 addresses 115.89(d).</p> <p data-bbox="240 1234 1098 1263">The auditor found no deviations from either standard or policy during the on-site audit.</p> <p data-bbox="240 1292 1027 1321">In view of the above, the auditor finds EPD substantially compliant with 115.89.</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Staff were very facilitative throughout the entire audit process. Pre-audit information was delivered in a timely and comprehensive manner. Interview scheduling and the conduct of the same flowed in an efficient manner. The auditor was provided all appropriate access to the facility, residents, and staff.

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	None.

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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 facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to 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 inmates.)	yes
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	no

<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	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
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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 inmates (N/A if the facility does not have female inmates)?	yes

<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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 inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes



115.16 (a)	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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 inmates 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 inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates 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 inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates 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

<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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 inmates 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 inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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 services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, 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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates 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 inmates 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
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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 inmates 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
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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 always makes a victim advocate from a rape crisis center available to victims.)	yes
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	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
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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 criminal investigations. See 115.21(a).)	yes
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates 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 inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates 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 inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates 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 inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(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 administrative or criminal sexual abuse investigations. See 115.21(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 administrative or criminal sexual abuse investigations. See 115.21(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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	na
	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.)	na
	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.)	na
	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.)	na
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	na
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	na
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes



<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate 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 inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate 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 inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates 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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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 inmate's detriment by staff or other inmates?	yes
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates 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 inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate'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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates 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 inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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 inmates, does the agency always refrain from placing: transgender inmates 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 inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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 inmates, does the agency always refrain from placing: intersex inmates 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 inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	no
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

<b>115.51 (b)</b>	<b>Inmate reporting</b>	
	Does the agency also provide at least one way for inmates 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 inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates 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 provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, 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
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates 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
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	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 an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates 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
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does 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

<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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 inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate 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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate 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 an inmate 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 an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate 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



<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmate 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: Monitor inmate 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 inmate 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 reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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 115.21(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 115.21(a).)	yes

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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 inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate'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 an inmate'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 an inmate'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
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, 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 an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	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
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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 inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	na
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate 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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	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 § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate 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 inmates 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.)	yes
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates 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.)	yes
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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

<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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 §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes



<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 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 § 115.87 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 § 115.87 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
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	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.)	yes
	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.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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