

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report June 12, 2019

Auditor Information

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Company Name: CCCS Inc	
Mailing Address: P.O. Box 670/201 S. Pine	City, State, Zip: Medical Lake, WA 99022
Telephone: 50-464-9736	Date of Facility Visit: May 20-22, 2019

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Enumclaw City Police Department		Enumclaw City Police Department	
Physical Address: 1705 Wells Street		City, State, Zip: Enumclaw, WA 98022	
Mailing Address: 1705 Wells Street		City, State, Zip: Enumclaw, WA 98022	
Telephone: 360-825-3503		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: It is the Mission of the Enumclaw Police Department to provide quality, professional, effective and proactive law enforcement services in partnership with the community. By doing so, we commit to a standard of excellence which ensures a safe and secure environment in which to live, work and visit. We remain committed to safeguarding the lives and property of those we serve and to reduce the incidence and fear of crime through enhanced public safety services . It is our Commitment to Excellence that we affect a positive impact on the quality of life in our community.

Agency Website with PREA Information: <http://www.ci.enumclaw.wa.us/389/JailInmate-Information>

Agency Chief Executive Officer

Name: Robert Huebler	Title: Chief of Police
Email: bhuebler@police.ci.enumclaw.wa.us	Telephone: 360-825-3505

Agency-Wide PREA Coordinator

Name: Mike Desens	Title: Corrections Sergeant
Email: mdensens@police.ci.enumclaw.wa.us	Telephone: 360-825-8580
PREA Coordinator Reports to: Commander Tim Floyd	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Enumclaw City Jail (EPD)			
Physical Address: 1705 Wells Street, Enumclaw, WA 98022			
Mailing Address (if different than above): 1705 Wells Street, Enumclaw, WA 98022			
Telephone Number: 360-825-8580			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Jail		<input type="checkbox"/> Prison

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Facility Website with PREA Information: <http://www.ci.enumclaw.wa.us/389/Jaillnmate-Information>

Warden/Superintendent

Name: Tim Floyd	Title: Commander
Email: tfloyd@police.ci.enumclaw.wa.us	Telephone: 360-825-8580

Facility PREA Compliance Manager

Name: Mike Desens	Title: Corrections Sergeant
Email: mdensens@police.ci.enumclaw.wa.us	Telephone: 360-825-8580

Facility Health Service Administrator

Name: Nancy Becker	Title: M.D. (Contract)
Email: info@drnancybecker.com	Telephone: 360-825-4466

Facility Characteristics

Designated Facility Capacity: 25		Current Population of Facility: 25	
Number of inmates admitted to facility during the past 12 months			941
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			74
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			441
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-77	
Are youthful inmates housed separately from the adult population?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			n/a
Facility security level/inmate custody levels:			minimum
Number of staff currently employed by the facility who may have contact with inmates:			7
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			2
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			1
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		5	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		1	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>The facility utilizes JVC video monitoring cameras and recording equipment coupled with Milestone XProtect recording and archiving software. There is one camera per cell, in Dayroom B (females), the kitchen hallway, the entrance into the jail, the Sally port, and Booking Room. There are two cameras that monitor the holding cell and Dayroom A (males). The second camera was added to Dayroom A in 2018. This new camera monitors parts of the Dayroom that were not previously covered by one camera. In 2018, the camera in the female cell was replaced. The cameras are monitored by the Corrections Officers in the Booking Room with a redundant capability in Communications (Dispatch). Correctional Officer and Dispatch personnel can monitor up to 16 cameras at one time. Video recordings are retained for approximately sixty days before being recorded over. During that timeframe, the facility has the capability to record incidents and store them in accordance with Records Retention requirements.</p>			
Medical			
Type of Medical Facility:		Contract Doctor/full-service hospital with 24-hour emergency room	

Forensic sexual assault medical exams are conducted at:	St. Elizabeth Hospital, Enumclaw, WA
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	8
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	2

Audit Findings

Audit Narrative

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

The Prison Rape Elimination Act audit for the Enumclaw City Jail operated by the Enumclaw City Police Department from the initial notification thought this auditor's summary report began in March 2019 with a review of documentation provided by the Enumclaw City Jail PREA Coordinator. The documentation included facility information, and documents to support the PREA Adult Prisons and Jail standards. The Pre-Audit questionnaire provided the necessary information to complete a substantial portion of the PREA Audit Compliance Tool. The onsite portion of the audit was conducted on May 20-22, 2019. On the morning of May 20th, the Auditor met with the Chief of Police, the Operations Commander and the PREA Coordinator (Corrections Sergeant). The Auditor explained the audit process, reviewed the Pre-Audit Questionnaire and answered questions about various interpretations of the PREA Standards.

The auditor was provided access to and observed all areas of the facility. The tour included the reception, booking and screening areas, all housing units, the recreation area and the food service area. The video monitoring system is available to the reception staff and dispatch staff, they monitor cameras 24/7. There is information posted about PREA and the information is available to non-English speaking inmates. The intake paperwork provided to new inmates was reviewed and it contains specific information about PREA. Intake staff reviews this information with all new inmates during their admission to the facility. Informal discussions with intake Correctional Staff during the audit indicated excellent knowledge of the intake process, the intake paperwork and PREA information provided to inmates.

Intake staff when queried indicated that questions pertaining to risk of sexual abuse or predatory behavior were asked during intake. The intake assessment includes a review of mental, physical or developmental disability, age, physical build, previous incarceration, criminal history, prior convictions, perceived sexual orientation, prior sexual victimization and the inmate's perceived vulnerability. The intake staff indicated that all information concerning an inmate was reviewed and utilized to determine housing assignments.

The housing units had signs informing inmates of their right to be free from sexual abuse. There were signs informing inmates how to report incidents of sexual abuse. The signs were posted in both English and Spanish. In addition, there was information provided to the inmates concerning local services provided by King County Sexual Assault Resource Center (KCSARC).

The Auditor informally interviewed several inmates who indicated they were aware of the information concerning PREA and that staff announce their presence when entering the housing unit. The inmates further indicated that they had experienced no privacy issues.

The Auditor conducted interviews with staff and inmates. A total of 25 interviews were conducted with Correctional Officers, Human Resource staff, Incident Review team members, Investigative staff, the Commander (Warden), the Agency Head and the PREA Coordinator. The Auditor also interviewed the contract Medical Doctor and the Assistant Director of the King County Sexual Assault Resource Center. The Auditor spoke to Sixteen (16) inmates and interviewed, three (3) female inmates and eleven (11) male inmates. Two (2) male inmates refused to participate in an interview.

Facility Characteristics

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

The Enumclaw City Police Department has over 30 police, communications, and corrections officers to serve the citizens of Enumclaw. It is the Mission of the Enumclaw City Police Department to provide quality, professional, effective and proactive law enforcement services in partnership with the community. By doing so, the Enumclaw City Police Department commits to a standard of excellence which ensures a safe and secure environment in which to live, work and visit. The Department remains committed to safeguarding the lives and property of those they serve and to reduce the incidence and fear of crime through enhanced public safety services.

The jail consists of a single building, with five multiple occupancy dorm style rooms, there is a day room with access to television, a small outside recreation area, and a food service area. The facility utilizes JVC video monitoring cameras and recording equipment coupled with Milestone XProtect recording and archiving software. There is one camera per dorm living unit, a camera in each day room, the kitchen hallway, the entrance into the jail, the Sally port, and Booking Room. There are two cameras that monitor the holding cell. The cameras are monitored by the Corrections Officers in the Booking Room with redundant capability in Communications (Dispatch). Corrections Officers and Dispatch personnel can monitor up to 16 cameras at one time. The cameras can be accessed on any computer within the Police Department/Jail. Video recordings are retained for approximately sixty days. Due to the size of the facility there is no Control Room.

There are also 2-way emergency call buttons/speakers located in each room, dayroom, kitchen hallway, holding cell, and Booking Room which can be used by inmates and/or Corrections Officers to contact Dispatch in the event of an emergency. The call buttons can also be used to monitor conversations in the areas where they are located. The console for the emergency call buttons/speakers is maintained in Dispatch and monitored 24/7.

Summary of Audit Findings

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

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

Number of Standards Exceeded: 0

N/A

Number of Standards Met: 45

Standards

115.11,115.12,115.13,15.14,115.15,115.16,115.17,115.18,115.21,115.22,115.31,115.32,115.33,115.34,115.35,115.41,115.42,115.43,115.51,115.52,115.53,115.54,115.61,115.62,115.63,115.64,115.65,115.66,115.67,115.68,115.71,115.72,115.73,115.76,115.77,115.78,115.81,115.82,115.83,115.86,115.87,115.88,115.89,115.401,115.403

Number of Standards Not Met: N/A

N/A

Summary of Corrective Action (if any)

N/A

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, the following policy and other documentation was reviewed: Policy Statement 606 Prison Rape Elimination Act outlines the facilities approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy provides the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. It has definitions of prohibited behaviors and sanctions for those prohibited behaviors. The policy provides strategies and responses to reduce and prevent sexual abuse. The policy also includes procedural guidelines, such as screening inmates upon intake, training (for both staff and inmates), reporting procedures (both staff and inmates), intervention procedures and investigative guidelines. Finally, the policy provides for data collection and data reporting. In addition, the Organization Chart for Enumclaw Police Department (EPD) was reviewed.

In order to make a determination of compliance, interviews were conducted with the PREA Coordinator the Commander and the Chief of Police (Agency Head). The PREA Coordinator indicated he had enough time to coordinate the facilities' PREA compliance efforts. All three individuals were knowledgeable concerning PREA and articulated the vision of zero tolerance at the Enumclaw Police Department.

In order to make a determination of compliance, the following observations were made during the on-site tour of the facility: The housing units had signs informing inmates of their right to be free of sexual abuse. There were signs informing inmates how to report incidents of sexual abuse. The signs were posted in both English and Spanish. In addition, there was information available to inmates concerning local services provided by the King County Sexual Assault Resource Center (KCSARC).

The following describes how the evidence above was used to draw the final conclusion regarding compliance. EPD has a zero-tolerance policy and training program that meets the requirements for this standard. The policy provides the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. It has definitions of prohibited behaviors and sanctions for those prohibited behaviors. The policy provides strategies and responses to reduce and prevent sexual abuse. The agency has an upper level agency wide PREA Coordinator. The PREA Coordinator indicated he had enough time to manage and oversee the implementation of PREA standards. The EPD facility has a zero-tolerance policy and training program that meets the requirements for this standard. Policy Statement 606, Prison Rape Elimination Act, provides the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. It has definitions of prohibited behaviors and sanctions for those prohibited behaviors. The policy provides strategies and responses to reduce and prevent sexual abuse. The policy also includes procedural guidelines, such as screening inmates upon intake, training (for both staff and inmates), reporting procedures (both staff and inmates), intervention procedures and investigative guidelines. Finally, the policy provides for data collection and data reporting.

The overriding approach taken by EPD to eliminate or prevent sexual abuse and sexual harassment of its inmates is to ensure uniformity of implementation of the agency's zero tolerance policy. This includes providing definitions of prohibited behaviors regarding sexual abuse and sexual harassment and prescribing sanctions against staff and/or inmates who engage in sexual abuse or sexual harassment. In the event of an allegation of sexual abuse or sexual harassment, EPD has developed a coordinated response plan that ensures the safety and security of the alleged victim while providing for a comprehensive and systematic investigation into the allegation.

The policy applies to all EPD staff, to include employees' volunteers and contractors, as well as inmates, at EPD.

EPD utilizes the following strategies to reduce and/or prevent sexual abuse and sexual harassment at the facility:

1. Designating a staff member as the EPD PREA Coordinator who will ensure that EPD is in full compliance with all PREA standards.
2. Training staff (including contractors and volunteers) to detect sexual abuse and sexual harassment.
3. Screening for risk of sexual victimization and abusiveness.
4. Requiring all staff (including contractors and volunteers) to promptly report all reported or suspected incidents of sexual abuse, sexual harassment and retaliation.
5. Responding promptly and effectively to all reports of sexual abuse, sexual harassment and retaliation by ensuring that staff (including contractors and volunteers) cooperates fully with any investigation.
6. Administering sanctions for those found to have participated in prohibited behavior.
7. Providing medical and mental health care to victims and abusers.
8. Performing an annual evaluation to assess how EPD can improve its zero-tolerance policy and procedures.
9. Ensuring that EPD is audited for PREA compliance at least every three years.

The agency has a PREA Coordinator. The PREA Coordinator indicated he had enough time to manage and oversee the implementation of PREA standards. The auditor reviewed the PREA Policy and the EPD Organizational Chart. In addition, interviews were conducted with the PREA Coordinator, the Commander and the Agency Head. The Commander supported the efforts of the PREA Coordinator.

There is substantial compliance with this standard.

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

- 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 No NA

115.12 (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 OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In order to make a determination of compliance, the Auditor reviewed the current contracts EPD has with the Yakima County Department of Corrections and the South Correctional Entity Multijurisdictional Misdemeanant Jail.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. The audit of Yakima County Department of Corrections was conducted in April 16-20, 2018, by this Auditor. The results of the audit are posted on the Yakima County Department of Corrections web site. The audit of the South Correctional Entity Multijurisdictional Misdemeanant Jail for this audit cycle has not been scheduled. However, the Agency PREA Coordinator indicated the facility was working toward the goal of completing the audit. The 2015 audit results are posted on the South Correctional Entity Multijurisdictional Misdemeanant Jail's Web site. In addition, the 2015, 2016, 2017 Facility Annual Reports

are posted on the South Correctional Entity Multijurisdictional Misdemeanant Jail's Web site. This Auditor reviewed the contract between the EPD and the Yakima County Department of Corrections and the South Correctional Entity Multijurisdictional Misdemeanant Jail. The contracts include information concerning each facilities obligation to adopt and comply with the PREA standards.

There is compliance with this standard.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (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.)
 Yes No NA

115.13 (c)

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

115.13 (d)

- 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 No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, the following policies were reviewed: Policy 224, Staffing Plan and Policy 606, PREA. Policy 224 establishes a comprehensive staffing plan and analysis to identify staffing needs sufficient to maintain the safety and security of the facility, staff, visitors, inmates and the public. Policy 606 establishes a protocol requiring mid-level or higher-level supervisors to conduct and document unannounced inspections to identify and deter sexual abuse and sexual harassment. The protocol prohibits announcing when such inspections are to occur. In addition, the 2018 and 2019 staffing plans were reviewed.

In order to make a determination of compliance, interviews were conducted with the PREA Coordinator, the Commander and the Agency Head concerning staffing levels and unannounced rounds.

In order to make a determination of compliance, the auditor observed appropriate staffing levels throughout the facility. The auditor viewed the video monitoring systems, the staff roster and assignment sheets. The EPD uses video cameras in the living units, day room areas, and entrance/exit areas.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. EPD implements a staffing plan that provides adequate levels of staffing. The Corrections Sergeant ensures that a staffing plan is prepared and maintained. The plan details all custody personnel assignments, including work hours and weekly schedules, and accounts for holidays, vacations and training schedules. In addition to staff members, there is video monitoring available to protect residents from sexual abuse. The staffing plan is reviewed on a yearly basis by the Coordinator and the Commander. The staffing plan is consistently complied with any deviations from the plan are documented. The most common reason for deviating from the staffing plan are staff resignations and medical emergencies. The facility staffing plan is reviewed on a yearly basis, this review includes a review of the physical plant, video monitoring systems and the overall allocation of resources. Interviews with the Commander and the PREA Coordinator indicate that the staffing plan is reviewed at a minimum of once a year. However, both individuals indicated that there is constant communication between the Coordinator and the Commander concerning the level of staffing at the jail.

The Staffing plan review includes a review of any judicial findings (no), or inadequacies from federal investigative or internal/external oversight agencies (no). The plan reviews the facilities architectural weaknesses. The review includes a review of the population statistics for the previous year and a review of the population for the day in which the review took place.

Documentation of unannounced rounds indicated management staff coordinates unannounced visits and those visits are documented via memorandum and in the Enumclaw Jail Observation Log. All shifts were subject to unannounced visits from management and management staff was able to enter the units with no warning to staff.

There is substantial compliance with this standard.

Standard 115.14: Youthful inmates

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

115.14 (a)

- 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].) Yes No NA

115.14 (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 No NA
- 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 No NA

115.14 (c)

- 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].) Yes No 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].) Yes No 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].) Yes No NA

Auditor Overall Compliance Determination

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 311, Temporary Custody of Juveniles. This policy provides guidelines consistent with the Juvenile Justice and Delinquency Prevention Act for juveniles taken into temporary custody by members of the Enumclaw Police Department (42 USC§ 5633).

The Enumclaw Police Department is committed to releasing juveniles from temporary custody as soon as reasonably practicable and keeping juveniles safe while they are in temporary custody at the Enumclaw Police Department. Juveniles are held in temporary custody only for as long as reasonably necessary for processing, transfer or release.

Any juvenile taken into custody is released to the care of the juvenile's parent or other responsible adult or transferred to a juvenile custody facility or to other authority as soon as practicable and in no event is a juvenile be held beyond six hours from the time of his/her entry into the Enumclaw Police Department. Youthful inmates are not placed in same housing units as adults, youthful inmates are maintained in an area that provides for sight, sound and physical separation from adults and there is always direct staff supervision of youthful inmates.

In the past 12 months there have been no youthful inmates at the Enumclaw City Jail.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA

- 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 here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? Yes No

115.15 (d)

- Does the facility implement a policy and practice 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- 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 No
- 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 No

115.15 (f)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 513, Searches and Policy 807, Hygiene. Policy 513, Searches, indicates cross-gender strip searches are prohibited, and body cavity searches may only be performed by medical staff. All staff members have been trained to conduct strip searches based on individual circumstances (not all inmates are stripped searched) strip searches must be conducted in a private area and must be documented. The policy on searches prohibits the physical examination of an inmate for the sole purpose of determining the inmate's genital status. Policy 807, Hygiene indicates inmates shall be permitted to shower, perform bodily functions and change clothing without non-medical staff of the opposite sex viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of the opposite sex shall announce their presence when entering an inmate housing unit. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

All inmates housed in the jail are subject to pat searches. Absent exigent circumstances male correctional officers shall not pat search female inmates. If an exigent circumstance arises it is documented with a copy of the report provided to the PREA Coordinator. Cross gender pat searches are documented. In the past 12 months no cross-gender strip searches have taken place. However, cross gender pat-down searches have taken place at the jail. Cross gender pat-down searches take place when no female staff is on duty at the jail and no female patrol officer is available. The Auditor reviewed the cross-gender pat search documentation.

In order to make a determination of compliance, interviews were conducted with both inmates and staff. Random staff interviews indicated that they received cross-gender pat search training and training on how to search transgender inmates. Training records were also reviewed by the Auditor. Those records indicated all the jail staff had viewed and understood the video "Guidance in Cross Gender and Transgender Pat Searches". Staff further indicated that inmates shower, dress, and use the toilet privately, without being viewed by staff. All staff verbally announce their presence when entering areas holding inmates opposite their gender. The auditor observed several staff announcing their presence when entering the housing units. Random inmate interviews indicated inmates were allowed privacy when using the toilet, changing clothes and showering. In addition, those inmates who were interviewed indicated both male and female staff announced their presence when entering the unit.

In order to make a determination of compliance, the following observations were made during the on-site tour of the facility: The auditor observed staff announcing their presence when entering the housing units, the auditor observed the video cameras to ensure compliance with video viewing standards and the auditor observed the area in which strip searches and pat searches were conducted.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. EPD has taken extensive care to ensure all inmates shower, perform bodily functions and change clothing outside the view of all staff. Staff announce their presence when entering a housing unit. 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. All staff (100%) have participated in training on searches of transgender and intersex inmates in a professional and respectful manner. Opposite gender staff announce their presence when entering an inmate housing unit. The auditor questioned line staff during the tour about their announcements in the unit. All staff questioned during the tour indicated they made announcements every time they entered a unit.

The EPD has a policy and practice of searches conducted in accordance with the inmate's gender identity and asking inmates to identify the gender of staff with whom they would feel most comfortable conducting the search. The Auditor reviewed training curricula and interviewed formally and informally both staff and inmates on the issues of strip searches, bodily cavity searches, pat searches and opposite gender unit announcements.

The Auditor is satisfied there is substantial compliance with this standard.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

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

115.16 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

- 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 No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (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 No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- 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 No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 606, PREA. This policy states that inmates are provided with education in person and through video, regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding the department's policies and procedures for responding to such incidents.

In order to make a determination of compliance, interviews were conducted with three staff members who conduct in-depth intake interviews. The auditor observed the intake paperwork, the information provided concerning PREA and had staff explain what procedures would be followed if a resident was experiencing difficulty in understanding the material. Intake information is available in English and Spanish and if necessary, can be printed in large fonts for individuals who have difficulty reading the documents. EPD correctional officers are aware of the need to explain the Zero Tolerance policy to inmates who are not English proficient. Inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in the zero-tolerance policy established by the EPD. Inmates are provided with individual counseling in an effort to ensure they understand their right to be free of sexual abuse and harassment while being housed at the Enumclaw City Jail. The inmate handbook is available in both English and Spanish. There are PREA posters in English and Spanish. Staff interviews indicated inmate interpreters were never used to discuss PREA matters. The EPD utilizes the services of Language Line, (www.language.com). Language Line provides on-demand phone interpreting. Language Line interpreters handle calls 24 hours a day, 7 days a week and when necessary Language Line is used to interpret information for inmates with language barriers.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. EPD has procedures to provide disabled residents with the opportunity to participate in the jail's efforts to prevent and respond to sexual abuse and harassment. In addition to written and visual education materials, EPD has agreements with interpreters to assist in providing effective communication with residents who have disabilities. Residents with intellectual disabilities are given extra attention during the intake process to ensure they understand the information provided.

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

The auditor conducted intake staff interviews, in each of the interviews staff indicated they not only provide PREA information to residents, but they would take the time to ensure the residents understood the material provided. The staff indicated that they had never had either a deaf or blind resident. However, they were prepared to provide information concerning the entire intake process to residents who were either blind or deaf.

There is substantial compliance with this standard.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- 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 No
- 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 No
- 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 question immediately above? Yes No
- 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 No
- 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 No
- 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 question immediately above? Yes No

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- 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 No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

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

115.17 (f)

- 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 No
- 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 No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 305 Selection Process and Policy 319 Conduct. These policies prohibit hiring or promoting anyone who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or 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. Appropriate background checks are completed on all employees, the issue of sexual harassment is considered when determining whether to hire or promote staff. The Agency contacts prior institutional employers for information on issues concerning prior allegations of sexual abuse or resignations pending investigation for sexual abuse.

In order to make a determination of compliance, an interview was conducted with Administrative Human Resource staff (Terminal Agency Coordinator). The Terminal Agency Coordinator indicated that EPD requires criminal background record checks on each employee, volunteer or contractor every five years. The auditor reviewed seven (7) Washington State Criminal Investigation Center (WASIC) checks on current Correctional staff. The Revised Washington Code Chapter 43 states that a crime information center be located in the state of Washington that functions under the chief of Washington State Patrol and acts as a source of data for law enforcement agencies in the state, non-government establishments and individuals. This central repository stores information on driver's licenses, national and state crime information, arrest records, fingerprints, motor vehicle registration and sex offenders. The Terminal Agency Coordinator (TAC) stated during his interview that as the TAC he coordinated the criminal background record checks on each employee in the department both through the WASIC and the National Crime Information Center (NCIC).

The following describes how the evidence above was used to draw the final conclusion regarding compliance. Agency policy prohibits hiring or promoting anyone who may have been previously involved in sexual abuse in a prison, jail, lockup, community confinement facility or juvenile facility. Agency policy requires consideration of sexual harassment issues during hiring. Criminal background checks are required. Additionally, staff who have worked at correctional facilities are required to provide an institutional work history. That information is used to contact prior employers to detect any information on substantiated allegations of sexual abuse or a resignation pending investigation for an allegation of sexual abuse. Interviews with Human Resource staff confirm these efforts. Background checks are completed every five years for current employees and employees who fail to disclose information concerning misconduct can be terminated from employment. Interviews with Human

Resource staff confirm that five-year checks are completed and that appropriate sanctions are available for staff who fail to report misconduct.

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

The Background investigation includes a review of Criminal History and or criminal activity. Any applicant with a criminal/traffic conviction history or criminal/illegal activity shall normally be disqualified from employment. Any applicant with a conviction of for a crime consisting of engaging or attempting to engage in sexual activity in the community by using force, overt or implied threats of force or coercion is disqualified from employment. An NCIC criminal history check is completed on every applicant. EPD considers any incidents of sexual harassment during the application process.

Based on the Selection Process Policy (305) and the Conduct Policy (319) , Employment screening procedures; a review of the employee application packet, a review of the personnel files and the interview with the Human Resource staff (TAC), the Auditor has determined that the EPD, substantially complies with this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect 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.)
 Yes No NA

115.18 (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 No NA

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, the following observations were made during the on-site tour of the facility: The facility utilizes JVC video monitoring cameras and recording equipment coupled with Milestone XProtect recording and archiving software. There is one camera per cell, in Dayroom B (females), the kitchen hallway, the entrance into the jail, the Sally port, and Booking Room. There are two cameras that monitor the holding cell and Dayroom A (males). The second camera was added to Dayroom A in 2018. This new camera monitors parts of the Dayroom that were not previously covered by one camera. In 2018, the camera in the female cell was replaced. The cameras are monitored by the Corrections Officers in the Booking Room with a redundant capability in Communications (Dispatch). Correctional Officer and Dispatch personnel can monitor up to 16 cameras at one time. Video recordings are retained for approximately sixty days before being recorded over. During that timeframe, the facility has the capability to record incidents and store them in accordance with Records Retention requirements.

There are also a 2-way emergency call button/speaker located in each cell, dayroom, kitchen hallway, holding cell, and Booking Room which can be used by inmates and/or COs to contact Dispatch in the event of an emergency. The call buttons can also be used to monitor conversations in the areas where they are located. The console for the emergency call buttons/speakers is maintained in Dispatch and monitored 24/7.

In early 2018, EPD switched the inmate telephone system from the Lattice Inc. phone recording system to Consolidated Telecom, Inc. (CTEL).

The Enumclaw City Jail has not made any substantial expansions or modifications of their existing facility since August 2012.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

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

115.21 (c)

- 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 No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 608 Sexual Assault Investigations and Policy 801 Property and Evidence. Policy 608 indicates the EPD will respond immediately to reports of sexual assaults, will strive to minimize the trauma experienced by the victims, and will aggressively investigate sexual assaults, pursue expeditious apprehension and conviction of perpetrators, and protect the safety of the victims and the community. A multidisciplinary team comprised of advocates; law enforcement officers; and forensic medical examiners will coordinate responses to sexual assault victims. Policy 801 Property and Evidence provides for the protection of the chain of evidence and those persons authorized to remove and/or destroy property.

In order to make a determination of compliance, interviews were conducted with the Assistant Director of the KCSARC, the Detective Sergeant, random staff and the PREA Coordinator. Correctional staff members were knowledgeable of the procedures to prevent destruction of physical evidence in a sexual abuse case. Interviews with staff indicated they were aware that the Detective Sergeant conducts investigations on sexual assault and harassment. In her interview Detective Sergeant indicated she would use uniform evidence protocol to ensure physical evidence was appropriately handled and cataloged. Additionally, the Detective Sergeant indicated the availability of SANE services in the community.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. EPD is responsible for conducting both criminal and administrative sexual abuse investigations. Appropriate protocols are in place to conduct sexual assault investigations specifically the 2015 Domestic Violence & Child Maltreatment Coordinated Response Guideline for King County Washington provides guidelines in this area.

In the event of an incident all victims are provided access to forensic medical examinations at a health care facility (St. Elizabeth Hospital). All residents who experience sexual abuse have access to forensic medical examinations at an outside facility, without financial cost, pursuant to RCW 7.68.170. This state law states, "Examination costs of sexual assault victims paid by state. No costs incurred by a hospital or other emergency medical facility for the examination of the victim of a sexual assault, when such examination is performed for the purposes of gathering evidence for possible prosecution, shall be billed or charged directly or indirectly to the victim of such assault". Examinations are performed by Sexual Assault Nurse Examiners. St. Elizabeth Hospital provides 24/7/365 employee SANE nurses. A Forensic Nurse Examiner service is available to provide consistent, compassionate care to patients in need of care following a sexual assault. The St. Elizabeth hospital will document the circumstances, examine the patient for injuries, document injuries, photograph injuries and collect evidence including clothing, DNA swabs and toxicology. The hospital will also provide prophylactic STD Medications and Emergency Contraception. There have been no incidents at EPD that required a forensic medical exam in the past 12 months.

The auditor reviewed the Memorandum of Understanding between EPD and the KCSARC. Additionally, the auditor interviewed the Assistant Director of the KCSARC. Both the agency and the Sexual Assault Center indicated a victim of a sexual assault would be provided an advocate and services for intervention and related assistance. The Assistant Director of the Sexual Assault Center indicated an advocate would support the victim through the forensic examination and investigatory interviews. The PREA Coordinator established an appropriate Memorandum of Understanding that meets the requirements to provide services to victims of sexual abuse or harassment.

EPD is responsible for conducting both criminal and administrative sexual abuse investigations. EPD follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for both criminal prosecutions and administrative proceedings. The auditor reviewed the 2015 Domestic Violence & Child Maltreatment Coordinated Response Guidelines established by King County. The purpose of these guidelines is to provide an effective, coordinated systems response in King County for victims of sexual assault.

Based on the policy review, a review of the MOU, a review of the brochures provided to residents, a review of the King County Coordinated Response plan, interviews with the Detective Sergeant, Correctional staff and the Assistant Director of the KCSARC, the Auditor has determined the EPD substantially complies with this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 606 PREA. Page 8 of this policy section 606.7 provides information concerning referrals of allegations for investigations.

In order to make a determination of compliance, interviews were conducted with the PREA Coordinator and the Investigator.

In order to make a determination of compliance, the auditor observed signs in both English and Spanish informing residents about how to report an incident of sexual assault or sexual harassment.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. EPD ensures both administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. Appropriate procedures are in place to ensure investigation will be completed. EPD has procedures in place that require investigations by the Detective Sergeant and staff at EPD have been trained to conduct administrative investigations involving sexual abuse or harassment. The EPD documents all referrals.

The EPD Web site (<http://www.cityofenumclaw.net/DocumentCenter/Home/View/1353>) provides information concerning PREA and the PREA Policy. The PREA Policy specifically states: An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All allegations of sexual abuse or sexual harassment are referred for investigation. In the past 12 months there have been no administrative investigations or criminal investigations for sexual assault or sexual harassment.

Based on a review of the policy, interviews with the Detective Sergeant and the PREA Coordinator the Auditor concludes there is substantial compliance with this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- 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 No

- 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 No
- 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 No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- 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 No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- 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 No
- 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 No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- 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 No

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 310, Prison Rape Elimination Act Training. This policy states EPD endeavors to comply with the training standards in the PREA Rule and to ensure that all staff, volunteers and contractors are aware of their responsibilities and that staff, volunteers, contractors and inmates are aware of the policies and procedures of the facility as they relate to PREA. Individuals who are considered professional visitors, e.g. legal counsel or investigators, will be advised of the department policy on sexual abuse and the provisions of the PREA. Professional visitors are required to sign and acknowledgement that they have read and understand the department policy on sexual abuse. In order to make a determination of compliance, the auditor observed several informational signs throughout the facility detailing how to make a report of sexual assault or sexual harassment. In addition, the auditor observed staff making announcements when entering a housing unit.

In order to make a determination of compliance, interviews were conducted with random staff and the PREA Coordinator.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. EPD trains employees on zero tolerance and an employee's responsibilities to prevent, detect, report and respond to incidents of sexual abuse and harassment. Employees are informed of the inmates' right to be free from sexual abuse and to be free from retaliation for reporting incidents of sexual abuse and harassment. Employees are trained on the dynamics of sexual abuse in confinement, the reactions of victims and how to detect sexual abuse. Employees receive training on standards of conduct, inappropriate relationships with inmates and how to effectively communicate with all inmates. In addition, mandatory reporting laws are reviewed. The training is tailored to the inmates at EPD. EPD houses both male and female inmates. All employees have been trained, they are trained annually, and the auditor confirmed the training records of the employees. All staff interviewed confirmed their participation in PREA training and their knowledge of the training curriculum. Employees are aware of EPD's current sexual abuse and sexual harassment policies and standard operating procedures. EPD documents that employees understand the training they have received. The auditor reviewed seven (7) Employee Training records, each file reviewed contained

documentation on the date of hire, PREA Training Dates and Acknowledgement documents. The training records indicate PREA training occurred in 2018 and 2019.

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

EPD complies with this standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

- 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 No

115.32 (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 No

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 310 Prison Rape Elimination Act Training. This policy provides specific information on the training requirements for the EPD. This policy also covers training for volunteers and contractors. The EPD provides PREA training to volunteers/contractors. Training is tailored to the gender of the inmates at the facility; all volunteers/contractors are trained for work in a facility that has both male and female inmates. The level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with inmates.

In order to make a determination of compliance, interviews were conducted with one contractor.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. All volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The auditor interviewed one contractor (Medical Officer) and she acknowledged receiving training on PREA, her knowledge of the zero-tolerance policy and the facility protocol for responding to sexual assault was evident throughout the interview.

The EPD is compliant with this standard.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (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 No
- 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 No

- 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 No

115.33 (c)

- Have all inmates received such education? Yes No
- 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 No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?
 Yes No

115.33 (f)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, the following documentation was reviewed: Various brochures concerning the sexual assault center services, the inmate handbook and the intake paperwork was reviewed. The auditor also reviewed signed documents by inmates indicating distribution and receipt of PREA related material. Finally, the auditor reviewed nine (9) inmate files documenting admission date, orientation date, risk assessment date, and comprehensive education date.

In order to make a determination of compliance, interviews were conducted with staff who conduct Risk Assessments, and inmates.

In order to make a determination of compliance, the following observations were made during the on-site tour of the facility : Throughout the facility there is information posted about PREA, Zero Tolerance and how to report incidents of sexual abuse. This information is presented in both Spanish and English. This information is visible and readily available. Additionally, there is information available to all inmates concerning the KCSARC.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. Inmates receive information on zero tolerance, how to report incidents of sexual abuse and harassment, their right to be free from sexual abuse and harassment and to be free from retaliation for reporting incidents. In addition, inmates are informed about how EPD will respond to such incidents.

Intake Staff interviews verify that inmates receive the appropriate information. In addition to this information inmates are provided a handbook that also provides information concerning Zero Tolerance and how to report sexual abuse and harassment. The auditor confirmed all inmates receive this information. Interviews with inmates also confirm that EPD Staff provide information on reporting incidents of sexual abuse. The agency documents the receipt of this information. Subsequent to the intake process EPD staff provide additional information to inmates concerning PREA in both video and written format. Interpretation services are provided for inmates who may not be able to understand the presented material. Inmate education is provided in formats accessible to all inmates, including those who are limited English proficient, Deaf, visually impaired, or otherwise disabled as well as inmates who have limited reading skills.

Throughout the facility there is information posted about PREA, Zero Tolerance and how to report incidents of sexual abuse. This information is presented in both Spanish and English. This information is visible and readily available. Inmates can receive support services from a sexual assault advocate, who is someone from a community sexual assault program that provides confidential information, medical or legal advocacy, counseling, or support to victims of sexual assault. A victim advocate will also be available to support victims at the hospital whenever a forensic medical examination is done. The victim advocacy service for EPD is KCSARC.

The Auditor also reviewed a random sample of inmate files, each file reviewed contained documentation to support an inmate's initial intake and the information concerning PREA that was

provided during intake and information concerning the inmate's participation in the comprehensive PREA education.

There is substantial compliance with this standard. During the random inmate interviews all inmates indicated they had received a handbook and had been provided information concerning PREA. Additionally, inmates clearly indicated they had seen the PREA Education video.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- 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 have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (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 No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, the following documentation was reviewed: Policy 310, Prison Rape Elimination Act Training. This policy indicates specialized investigative training for investigators shall include the uniform evidence protocol to maximize potential for obtaining useable physical evidence; techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution.

In order to make a determination of compliance, an interview was conducted with one of the Detective Sergeants who conducts sexual assault investigations.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. EPD conducts administrative and criminal investigations involving sexual abuse and sexual harassment. The investigators have received training in conducting investigations in confinement settings. The title of the training is "Investigating Sexual Abuse in a Confinement Setting". That training includes the proper use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative action or criminal referral. The auditor reviewed the training certificates and interviewed one of the Investigators. The Investigator was aware of her responsibilities during an investigation; she indicated that upon notification of an allegation the investigation would begin immediately. Any allegation that potentially involved criminal behavior would require police involvement. The training she took covered all areas of the investigative process, interviewing techniques, evidence collection, evidence protection and victim advocacy. Securing and processing the scene for evidence. Securing all evidence maintaining the integrity of the evidence. Seeing to the needs of the victim, providing advocacy support from Mental Health Staff. The investigator stated she would review memorandums, collect as much data as possible, and write a report. The training reviewed good interpersonal communication skills with inmate victims, assailants, and witnesses. Understanding of the dynamics of inmate sexual violence. Establishing good working relationships with outside agencies hospitals, prosecutors, and other investigators. The Auditor further notes that both investigators have received Criminal Investigation and Detective Training. This training

involves in-depth analysis of sex crime investigations, crime scene documentation, interview techniques and how to successfully obtain digital evidence.

The investigator noted that Anonymous or third-party reports would be thoroughly investigated as soon as possible. A third party or an anonymous tip would be treated the same as a direct report. The investigator indicated that if the incident was criminal in nature, she would collect specific physical and DNA evidence.

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

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

There are no medical or mental health care practitioners who regularly work at the Enumclaw City Jail. There is one contracted Medical Officer that is available. The Medical Officer was interviewed by the auditor. During the interview the Medical Officer stated she was aware of PREA and had participated in a brief training concerning PREA. The Medical Officer was aware of how to detect and assess signs of sexual abuse and harassment. In addition, she was aware of how to respond effectively and professionally to victims of sexual abuse and harassment. The Medical Officer indicated she would not conduct forensic examinations, but the local hospitals would work with the Detectives to accomplish appropriate collection and documentation of evidence. The Medical Officer indicated she maintains appropriate medical records on inmates at the facility.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

- 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 No

- 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 No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

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

115.41 (d)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

- 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 No
- 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 No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- 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 No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

- 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 No

115.41 (i)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In order to make a determination of compliance, the following policy and other documentation was reviewed: Policy 507, Inmate Classification. Specifically, the inmate classification process includes an initial screening process, as well as a process for determining appropriate housing assignments. The plan includes use of an objective screening instrument, procedures for making decisions about classification and housing assignments, intake and housing forms and a process to ensure that all classification and housing records are maintained in each inmate's permanent file. The plan includes an evaluation of the following criteria: Age, Sex, Current charges, behavior during arrest and intake process, criminal and incarceration history mental and emotional stability potential risk of safety to others or self, special needs assessment for vulnerable inmates, behavioral or physical limitations or disabilities, medical status, suicidal ideation, escape history, history of assaultive behavior, the need to be separated from other classifications of inmates, 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 non-conforming, previous sexual victimization, the inmate's own perception of his/her vulnerability, prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known to the EPD. The plan includes a methodology for evaluating the classification process and a periodic review. Finally, information obtained in response to screening questions is considered confidential and only available to those who have a legitimate need to know.

In order to make a determination of compliance, interviews were conducted with staff who conduct screening for risk of victimization and abusiveness (Intake staff). In addition, interviews were conducted with inmates.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. All inmates are provided Risk Assessments upon intake. The Auditor notes that these assessments are done immediately during the initial intake. The assessment includes a determination of the inmates mental health and physical health, the age of the inmate, the physical build of the inmate, previous incarcerations, criminal history, prior sex offenses, whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming, prior sexual

victimization and the inmate's perception of his or her vulnerability. Inmates are reassessed if additional information is received. Inmates are not disciplined for failing to answer any questions. All information gathered during intake is shared with only those staff that have a need to know. Sensitive information is not shared unnecessarily. Inmate interviews indicated the use of the assessment tool.

Interviews with intake staff confirmed the use of the assessment tool. The intake staff indicated their responsibilities included assessing all inmates especially those with special needs or those who may be vulnerable or express feelings of vulnerability. The intake staff indicated the need to provide safe housing, and program resources that ensured a safe environment for all inmates. The auditor reviewed the files of several inmates. The files contained the appropriate Intake forms and Assessment forms.

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

The auditor interviewed three staff members who conduct risk assessments. Each of the staff members interviewed was aware of their responsibilities in conducting risk assessments. The staff indicated they conduct face to face interviews, they consider all aspects, suicide, mental health, drug issues, sexual assault victim, gang activity, physical build, verbal and social skills, special needs inmates, safety.

Based on a review of the intake process, a review of the risk assessment form, and interviews with Intake staff and inmates, there is substantial compliance with this standard.

Standard 115.42: Use of screening information

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

115.42 (a)

- 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 No
- 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 No
- 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 No
- 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 No

- 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 No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- 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 No
- 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 No

115.42 (d)

- 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 No

115.42 (e)

- 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 No

115.42 (f)

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

115.42 (g)

- 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? Yes No
- 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? Yes No

- 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? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, the following policy and the screening information documentation was reviewed: Policy 507, Inmate Classification. Specifically page 3, section 507.5 indicates once it has been determined that the person arrested will not be released from custody on bail or O.R., a more in-depth classification of the inmate will be conducted as soon as possible but no later than 24 hours after the inmate's arrival at the facility, after which the inmate will be moved to more permanent housing. The comprehensive classification process begins with a review of any initial classification information obtained during the reception and booking process, as well as an interview by the classification corrections officer. The review of initial classification documents and the questions, answers and observations from the inmate's interview will be documented and numerically scored, representing the security level and housing assignment appropriate for each inmate. Individualized determinations are made about how to ensure the safety of each inmate.

In order to make a determination of compliance, interviews were conducted with intake staff and the Corrections Sergeant (PREA Coordinator).

The following describes how the evidence above was used to draw the final conclusion regarding compliance. Procedures require the use of a screening form to determine housing assignments with the goal of keeping inmates at high risk of being sexually victimized separate from those who are at a high risk of being sexually abusive. The classification corrections officer reviews all initial housing assignments. Housing assignments are made on a case by case basis for all inmates.

There is a procedure for providing continued re-assessment and follow-up monitoring if needed. Staff interviews confirm compliance to this standard. Housing and program assignments of a transgender or

intersex inmate include individualized consideration for the inmate's health and safety and any related supervisory, management or facility security concerns. A transgender or intersex inmate's views with respect to his/her own safety are given serious consideration.

There is compliance with this standard.

Standard 115.43: Protective Custody

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

115.43 (a)

- 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 No
- 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 No

115.43 (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 No
- 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 No
- 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 No
- 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? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- 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 No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- 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 No
- 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 No

115.43 (e)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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EPD prohibits placement of inmates at high risk for sexual victimization in involuntary protective custody unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation from likely abusers. The PREA Coordinator stated that inmates who present a high risk for sexual victimization would be moved to a facility that would better accommodate their needs.

There have been no inmates at risk of sexual victimization who were held in involuntary segregated housing at the Enumclaw City Jail in the past 12 months. Policy 507, Inmate Classification, specifies that inmates who are placed in an involuntary segregation housing assignment would be reviewed

every 30 days to determine whether there is a continuing need for separation from the general population.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No

115.51 (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 No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- 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? Yes No

115.51 (c)

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

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, the following policy and other documentation was reviewed: Policy 606, PREA. Specifically, page 5 section 606.4 indicates any employee, agency representative, volunteer or contractor who becomes aware of an incident of sexual abuse, sexual harassment or retaliation against inmates or staff shall immediately notify a supervisor, who will forward the matter to a sexual abuse investigator. Staff may also privately report sexual abuse and sexual harassment of inmates (e.g., report to the Corrections Sergeant). The facility provides information to all visitors or third parties on how they may report any incident, or suspected incident, of sexual abuse or sexual harassment to a staff member. Inmates may report sexual abuse or sexual harassment incidents anonymously or to any staff member they choose. Staff shall accommodate all inmate requests to report allegations of sexual abuse or harassment. Staff shall accept reports made verbally, in writing, anonymously or from third parties and shall promptly document all verbal reports. Threats or allegations of sexual abuse and sexual harassment, regardless of the source, shall be documented and referred for investigation. Sexual abuse and sexual harassment reports shall only be made available to those who have a legitimate need to know.

The auditor reviewed the Inmate Handbook, information concerning the Prison Rape Elimination Act. The auditor reviewed the Intake Brochure provided to each inmate. The auditor also reviewed the EPD web site which provides information on how to report an act of sexual harassment or sexual abuse.

In order to make a determination of compliance, interviews were conducted with both random staff and inmates. The auditor also had informal conversations with the PREA Coordinator concerning reporting mechanisms for both inmates and staff.

In order to make a determination of compliance the following observations were made during the on-site tour of the facility: The housing units had signs informing inmates of their right to be free of sexual abuse. There were signs informing inmates how to report incidents of sexual abuse. The signs were posted in both English and Spanish.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. Inmates have multiple ways to report allegations of sexual abuse and sexual harassment. There is an external PREA hotline and an internal PREA hotline. They can report verbally or in writing. Third party reports can be made to any staff or directly to EPD. Staff can privately report to a

supervisor or Human Resources. These multiple methods of reporting are posted throughout the facility, they are available in the handbook and they are reviewed with the inmate during intake. Inmate interviews confirm knowledge of the reporting procedures. Staff interviews confirm knowledge of reporting procedures.

The EPD web site provides the following information concerning reporting: Reporting Sexual Victimization: You can report the violation by either calling the PREA Hotline at (360) 615-5666, by email at Records@police.ci.enumclaw.wa.us, in person/mail at 1705 Wells Street, Enumclaw, WA 98022, or calling an advocate at the King County Sexual Assault Resource Line at (888) 998- 6423.

Staff can privately report to a supervisor or to the Human Resource department. Inmates and staff at EPD have several methods available to make reports concerning sexual abuse or sexual harassment.

There is substantial compliance with this standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- 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 No NA

115.52 (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 No NA
- 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 No NA

115.52 (c)

- 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 No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- 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 No NA
- 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 No NA

115.52 (e)

- 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 No NA
- 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 No NA
- 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 No NA

115.52 (f)

- 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 No NA
- 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 No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy 606 PREA indicates inmates may file a grievance; all allegations of abuse or harassment, when received by staff, would immediately result in an investigation. If the allegation involves a staff member the subject of the complaint would not be involved in the investigation. Inmates are not required to use an informal grievance procedure and there is no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse.

In the past 12 months no grievances have been filed that alleged sexual abuse. No third-party claims on behalf of inmates have been filed in the last 12 months. Appropriate protocols are established within the Policy to meet the requirements of this standard, including time frames for response, assistance from a third party and emergency filing procedures.

The EPD policy 610, Inmate Grievances also provides the same grievance procedures as Policy 606. The inmate's right to file a sexual abuse or sexual harassment grievance is covered in Policy 606, PREA, specifically, 606.42, and Policy 610, Inmate Grievances. All appropriate areas are covered in detail in this section of the PREA policy.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- 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 No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (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 No

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In order to make a determination of compliance, the following policy and other documentation was reviewed: Policy 606, PREA. Section 606.3, page 3-4, indicates the EPD provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates the mailing address and telephone number, including the toll-free hotline number for KCSARC. The facility enables reasonable communication between inmates and this organization in as confidential a manner as possible. The facility informs 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. In addition, the auditor reviewed the MOU between KCSARC and EPD, the Inmate Handbook, and the PREA Brochure.

In order to make a determination of compliance, an interview was conducted with the Assistant Director of KCSARC.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. EPD has established a Memorandum of Understanding with the KCSARC. These advocates provide support related to sexual assault. Advocates are a component of the standard response to a report of sexual abuse/sexual harassment within the facility. They facilitate follow-up, whenever possible, between the inmate and an advocate by mail, telephone, or in person while the victim resides at the EPD. EPD provides inmates with confidential, 24-hour access to the KCSARC via the phone. EPD respects the confidential nature of communication between the advocates and their clients. Advocates are cleared to enter the EPD for meetings and training sessions, or to meet with clients. Advocates are provided private meeting space for counseling sessions. EPD facilitates information on how to access the crisis line. The KCSARC provides advocacy-based counseling and crisis intervention services. Advocates provide follow-up services and crisis intervention contacts to victims of sexual assault at the EPD. Advocates maintain confidentiality of communications with clients residing at the EPD. Inmates have access to the mailing address, telephone numbers including a toll-free number that provides confidential communication between inmates and the KCSARC.

The auditor interviewed a staff member from KCSARC. During the interview the KCSARC Staff member indicated that a MOU was in place with the EPD and that Victim Advocates were available to assist victims and would initially meet any victims at the hospital. Victim Advocates have received Sexual Assault Advocacy Training. The training included: How to detect and assess signs of sexual abuse and sexual harassment; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The staff member from KCSARC indicated that at the initiation of services to an inmate, Advocates would disclose the limitations of confidentiality. Victims of sexual abuse would receive timely and unimpeded access to emergency medical treatment and crisis intervention services and the nature and scope of the services would be determined according to the professional judgment of the hospital staff and Advocacy staff. Finally, follow up services would be provided as necessary and that the level of care was consistent with community standards.

Based on the interview with the staff member from KCSARC, a review of the MOU between the EPD and the KCSARC, there is substantial compliance with this standard.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

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In order to make a determination of compliance, the following documentation was reviewed: The EPD PREA Zero Tolerance pamphlet and the EPD Web Site address the requirements of this standard. Third parties are informed of reporting procedures on the website. The auditor reviewed the EPD Web site which provides information to the public on how to report inmate sexual abuse or sexual harassment on behalf of an inmate.

In order to make a determination of compliance, interviews were conducted with random inmates who confirmed their knowledge of third-party reporting capabilities.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. EPD has established a method to receive third party reports of sexual abuse. This information is available on the EPD website (<http://www.ci.enumclaw.wa.us/389/JailInmate-Information>). Information is available to the public on how to report inmate sexual abuse or sexual harassment on behalf of the inmates. Inmate interviews confirm awareness of the third-party reporting capabilities.

The EPD provides inmates with access to outside victim advocates. Inmates are provided mailing addresses and telephone numbers for the KCSARC. The MOU between the agency and the KCSARC

was reviewed by the auditor. The pamphlet and website were examined by the auditor. Inmate interviews confirm awareness of the third-party reporting capabilities.

There is substantial compliance with this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (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 No

115.61 (c)

- 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 No
- 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 No

115.61 (d)

- 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 No

115.61 (e)

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

Auditor Overall Compliance Determination

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

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In order to make a determination of compliance, the following policy was reviewed: Policy 606, PREA, section 606.4. Section 606.4 states any employee, agency representative, volunteer or contractor who becomes aware of an incident of sexual abuse, sexual harassment or retaliation against inmates or staff shall immediately notify a supervisor, who will forward the matter to a sexual abuse.

In order to make a determination of compliance, the auditor interviewed random staff, and the PREA Coordinator.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. EPD requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility. Staff members are also required to report any retaliation against inmates or staff who has reported an incident of sexual assault or sexual harassment. Regardless of its source, EPD employees who receive information concerning inmate on inmate sexual misconduct at EPD, or who observe an incident of inmate on inmate sexual misconduct or have reasonable cause to suspect an inmate is a victim of sexual misconduct, must: Immediately report the information or incident directly to their immediate Supervisor. If necessary, (alleged criminal behavior) the Detective Sergeant will be notified. Any EPD employee who fails to report an allegation, or coerces or threatens another person to submit inaccurate, incomplete, or untruthful information with the intent to alter a report, may face disciplinary action, up to and including termination of employment. All EPD staff have a duty to report any allegation of sexual abuse as required by mandatory reporting laws (RCW 26.44.030). Inmates are informed of the limitations of confidentiality between inmates and staff.

Aside from reporting to the designated supervisors or officials and designated State or local service agencies, EPD 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.

Although no complaints have been received, from a member of the public, a procedure has been established for third party reports to be sent to the EPD PREA Coordinator or EPD Detective Sergeant. If an allegation is received the PREA Coordinator would inform one of the Detective Sergeants who would begin an investigation. Staff members are required to report any violation of responsibilities that may have contributed to an incident or retaliation.

EPD Policy requires that immediate action is taken to protect inmates from sexual abuse. Staff interviewed are aware of their reporting requirements and the steps that need to be taken to ensure the safety of the inmate.

Based on the above information there is substantial compliance with this standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

- 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 No

Auditor Overall Compliance Determination

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

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In order to make a determination of compliance, the following policy was reviewed: Policy 606, PREA. Additionally, Staff interviews indicate awareness to the importance of immediately reporting allegations of abuse and harassment.

In order to make a determination of compliance, the auditor interviewed random staff, the Agency Head and the PREA Coordinator.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. Review of policy and interviews with the PREA Coordinator and Random Staff

demonstrated the appropriate protective measures that would be taken in the event it was found that an inmate was at imminent risk of sexual abuse. Additionally, all staff interviewed indicated specific knowledge of the protective measures that should be taken in the event an inmate was subject to substantial risk of imminent sexual abuse.

The auditor reviewed the PREA policy, The PREA Policy outlines a staff members response to any allegation of sexual misconduct. As indicated in the EPD standard operating procedures, upon learning that an inmate is subject to a substantial risk of imminent sexual abuse, EPD staff shall take immediate action to protect the inmate by separating the victim from perpetrator and attending the needs of the victim while not impeding in the investigation. Staff who receive an initial report of sexual misconduct are required to promptly intervene on the alleged victim's behalf to ensure the victim receives prompt medical and mental health, as appropriate to his or her needs, and the circumstances of the alleged offense.

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

EPD Policy requires that immediate action is taken to protect inmates from sexual abuse. Although there have been no incidents in the past 12 months at the EPD, staff interviewed are aware of their reporting requirements and the steps that need to be taken to ensure the safety of the inmate.

There is substantial compliance with this standard.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

- 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 No

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

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In order to make a determination of compliance, the following policy was reviewed: Policy 606, PREA, section 606.4.1 which indicates if there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the Corrections Sergeant shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation. The Corrections Sergeant shall ensure that the notification has been documented.

In order to make a determination of compliance, interviews were conducted with the PREA Coordinator and the Agency Head.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. Upon receiving an allegation that an inmate was sexually abused while confined at another facility, EPD policy requires notification to the head of the facility and to appropriate Law Enforcement authorities within 72 hours. This notification is documented.

Interviews with both the PREA Coordinator and the Agency Head indicate compliance with this procedure.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- 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 No

- 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 No
- 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 No
- 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 No

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, the following policy reviewed: Policy 606, PREA, section 606.6, First Responders. This section of policy indicates if an allegation of inmate sexual abuse is made, the first corrections officer to respond shall:

- (a) Separate the parties.
- (b) Request medical assistance as appropriate. If no qualified health care or mental health professionals are on-duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals.
- (c) Establish a crime scene to preserve and protect any evidence. Identify and secure witnesses until steps can be taken to collect any evidence.

- (d) If the time period allows for collection of physical evidence, request that the alleged victim, and ensure that the alleged abuser, do not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating).
- (e) Consider whether a change in classification or housing assignment for the victim is needed or whether witnesses to the incident need protection, both of which may include reassignment of housing.
- (f) Determine whether the alleged perpetrator should be administratively segregated or administratively transferred during the investigation.

If the first responder is not a corrections officer, the responder shall request the alleged victim to refrain from any actions that could destroy physical evidence and then immediately notify a corrections officer. In order to make a determination of compliance, the auditor interviewed three (3) random staff. In order to make a determination of compliance, the following observations were made during the on-site tour of the facility: During the tour informal discussions were conducted by the auditor with correctional staff concerning how they would respond to different situations involving allegations of sexual assault or sexual harassment. In each of these informal discussion staff indicated the most important step was to keep the victim safe and believe what the victim had stated and proceed to take action as necessary to ensure the safety of the victim.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. EPD staff members were interviewed concerning first responder responsibilities. Staff members are aware of their responsibility in this area. The staff members interviewed indicated a need to separate the victim from the abuser, preserve and protect the crime scene, advise the victim to not take any action that would compromise the evidence, and if possible ensure the alleged abuser did not take any action that would compromise any evidence. In addition, staff members were aware that they needed to contact their supervisor who would contact the Investigator.

The staff interviewed indicated they had received training that included the duties of a first responder. Interviews with staff clearly indicate they understand the duties of a first responder. Additionally, PREA Policy clearly describes the steps to be taken in response to an allegation of sexual abuse, assault or harassment. During the past 12 months EPD has not had any incidents of sexual assault.

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

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The EPD has a written plan to coordinate actions taken in response to an incident of sexual abuse. It details the steps to take in response to a sexual assault and includes responsibilities among staff first responders, medical and mental health practitioners, and investigators. Interviews with the Corrections Sergeant (PREA Coordinator) and correctional staff confirmed knowledge of the procedure.

The Corrections Sergeant stated during his interview that staff are trained to follow the PREA Response Plan that includes but is not limited to, separating the involved individuals, contacting Investigators, maintaining evidence integrity, contacting the PREA Coordinator, Community Partners, and assisting in transport if necessary.

The Coordinated Response plan delineates specific responsibilities for both First Responders and the Corrections Sergeant. First Responders are expected to ensure that alleged victim and abuser are separated. Ensure that supportive staff (of the same sex, if possible) remains with alleged victim. All security staff and potential first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate staff. Notify 911 if emergent. Ensure that evidence (crime scene) is preserved and protected for evidence collection. This includes securing or partitioning off the area where the incident occurred. Request that the alleged victim does not take actions that could destroy physical evidence. This may include washing, brushing teeth, changing clothes, urination, and defecation, eat, or drink. Ensure that alleged perpetrator is monitored. Ensure that alleged perpetrator does not destroy physical evidence.

Based on the interviews with random staff, and the PREA Coordinator and a review of the Coordinated Response Plan, there is substantial compliance with this standard.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Agreement by and between City of Enumclaw and Enumclaw Police Officers Association Collective bargaining agreement with the Police Officers Association, effective January 1, 2019 to December 31, 2020.

17.1 Subject to provisions of this Agreement, the Association recognizes the prerogatives of the Employer to operate and manage its affairs in all respects and in accordance with its responsibilities and powers and that the Employer reserves those rights concerned with the management and operation of the Police Department which include, but are not limited to the following:

17.1.2 To suspend, demote, discharge or take other disciplinary actions against employees only for just cause.

17.1.5 To take whatever actions are necessary in emergencies in order to assure the proper functions of the Department.

The Chief of Police, during his interview, indicated the agreement with the Union allows him to take immediate action to place an employee on administrative leave pending investigation for a serious allegation on any nature.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- 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 No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (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 No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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 No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 606, PREA, specifically prohibits any type of retaliation toward any staff member or inmate who has reported sexual abuse or sexual harassment, or who has cooperated with such investigations. The Corrections Sergeant can authorize a supervisor to monitor any staff member or inmate who reports an incident of sexual abuse, assault or harassment for up to ninety days to determine if any retaliation has occurred due to reporting or cooperating.

In order to make a determination of compliance, the auditor interviewed the Corrections Sergeant (PREA Coordinator) who is a designated staff member to monitor retaliation.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. EPD prohibits retaliation against both residents and staff who report sexual abuse or sexual harassment or cooperate with investigations. The Corrections Sergeant (PREA Coordinator) is the designated staff member to monitor retaliation. Multiple measures are available that include removal of alleged staff and alleged resident abusers, housing changes and advocate support. Monitoring can last for at least 90 days and includes periodic status checks. The Corrections Sergeant was aware of his requirements for monitoring.

Inmates who report allegations of sexual assault are reviewed by Corrections Sergeants who will work with the inmate to ensure they are housed in a safe environment. Monitoring may continue beyond 90 days if needed. The Correction Sergeant would take reasonable steps to limit the number of people with access to the names of individuals being monitored and would make reasonable efforts to ensure that staff members who pose a threat of retaliation are not entrusted with monitoring responsibilities.

EPD is compliant with this standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The EPD prohibits inmates at high risk for sexual victimization or who have alleged to have suffered sexual abuse to be placed in involuntary segregated housing unless an assessment of available

alternatives has been made and it has been determined that there is no reasonably available alternative means of separation.

Inmates maybe held in involuntary protective custody for less than 24 hours while an assessment is completed. The Corrections Sergeant shall clearly document the basis for the concern for the inmate's safety and the reasons why no alternative means of separation can be arranged. The Corrections Sergeant will review such cases and determine appropriate housing for an inmate.

In the past 12 months no incidents of sexual abuse have occurred at the Enumclaw City Jail.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (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 No

115.71 (c)

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

115.71 (d)

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

115.71 (e)

- 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 No
- 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 No

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

- 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 No

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, the following policy and other documentation was reviewed: Policy 606, PREA. Section 606.7, indicates, an administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment. Administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse. Only investigators who have completed department-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases. When practicable, an investigator of the same sex as the victim should be assigned to the case. Sexual abuse and sexual harassment investigations should be conducted promptly and continuously until completed. Investigators should evaluate reports or threats of sexual abuse and sexual harassment without regard to an inmate's sexual orientation, sex or gender identity. Investigators are required to gather and preserve any physical evidence, interview alleged victims, suspects and witnesses; criminal histories are also reviewed. The credibility of the victim, suspect and witnesses are not determined by the person's status as inmate or staff. Investigators do not assume that any sexual activity among inmates is consensual. If the investigation is referred to another agency for investigation, the referral is documented. If criminal acts are identified as a result of the investigation, the case shall be presented to the appropriate prosecutor's office for filing charges. Administrative investigations include information on staff actions and whether or not those actions contributed to the abuse. Investigators are required to document the evidence and investigative facts and findings. Additionally, the auditor reviewed the 2015 Domestic Violence & Child Maltreatment Coordinated Response Guidelines established by King County. The purpose of these guidelines is to provide an effective, coordinated systems response in King County for victims of sexual assault.

In order to make a determination of compliance, the auditor interviewed a Detective Sergeant.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. The EPD conducts both administrative and criminal investigations involving incidents of sexual abuse and sexual harassment. The investigations begin upon staff notification, the investigations are thorough. Third party reports if received are investigated in the same manner as a

direct report. Both of the EPD investigators have received training by the NIC specifically, "Investigating Sexual Abuse in a Confinement Setting". The Auditor further notes that both investigators have received Criminal Investigation and Detective Training. This training involves in-depth analysis of sex crime investigations, crime scene documentation, interview techniques and how to successfully obtain digital evidence.

Investigators gather and preserve direct and circumstantial evidence. EPD Detectives would interview alleged victims, suspected perpetrators, and witnesses for investigations. EPD Detectives would conduct compelled interviews in consultation with the Prosecutors office. During her interview the EPD Detective stated that the credibility of an alleged victim, suspect, or witness was based on the individual and not on his status as an inmate or staff. Inmates are not subject to polygraph examination or other truth telling devices. Administrative investigations are thorough and provide information detailing staff actions in response to an incident and whether staff actions in any manner contributed to the abuse. All administrative investigations are documented in written reports and include investigative findings based on information provided by the evidence collected. Criminal investigations are documented and maintained by EPD. All evidence collected during a criminal investigation is maintained by EPD. The EPD refers cases for criminal prosecution based on their investigations. Substantiated allegations of conduct that appears to be criminal are referred for prosecution. EPD retains all written investigative reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. An investigation is never terminated due to the departure of the alleged abuser or victim. If a staff member is terminated or resigns the investigation continues until resolution.

EPD reports that in the last 12 months there has been zero allegations of sexual harassment. The EPD has two (2) individuals who have received the specialized training for conducting sexual abuse investigations as required by PREA standard 115.34.

Based on the review of policy, and the interview with the EPD Detective there is substantial compliance with this standard.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Detective Sergeant was interviewed concerning the evidential standard for administrative investigation. Her response to the standard of evidence was as follows: "The evidence standard for administrative investigation is a "preponderance of the evidence". The Detective Sergeant has received specialized training relevant to PREA; specifically, "Investigating Sexual Abuse in a Confinement setting". Additionally, the Detective Sergeant was interviewed and explained to the auditor in detail the steps to be taken during a PREA related investigation.

Standard 115.73: Reporting to inmates

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

115.73 (a)

- 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 No

115.73 (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 No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- 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 No
- 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 No

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In order to make a determination of compliance, the following policy was reviewed: 606, PREA. Specifically, section 606.7.2, Reporting to Inmates indicates the Corrections Sergeant or the authorized designee shall inform a victim inmate in writing whether an allegation has been substantiated, unsubstantiated or unfounded. If the Department did not conduct the investigation, the Department shall request relevant information from the investigative agency in order to inform the inmate.

If a staff member is the accused (unless the Department has determined that the allegation is unfounded), the inmate shall also be informed whenever: The staff member is no longer assigned to the inmate's unit or employed at the facility or the Department learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. If another inmate is the accused, the alleged victim shall be notified whenever the Department learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. All notifications or attempted notifications shall be documented. When notification is made while the inmate is in custody, the inmate will sign a copy of the notification letter. The letter will be added to the case file.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. Inmates are informed of the results of the investigation. That information includes whether the staff member is or is not allowed to work in the inmate's unit; the staff member is or is not employed; the staff member has been indicted and/or the staff member has been convicted. In addition, if the alleged abuser is an inmate, the inmate victim would be informed if the alleged abuser was indicted and or convicted. All notifications are documented.

As previously noted, EPD reports no investigations for sexual assault or sexual harassment in the past 12 months. There have been zero notifications to inmates pursuant to this standard in the past 12 months.

There is compliance with this standard based on the policy review and discussions with the PREA Coordinator and the Detective.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In order to make a determination of compliance, the following policy was reviewed: 606, PREA. Specifically, 606.8 Sexual abuse and sexual harassment between staff and inmates. Sexual abuse and sexual harassment between staff, volunteers or contract personnel and inmates is strictly prohibited. The fact that an inmate may have initiated a relationship or sexual contact is not a defense to violating this policy. Any incident involving allegations of staff-on-inmate sexual abuse or sexual harassment shall be referred to the Investigations Division for investigation. Additionally, the Auditor reviewed the Agreement by and between City of Enumclaw and Enumclaw Police Officers Association Collective bargaining agreement with the Police Officers Association, effective January 1, 2019 to December 31, 2020.

In order to make a determination of compliance, the auditor interviewed the Human Resource Administrative (TAC) officer the Chief of Police and the Corrections Sergeant.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. EPD staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Staff shall be subject to disciplinary action, up to and including termination, for violating EPD PREA policies. Disciplinary sanctions for violations of EPD policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of the PREA policy, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Chief of Police indicated

there has been no staff terminations for violations of agency sexual abuse or sexual harassment policies at EPD in the past 12 months. The Chief of Police and the Corrections Sergeant indicate appropriate notifications would be made to licensing boards or other agencies.

The Auditor reviewed the PREA Policy. The auditor also interviewed the TAC, Chief of Police and the Corrections Sergeant. Based on this review there is substantial compliance with this standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The EPD requires that any contractor or volunteer who engages in sexual abuse is reported to the Detective Sergeant and to relevant licensing bodies. The policy further requires that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates.

All contractors and volunteers are trained on the zero-tolerance policy at the EPD. They are provided information on the Policy Statement (606), which details in section 606.8.1 Sexual abuse by a contractor or volunteer the following: Any contractor or volunteer who engages in sexual abuse within the facility shall be immediately prohibited from having any contact with inmates. He/she shall be promptly reported to the law enforcement agency that would investigate such allegations and brought to the attention of any relevant licensing bodies. Contractors and Volunteers are provided information on reporting requirements. Specifically, any contractor, or volunteer, who receives information concerning a staff member, contractor, or volunteer on inmate sexual misconduct, or who observes an incident of a staff member, contractor, or volunteer on inmate sexual misconduct, or has reasonable cause to suspect an inmate is the victim of sexual misconduct, must immediately report the information or incident directly to any on duty employee of the EPD. Any staff member, contractor, or volunteer that fails to report an allegation, or coerces or threatens another person to submit inaccurate, incomplete, or untruthful information with the intent to alter a report may face disciplinary action, up to and including dismissal and/or denial of entry into the facility.

There have been no contractors or volunteers at the EPD who violated the provisions of this policy in the past 12 months.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

- 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 No

115.78 (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 No

115.78 (c)

- 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 No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require

the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- 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 No

115.78 (f)

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

115.78 (g)

- 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The EPD has not issued any disciplinary sanctions to inmates as a result of sexual conduct with other inmates or staff. There have not been any substantiated cases of inmates engaging in sex with other inmates. Consensual sex between inmates is prohibited. Inmates that sexually abuse or harass staff are disciplined.

Inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate on inmate sexual abuse or following a criminal finding of inmate on inmate sexual abuse. The sanctions are commensurate with the circumstances of the abuse committed. Appropriate rights and responsibilities are afforded to the inmate during the disciplinary hearing process. Inmates can be disciplined for sexual contact with staff if the staff member did not consent to such contact. EPD prohibits all sexual activity between inmates and disciplines inmates for such activity.

There are no reported cases of inmates at the EPD sexually abusing or harassing staff in the past 12 months. Inmates who make allegations in good faith are not disciplined if the investigation fails to establish sufficient evidence.

An interview with the Detective Sergeant confirms the facility will contact Evergreen Treatment Services concerning counseling designed to address and correct the underlying reasons for motivations for abuse. Evergreen Treatment services is a community based mental health group that provides services to assist in connecting clients to appropriate community resources.

In the past 12 months, there have been zero administrative findings of inmate-on-inmate sexual abuse and there have been zero criminal findings of guilt for inmate-on-inmate sexual abuse at the EPD.

There is substantial compliance with this standard.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

115.81 (a)

- 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.)
 Yes No NA

115.81 (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.) Yes No NA

115.81 (c)

- 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? Yes No

115.81 (d)

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

115.81 (e)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 707, Health Appraisals and Policy 606 PREA. EPD provides follow-up with a medical or mental health practitioner within 14 days of the intake screening as noted in section 707.3.1. Specifically, the policy states: inmates who have an identified history of sexual victimization shall be offered a follow-up meeting with a qualified health care professional or mental health provider within 14 days of intake screening. The auditor also reviewed one case file involving an inmate who reported being abused at another facility.

In order to make a determination of compliance, interviews were conducted with the Corrections Sergeant. During his interview the Corrections Sergeant indicated one inmate had reported previous abuse while incarcerated. The incident was appropriately reported, and a mental health follow-up was conducted within 14 days of intake.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. All inmates at the EPD who have disclosed any prior sexual victimization during the intake process or subsequent to their arrival are offered a follow-up meeting with a medical practitioner or mental health practitioner. This follow-up occurs within 14 days of intake. Any information pertaining to victimization or predatory behavior is limited to a need to know basis. Jail staff are informed for the purpose of security and housing. The auditor reviewed the file of the one inmate who reported sexual abuse while incarcerated at another facility. The inmate was booked on 9-5-2018, the PREA

Coordinator at the facility in question was notified on 9-6-2018 and the inmate was seen by a community mental health practitioner on 9-8-2018. All appropriate time frames were met.

There is substantial compliance with this standard.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- 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 No

115.82 (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 No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- 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 No

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, the following policy and other documentation were reviewed: 606 PREA, sections 606.15 – 606.18 provides information on medical treatment for victims of sexual abuse. Additionally, the auditor reviewed the information provided by KCSARC and the RCW 7.68.170.

In order to make a determination of compliance, the auditor interviewed the PREA Coordinator, and the Assistant Director from KCSARC.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. EPD procedure states that inmates would be taken or referred to St. Elizabeth Hospital for unimpeded access to emergency medical treatment and crisis intervention services. St. Elizabeth Hospital sexual assault protocol makes it possible for victims of sexual assault to receive prompt and compassionate emergency care from medical professionals who understand victimization; and streamline the examination time and the medical evidence-gathering process.

Access to information about emergency contraception and sexually transmitted infections prophylaxis would be provided by Medical Staff at the hospital. Pursuant to RCW 7.68.170 Examination costs of sexual assault victims paid by state: "No costs incurred by a hospital or other emergency medical facility for the examination of the victim of a sexual assault, when such examination is performed for the purposes of gathering evidence for possible prosecution, shall be billed or charged directly or indirectly to the victim of such assault. Such costs shall be paid by the state pursuant to this chapter".

Based on interviews with the PREA Coordinator, and the advocate from KCSARC, and the RCW 7.68.170, there is substantial compliance with this standard.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.83 (a)

- 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 No

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

- 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.) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- 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.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

EPD offers medical or mental health evaluations to inmates who have been victimized by sexual abuse in any prison or jail. All inmates who have reported sexual victimization are provided with contact information and are referred for follow-up within 14 days of intake.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. A review of the PREA Policy 606 and Health Appraisal Policy 707 indicates EPD provides ongoing medical and mental health care for sexual abuse victims and abusers through community providers and contract medical staff. Appropriate follow-up services, treatment plans and continuing care upon release from custody are available. All mental health treatment is provided by community providers, if necessary, pregnancy tests and follow-up care would be provided. Appropriate STD tests as medically indicated would be provided. There would be no cost to the inmate for this care.

The EPD PREA policy and appropriate MOU's are in place to meet the needs of the victim. Victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests. If pregnancy results, such victims shall receive comprehensive information about, and access to, all lawful pregnancy-related medical services. Victims will be provided with follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or release from custody.

Treatment services is 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.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Staff interviews confirmed that at the conclusion of an investigation of sexual abuse there is a review by the EPD management staff. The PREA Coordinator, Commanders, and Chief of Police participate in the meeting. Meetings are held within 30 days of the conclusion of a sexual abuse investigation.

Policy 606, PREA, Section 606.12 details the requirements of the review team.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. At the conclusion of the investigative process, EPD staff would review the incident. The review would be scheduled within 30 days of the conclusion of the investigation. The review team consists of the Chief of Police, the PREA Coordinator, Commanders and relevant staff involved in the investigation. The review team would determine if a change in procedure was necessary, if it was motivated by any class affiliation, sexual orientation, or other group dynamic. A review of the monitoring technology would be conducted to assess its effectiveness. The physical barriers of the facility and the staffing pattern would also be evaluated. There would be a final report of the incident with appropriate recommendations.

In the past 12 months there have been zero investigations conducted for sexual abuse at EPD.

Based on a review of the policy there is substantial compliance with this standard.

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- 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 No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, the following policy and other documentation was reviewed: Policy 606 PREA, sections 606.11 – 606.12. In addition, the auditor reviewed the data collection instrument, the EPD PREA definitions and the EPD annual PREA review for the past several years.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. Uniform data is collected which accurately tracks allegations of sexual abuse. The data is aggregated annually. The PREA Coordinator is responsible for collecting the data necessary to answer all questions from the U.S. Department of Justice Bureau of Justice Statistics Survey of Sexual Violence. The annual review is posted online and was reviewed by the Auditor.

EPD provides access to their annual reviews on the web at:
<http://www.ci.enumclaw.wa.us/389/JailInmate-Information>

The annual reviews from 2015 through 2018 are available on the web site. A snapshot of the data reveals the following.

Data Snapshot:

Year	Allegations	Substantiated
2018	0	0
2017	0	0
2016	0	0
2015	0	0

Based on the Auditors review of the uniform data collected and reported, there is substantial compliance with this standard.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- 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 No
- 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 No
- 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 No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, the following policy and other documentation was reviewed: Policy 606 PREA, sections 606.11 – 606.12. In addition, the auditor reviewed the data collection instrument, the EPD PREA definitions and the EPD annual PREA review for the past several years.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. EPD reviews the data and identifies problem areas, takes corrective action and prepares a final report. The report provides an assessment of the agency's progress in addressing sexual abuse. The Agency Head reviews the report and it is available online at <http://www.ci.enumclaw.wa.us/389/JailInmate-Information>

Based on the Auditors review of the Annual Reports, there is substantial compliance with this standard.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- 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 No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Data is strictly controlled by EPD. The PREA Coordinator and the Chief of Police have authority to view the files and data. The data provided to the Public does not contain any personal identifiers. The data is available through the Department's website.

The EPD follows the RCW rules governing the destruction of Public Records, which states the records must be six or more years old. The RCW requires records pertaining to violent sexual assaults be sent electronically to the Washington association of sheriffs and police chiefs for permanent electronic retention and retrieval. The Washington association of sheriffs and police chiefs shall be permitted to destroy both the paper copy and electronic record of any offender verified as deceased. Any record transferred to the Washington association of sheriffs and police chiefs ...shall be deemed to no longer constitute a public record. Such records shall be disseminated only to criminal justice agencies.

There is compliance with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This is EPD's second PREA audit. The initial PREA Audit was conducted in March 2016. EPD currently operates one facility. EPD contracts with two other facilities to house EPD inmates. Both facilities have participated in PREA audits and are compliant with the Prison Rape Elimination Act standards.

The auditor was provided access to, and was permitted to observe, all areas of the facility. The auditor was permitted to request and receive copies of all relevant documents (including electronically stored information). The auditor reviewed a sampling of documents and records from the previous three years. The auditor interviewed staff, supervisors and administrators. The auditor was permitted to conduct private interviews with inmates. Inmates were randomly selected to be interviewed. Interviews were conducted in an office affording complete privacy. Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No correspondence was received.

The auditor was able to interview community-based victim advocates.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This is EPD's second audit. The previous audit was conducted in March 2016. Upon completion of the final report in 2016, EPD published the results of the audit on its web site. This task was completed within 90 days of the completion of the audit.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert J Palmquist

June 12, 2019

Auditor Signature

Date

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

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