

# PREA Facility Audit Report: Final

**Name of Facility:** Benton County Jail

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 09/02/2020

**Date Final Report Submitted:** 03/06/2021

| Auditor Certification   |                                      |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge.   | <input checked="" type="checkbox"/>  |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.   | <input checked="" type="checkbox"/>  |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/>  |
| <b>Auditor Full Name as Signed:</b> Bruce Kuennen   | <b>Date of Signature:</b> 03/06/2021 |

| AUDITOR INFORMATION                 |                     |
|-------------------------------------|---------------------|
| <b>Auditor name:</b>                | Kuennen, Bruce      |
| <b>Email:</b>                       | kuennennw@gmail.com |
| <b>Start Date of On-Site Audit:</b> | 07/13/2020          |
| <b>End Date of On-Site Audit:</b>   | 07/16/2020          |

| FACILITY INFORMATION              |  |
|-----------------------------------|--|
| <b>Facility name:</b>             | Benton County Jail                                   |
| <b>Facility physical address:</b> | 7122 W Okanogan Place, Kennewick, Washington - 99336 |
| <b>Facility Phone</b>             |  |
| <b>Facility mailing address:</b>  |  |

| <b>Primary Contact</b>   |                                 |
|--------------------------|---------------------------------|
| <b>Name:</b>             | Robert Guerrero                 |
| <b>Email Address:</b>    | robert.guerrero@co.benton.wa.us |
| <b>Telephone Number:</b> | 509-222-3788                    |

| <b>Warden/Jail Administrator/Sheriff/Director</b> |                             |
|---|-----------------------------|
| <b>Name:</b>                                      | Scott Souza                 |
| <b>Email Address:</b>                             | scott.souza@co.benton.wa.us |
| <b>Telephone Number:</b>                          | 509-783-1451                |

| <b>Facility PREA Compliance Manager</b> |  |
|---|--|
| <b>Name:</b>                            |  |
| <b>Email Address:</b>                   |  |
| <b>Telephone Number:</b>                |  |

| <b>Facility Health Service Administrator On-site</b> |                               |
|--|-------------------------------|
| <b>Name:</b>   | Leann Anderson                |
| <b>Email Address:</b>                                | mildred.anderson@naphcare.com |
| <b>Telephone Number:</b>                             | 509-783-1451                  |

| <b>Facility Characteristics</b>  |                          |
|--|--------------------------|
| <b>Designed facility capacity:</b>   | 744                      |
| <b>Current population of facility:</b>   | 309                      |
| <b>Average daily population for the past 12 months:</b>  | 524                      |
| <b>Has the facility been over capacity at any point in the past 12 months?</b>                                     | No                       |
| <b>Which population(s) does the facility hold?</b>   | Both females and males   |
| <b>Age range of population:</b>  | 18-80                    |
| <b>Facility security levels/inmate custody levels:</b>   | minimum, medium, maximum |
| <b>Does the facility hold youthful inmates?</b>  | Yes                      |
| <b>Number of staff currently employed at the facility who may have contact with inmates:</b>                       | 112                      |
| <b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b> | 499                      |
| <b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>             | 212                      |

| <b>AGENCY INFORMATION</b>                                    |  |
|--|--|
| <b>Name of agency:</b>                                       | Benton County Department of Corrections                            |
| <b>Governing authority or parent agency (if applicable):</b> |  |
| <b>Physical Address:</b>                                     | 7122 W. Okanogan Place, Building B , Kennewick, Washington - 99336 |
| <b>Mailing Address:</b>                                      |  |
| <b>Telephone number:</b>                                     |  |

| Agency Chief Executive Officer Information: |  |
|---|--|
| <b>Name:</b>                                |  |
| <b>Email Address:</b>                       |  |
| <b>Telephone Number:</b>                    |  |

| Agency-Wide PREA Coordinator Information |                 |                       |                                 |
|--|-----------------|-----------------------|---------------------------------|
| <b>Name:</b>                             | Robert Guerrero | <b>Email Address:</b> | robert.guerrero@co.benton.wa.us |

## AUDIT FINDINGS

### **Narrative:**

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site 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.

This audit of the Benton County Jail was conducted in 2020 - 21 to determine the facility's compliance with the standards of the Prison Rape Elimination Act (PREA). The agency reported that this was its first PREA audit.

The facility chose to use the On-line Audit System (OAS). The audit methodology strictly followed the guidance of the PREA Auditor Handbook, issued August 2017. Although the facility was not able to provide all of the requested documentation by the time of the onsite visit, there were no significant barriers to completing the audit. The issues of dealing with the COVID-19 pandemic were very well-managed. At the time of the final onsite follow-up visit, January 29, 2021, the jail had successfully avoided having any known inmate cases of the disease.

The lead auditor and primary author of this report is Bruce Kuennen. He received his Department of Justice (DOJ) certification to conduct audits on July 11, 2016 and was re-certified on December 31, 2019. No other auditors or support staff participated in the conduct of this audit.

A contract between the Benton County Department of Corrections and Bruce Kuennen, dba Kuennen Northwest to conduct this audit was approved on April 28, 2020. The auditor confirms in the contract that no conflict of interest exists between himself and Benton County.

The four phases of the audit were conducted between the following dates:

- Pre-onsite – June 1 - July 12, 2020
- Onsite – July 13 – July 16, 2020
- Post-onsite July 17 – September 1, 2020
- The Corrective Action period of six months began on September 2, 2020 and concluded with a follow-up onsite visit on January 29, 2021

Logistics were discussed in a series of emails between the auditor and the PREA Coordinator, Lieutenant Robert Guerrero and via telephone in May and June 2020. A pre-onsite conference call was held via Skype on June 30, 2020. The auditor discussed the following points with the agency's primary point of contact (POC), Lt. Guerrero, Jail Chief Scott Souza, and Captain Joshua Shelton:

- Logistics
- Facility size and population
- Shift Schedules
- Posting deadlines

## Audit - Pre-onsite Phase

Logistics for the audit were handled by the auditor. The primary point of contact (POC) for the facility was Lt. Robert Guerrero, PREA Coordinator, who completed the required portions of the OAS.

The required Notice of Audit was posted in all housing units and common areas of the facility, on June 1, 2020, six weeks before the onsite audit. It contained the audit purpose, the dates of the on-site review, and contact information, a P. O. Box, for confidential communication with the auditor. Photographic, date-stamped evidence of these notices was provided to auditor, who further verified the postings on July 13 onsite.

Two letters were received from inmates, and one of the two inmates was interviewed on-site. The other was no longer housed at the facility. (The second inmate letter writer was interviewed via telephone in the week following the on-site visit.) No correspondence was received from facility staff or members of the public.

The facility provided information related to compliance with each of the standards by uploading documentation to the OAS. The responses included documents such as policies, procedures, forms, examples of completed forms and computer printouts, and copies of reports.

The OAS materials were reviewed by the auditor, who initiated a series of emails with requests for further documentation, and questions and comments regarding the facility's response. Supplemental information was requested on several standards, and supplemental files were uploaded by the facility on the OAS. Supplemental information received in response to these requests was reviewed by the PREA auditor prior to the onsite portion of the audit.

The facility was asked to have the following lists available at the time of the onsite visit to allow audit verification via random sampling in interviews and document reviews:

- Complete inmate roster
- Inmates with disabilities
- Inmates who have Limited English Proficiency (LEP)
- LGBTI Inmates
- Inmates in segregated housing or isolation
- Inmates who reported sexual abuse
- Inmates who reported sexual victimization during risk screening
- Complete staff roster
- All volunteers and contractors who have contact with inmates
- Statistics of all hotline calls made during the 36 months preceding the audit

The original statistical information on sexual abuse and harassment allegations included a total of only one case to review. The facility reported that there were 21 allegations in the previous 12 months and that one investigation was completed. No information was provided to explain the nature of the remaining allegations, or whether or how they were investigated.

During the pre-onsite phase, the following advocacy organization was identified

- The Support, Advocacy, & Resource Center (SARC), an accredited Community Sexual Assault Center

A memorandum of understanding (MOU) with this organization was requested. The copy provided by the facility was dated 2003. A new MOU was entered into during the corrective action period.

A telephone interview was conducted with the executive director of SARC on July 10, 2020. The director was not aware of the 17-year-old MOU; however, her interview indicated that her agency provided appropriate advocacy and support services to the jail, including a 24/7 crisis hotline number, staffed by trained and bilingual (English/Spanish) staff.

An Internet search and an open Google Alert on “Benton County Jail” during the the audit yielded no information concerning jail operations and no news articles related to sexual safety. A review of the jail’s website, conducted July 8, 2020, revealed no references or links to PREA information. A second review at the time of the follow-up visit found publication of BCCD Policy 606 and an annual report for 2020.

The auditor’s basic randomization method for inmate and staff interviews and documentation began with a random number generator in an Excel spreadsheet – specifically, =RANDBETWEEN(1,26). Letters were chosen for each category to correspond to the number generated. 1=A, 2=B, etc. A letter was applied to each given list in this manner. For example, the facility was asked to provide the first 20 records for inmates whose last name begins with the letter N. If there were not 5 inmates whose last name began with N, they were asked to go on to O, and so on. The letters and methodology for most categories were provided to facility staff on the first day of the on-site audit. This same method was used during the on-site audit as additional names needed to be generated.

To ensure “geographic coverage” for randomly chosen inmate interviews – i.e., to ensure that as many residential housing units as possible were represented – the auditor asked for the first inmate from each unit whose last name began with a (randomly chosen) letter supplied on the first day of the audit..

A detailed “issue log” was created prior to the on-site. It included a brief summary of all of the standards for which the auditor was expecting a finding of non-compliance, barring evidence to the contrary during the later phases.

#### On-site Audit Phase

Upon arrival at the facility, the auditor conducted an in-briefing with Chief Scott Souza, Captain Joshua Shelton, and PREA Coordinator Lieutenant Robert Guerrero.

All housing and common areas (including those not in use) were toured during the onsite audit on the first day, Monday, July 13, 2020. The auditor had unrestricted access to view and enter every area of the facility. The auditor re-visited two randomly chosen units on day 3, on the night shift (1900 – 0700 hours).

During the site review (tour), the auditor observed privacy barriers in shower and toilet areas, camera placements, possible blind spots, posted information, and staff monitoring of video camera feeds. The primary subject of informal questions to facility staff was the adequacy of the minimum shift coverage of each housing, work, and program area. The auditor took 11 photographs of facility features, primarily of the positioning of shower curtains and visual barriers. Copies of these pictures were provided to jail staff during the on-site visit.

Privacy barriers, in the form of shower curtains, and physical room dividers were adequate in all but three areas. Two housing areas had makeshift shower “curtains” erected by inmates, made of frayed blankets. These blankets were replaced by proper curtains during the corrective action period.

An inmate reported that her visitors were able to see a shower area due to the placement of a visiting kiosk. Visiting is conducted via a camera system where the inmate can see their visitor on a kiosk screen; the visitor can see the inmate seated at the kiosk. In just one instance, the kiosk camera was situated so that the visitor could see the shower area. The shower curtain was appropriately placed for this angle, but it would still be possible for a visitor to observe an inmate showering who failed to use the curtain effectively. This deficiency was corrected during the corrective action period.

An extensive camera system provided good coverage of all inmate housing and common areas. Only two blind spots were identified by the auditor; both were areas just outside shower areas where an incident could occur if more than one inmate was allowed to be in these areas at the same time. Informal interviews of staff monitoring cameras in the master control and unit staff stations indicated that staff had a good working knowledge of how to use the camera systems.

The auditor questioned the PREA Coordinator concerning minimum staff coverage for each of the units and common areas. Direct supervision units were reported to be staffed at all times that inmates are out of their cells. Small dormitory units were staffed by roaming officers who were in each unit at least hourly and are supplemented by camera coverage. Every unit, cell area, interview room, and common area was equipped with a “panic button”, monitored in master control. Informal interviews with inmates and staff during the site review indicated that the buttons worked and that staff responded immediately to activated buttons.

At the time of the onsite visit, medical staff conducted an intake process for each inmate upon arrival, and classification staff interviewed and screened all inmates within 72 hours. The auditor tested the medical screening by observation of the (electronic) form used and interviews of the health care administrator and one randomly chosen jail nurse. He tested the classification screening process by interviewing one of the two classification officers and observing two classification interviews conducted by the other.

At the time of the onsite audit, the facility did not provide PREA information to inmates upon arrival, nor did it provide comprehensive PREA education to inmates within 30 days of arrival. PREA-related posters, pamphlets, other posted signs, and an inmate handbook existed, but they were not consistently available; there was no documentation of inmates’ review and understanding of these materials. A new system was put in place in December 2020. The facility not only began an effective system of providing this information to new inmates, it chose to screen and provide this information to the entire jail population.

The facility did not provide a policy or other written description of a grievance system at the time of the onsite audit, so there was essentially no grievance system to assess or test. Policies were adopted during the corrective action period, and inmates were effectively notified of the system, but no grievances related to sexual abuse were received by the time of the follow-up visit.

Inmate interviews began on day two, with inmates chosen by the method noted above. The facility was initially unable to provide lists of the following types:

- A list of all inmates who had reported having been previously abused (This list was generated on day 3 of the audit by the contract medical staff; it contained the names of 35 inmates.)
- A list of all inmates who had Limited English Proficiency (LEP). As a proxy for this list, they provided

a computer listing of all inmates, by place of birth. They argued that persons born in a Spanish-speaking country were likely to not speak English.

- A list of inmates who were gender nonconforming, or LGBTQI.

The following inmate interviews were conducted:

- 16 Random, representing each of the housing units in use, including the two segregation units
- 1 Transgender male, identified by medical staff
- 1 other gender nonconforming inmate, a bisexual man. This inmate was identified by the following process – the transgender inmate revealed during their interview that a bisexual and a “homosexual” inmate were housed in their unit. The PREA coordinator asked corrections staff assigned to that unit; they were able to identify the bisexual man, but not the other inmate.
- One LEP – {Spanish interpreter provided by facility.} This inmate was identified in the course of a random interview. The random interview was converted to a targeted interview. The jail did not supply a second LEP inmate to interview.
- The facility originally reported that there were no inmates in residence who had reported sexual abuse at the facility. The interview with the on-site contract coordinator of health services yielded a list of 35 inmates who had disclosed prior sexual abuse to medical staff. Four inmates were chosen at random from the list provided by medical contract administrator. The facility did not distinguish whether the abuse reported had been in a correctional facility. In the course of the interviews, the auditor learned that none of them had reported such abuse – i.e., all four had reported abuse in their childhood.
- One of the two inmates who had written the auditor during the pre-onsite review period. (The other was no longer housed at the facility; she was interviewed via phone in the week after the on-site visit.)

After hearing the auditor’s description of purpose, confidentiality, and voluntary nature of the process, two inmates chosen at random chose not to be interviewed.

Although four youth under the age of 18 had been housed at the facility within the last 12 months, there were none in residence during the 4-day onsite audit.

Day Two of the onsite audit began at 5:45 a.m. The auditor interviewed randomly chosen staff whose shift ended at 7:00 a.m. that morning. On day three, the audit was scheduled to include interviews of randomly chosen line staff whose night shift began at 7:00 p.m. Their numbers are included in the summary below. There were no barriers to conducting staff interviews. All staff answered all questions directly; no staff member refused to be interviewed.

Staff interviews included the following. All were chosen randomly from lists of staff in each category (or they were the only person in the role described).

- 6 randomly chosen correctional officers (all were also first responders)
- 1 person, a former Sheriff’s Office detective, who was assigned to investigate incidents and allegations of sexual abuse or harassment
- 1 Corporal
- 1 correctional officer who was assigned to work in a restrictive housing unit

- 1 representative of the classification staff
- The PREA Coordinator
- The paid (part-time) staff person who coordinates volunteer services
- 1 volunteer (telephone interview)
- The on-site contract coordinator for health services
- 1 contract medical staff, a nurse
- Chief Scott Souza

One randomly chosen volunteer was interviewed.

The following documents were requested. Each is annotated regarding whether and what was received. Documents reviewed included:

- Complete inmate roster. Was used to identify randomly chosen inmates from each housing unit to interview.
- List of youthful inmates (under the age of 18). Facility only holds youth who have been remanded to adult custody for serious offenses. No inmates under the age of 18 were housed on the days of the onsite audit. The jail provided a list of 5 inmates who were being held for juvenile charges; the report indicated that all were over the age of 18.
- Inmates with disabilities. No list provided.
- Inmates who are LEP. No list provided; provided a list of inmates whose birthplace was known to be outside the U. S.
- LGBTQTI inmates. No list provided.
- Inmates in segregation. Complete inmate roster included location, so auditor was able to determine inmates in segregation from this list.
- Inmates in isolation. Complete inmate roster included location, so auditor was able to determine inmates in isolation from this list.
- Inmates in segregation who were at high risk of sexual victimization. No list provided.
- Inmates who reported sexual abuse. No list provided; facility reported that no such reports had been received in the last 12 months.
- Inmates who reported sexual victimization during intake screening. Jail did not originally supply this list; the contract health administrator generated a list of 35 inmates from their electronic medical record system.
- Complete staff roster. Provided, was used to identify random line staff and supervisor interviews. Also used to verify training records for randomly chosen staff.
- Volunteers and contractors who have contact with inmates. Used to choose one random volunteer interview.

- All grievances concerning sexual abuse and harassment received in the prior 12 months. No list provided; facility reported that no such grievances had been received in the last 12 months.
- All incident reports concerning sexual abuse and harassment received in the prior 12 months. A report was provided for the one investigation reported for the last 12 months. The jail also provided a memo from the PREA Coordinator to the Jail Chief describing his responses to a citizen complaint. It contained sufficient detail to indicate that a formal investigation had been conducted. Written statements were described, indicating that an investigation was conducted, but the documentation of the investigation was incomplete.
- All allegations of sexual abuse and sexual harassment reported for investigation in the last 12 months. No list provided; the facility reported that 21 such allegations had been received in the last 12 months.
- All hotline calls made during the last 12 months. No list provided.
- Documents verifying initial classification screening for a randomly chosen 8 inmates. Provided, all forms indicated that the classification screening had been done within 72 hours of arrival, and that all questions were asked and responded to.
- Supervisors or higher level who are responsible for conducting and documenting unannounced rounds. Not provided, but easy to produce from general staff roster, as all corporals and higher ranked supervisors conduct such rounds on every shift.
- Documentation of unannounced supervisor visits, for a randomly chosen week in April / May. Not provided, but staff and administration staff interviews indicated that this occurs continuously, because the supervisors of each correctional officer, a corporal, is continuously touring the facility units where the officers they supervise are working. A sergeant is also working each shift of every date; they also visit frequently. The auditor observed this activity during the site review.
- Education and program staff. Part-time volunteer coordinator identified; list of volunteers and contractors included education and program staff.
- Medical and mental health staff. No list provided. Auditor randomly chose a provider from those working at the time he was ready to conduct this interview.
- Non-medical staff involved in cross-gender strip or visual searches. No list provided because facility reported no such searches are conducted.
- Human resources staff. No list provided, but the issue of background checks was addressed by the interviewed investigator, whose duties include background checks on newly hired and promoted staff.
- SAFE / SANE staff. Not applicable. Jail does not employ, but they reported that such providers are available at the hospital where they would take a victim of a sexual assault. This was also verified by the pre-onsite interview with the executive director of SARC.
- Intake staff. Not provided, but receiving screening is conducted by medical staff, chosen for interview by method above. Correctional screening is done by one of two classification staff. The auditor interviewed one of them and observed the intake interview of two inmates conducted by the other.
- Staff who perform subsequent screening. No list provided because no one is currently doing this

screening.

- Staff who supervise inmates in segregation. No list provided, but auditor chose a correctional office at random from one of two completed staff assignment rosters. He was one of the six randomly chosen correctional officers interviewed.
- Staff on the sexual abuse review team. No such team existed at the time of the onsite visit.
- Designated staff charged with monitoring retaliation. No one was so designated at the time of the onsite visit.
- Investigative staff. The auditor interviewed the investigator.
- Personnel files – the auditor requested the documentation of background checks and PREA training for the officers and other staff interviewed. Facility did not provide at the time of the onsite visit.
- Documentation was requested for the one investigation conducted in the last year. Facility provided, but the documentation was incomplete.

The auditor reviewed printed materials, including the inmate handbook, pamphlets, and posted signs during the onsite visit. He found that inmates were not consistently provided information about their rights, about the rules governing sexual abuse and harassment behavior in the jail, and about the means to report PREA incidents within the agency and to outside sources. The lack of a systematic means of providing this information leads to an initial finding of non-compliance with several standards – 115.16, 115.33, 115.51, and 115.53 - and left many inmates uninformed and without effective means of reporting PREA incidents.

Jail policy indicates that inmates may report incidents of sexual abuse and harassment by a variety of methods, to include 1) notify a correctional officer orally, 2) notify a correctional officer or higher ranking staff person via a kite, 3) dialing 4 from a menu of phone choices, or 4) calling SARC, the local sexual abuse advocacy agency. However, inmate and even staff understanding of these methods was inconsistent at best.

The auditor tested two of the methods as follows:

- He dialed the area code 509 number for SARC from his own cell phone at approximately 7:00 a.m. on the third day of the onsite. The phone was answered promptly; the auditor identified himself and asked the person answering how they would handle a call from an inmate at the jail. They responded that they would gather information from the caller, and if indicated, they would contact an on-call sexual abuse advocate to respond to the inmate. They indicated that they had access to Spanish-speaking advocates, and translation services for other languages.
- On day three of the onsite, at approximately 8:00 p.m., the auditor asked an inmate to use his individual code to dial 4 from the menu on the phone in his living unit. After the inmate dialed the phone and was recognized by the voice recognition program (he repeated the phrase “United States of America”), he handed the phone to the auditor, who left a message with the code 5555. The PREA Coordinator provided documentation of the email generated by the phone system the following day naming the inmate correctly and verifying the code.

During the site review (tour) male staff announced their presence every time they entered a female housing unit. Inmate answers to this interview question ranged from "never" to "sometimes", to "yes". Staff interviews indicated that gender announcement by opposite sex staff is known policy, but was not

consistently carried out in regular practice.

On the tour, the auditor had informal conversations with staff and inmates. Staff were asked to describe their supervision duties at the post they were working, and to describe the use and function of the camera system if that was part of their responsibility. One Inmate was asked to demonstrate the use of the kiosk system and another was asked about the absence of a shower curtain.

All inmate interviews included the question of whether they had knowledge of incidents of sexual abuse or harassment during their stay at the jail. Two separate incidents were reported by two separate inmates. One was described by the interviewed inmate as the observation of two other inmates "cuddling". The interviewed inmate indicated that this was dealt with informally; they did not believe that any investigation was done.

The second reported incident was of one inmate sitting on another's bunk. Again, it appeared to the interviewed inmate that this was dealt with by a warning, not a formal investigation. No more serious incidents were reported during inmate interviews.

As information appeared to indicate that several standards would likely be found to not be compliant, the auditor created two successive issue logs, and engaged the Chief, the PREA Coordinator, and the Captain in detailed discussions of the elements of a corrective action plan. The final corrective action plan reflected their input.

The on-site phase of the audit concluded on Thursday, July 16, with an out-briefing for administrative staff.

#### Post On-site Audit Phase

The auditor conducted one inmate telephone interview in the week following the on-site visit, addressing the concerns of the letter she had written to the auditor during the pre-onsite phase. Her information was consistent with the findings of the audit.

In reviewing his notes against the requirements of the inmate handbook, the auditor discovered that he had not conducted the required number of staff interviews. This was the auditor's oversight, not a failure of the facility to make staff available. The auditor scheduled six additional staff interviews. These interviews were conducted via Skype on August 18 and 20, to bring the total number of random line staff interviews to 12.

The auditor reviewed the training and educational materials provided by correctional and medical staff. He reviewed the supplemental files loaded to the OAS. He also reviewed printed copies of a draft policy completed recently in the Lexipol system. (Lexipol is a policy development service to which the agency has subscribed.) The auditor contacted a Lexipol company representative who indicated that their package of jail policies includes a section designed to assist facilities in achieving full compliance with the PREA standards.

Finally, the auditor reviewed his notes, and other documentation provided during the on-site phase of the audit. He then began the process of triangulating the evidence to arrive at the standards compliance findings of the Interim Report summarized here:

Number of Standards Exceeded: None.

Number of Standards Met: 19

List of Standards Met: 115.11, 115.12, 115.14, 115.18, 115.31, 115.32, 115.42, 115.61, 115.62, 115.66, 115.68, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.401, 115.403

Number of Standards Not Met: 28

List of Standards Not Met: 115.13, 115.15, 115.16, 115.17, 115.21, 115.22, 115.33, 115.34, 115.35, 115.41, 115.43, 115.51, 115.52, 115.53, 115.54, 115.63, 115.64, 115.65, 115.67, 115.71, 115.72, 115.73, 115.76, 115.77, 115.86, 115.87, 115.88, 115.89

#### Corrective Action Plan

In consultation with the facility staff, the auditor compiled a corrective action plan for each standard found non-compliant at the time of the onsite audit. An overall plan was also included in the Interim Report, designed to summarize the steps required in a logical order, and to specify time targets for achieving each critical change.

The Interim report was completed and provided to the facility on September 2, 2020, so the corrective action period began on that date. The facility uploaded documents and other evidence relating to the corrective actions during the weeks of October 2, November 2, 2020, and January 2, 2021. The final milestone review included a one-day on-site visit, on January 29, 2021.

The on-site follow-up review included the following audit activities:

In-briefing

Detailed review of standards previously not in compliance (PREA Coordinator Interview)

Partial Site Review (tour of two randomly chosen housing units, one male and one female)

Inmate interviews - two randomly chosen male inmates and two randomly chosen female inmates

Staff interviews - one randomly chosen correctional officer and one randomly chosen supervisor (a corporal)

Documentation review

Out-briefing

Upon completion of the follow-up visit, and a review of the materials provided during the corrective action period, the jail was found to substantially comply with all applicable standards. None were found to be exceeded or not applicable.

## AUDIT FINDINGS

### Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident 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 Benton County Jail is an adult local correctional facility located in Kennewick, WA. It houses pretrial male and female inmates charged with misdemeanors and felonies, and convicted inmates sentenced to one year or less. It also houses convicted felony inmates under contract with the Washington State of Corrections and federal inmates under contract with the U. S. Marshal's Service.

The jail is comprised of two buildings, one built in 1983 (called the "old jail"), and the other in 2003 (the "new jail"), joined together so that one does not have to go outside to travel from one to the other. Both buildings have undergone additional remodeling since 2003. Notably, a significant upgrade to camera equipment was accomplished in 2018. Additional remodeling was being done at the time of the onsite visit.

The jail has 24 units, with a total rated capacity of 744 when all units are open. The average daily population for the past year was 524. On the first day of the onsite visit, the population was 324, including 20 women and no one under the age of 18. Sixteen of the 24 units were in operation. These same units were operational at the time of the follow-up visit in January, with one exception. The jail had entered into a new food service contract in the interim; the new contractor does not use inmate help, so the unit used for housing of kitchen trustees was closed.

One reason for the recent decrease in population is the current pandemic crisis, COVID-19. The jail has developed significant preventive measures to deal with the COVID-19 crisis; at the time of the on-site and follow-up visits, there had been no known inmate cases of the disease.

Most of the units in the new jail are direct supervision units, with staff on the units at all times when inmates are allowed out of their cells. Units in the old jail are indirect supervision units, supervised by camera and staff visits no less frequently than hourly. Both buildings have extensive, well-deployed video cameras, monitored by a master control and recorded.

Medical and mental health care is provided by two separate contract agencies. Nursing services, including intake and medication distribution are available 24/7.

The jail had not prepared a PREA-compliant staffing plan to formally document the adequacy of its staffing levels. That plan was developed during the corrective action period; deviations from the plan were documented.

The jail chief reports to the Board of County Commissioners. This is a change – prior to October 2019, the jail was operated by the Benton County Sheriff's Office (BCSO). Some Sheriff's Office policies have been formally adopted by the new Benton County Corrections Department (BCCD). Both BCSO and BCCD policies and practices were reviewed as part of this audit. Policies modeled after the Lexipol system were adopted during the corrective action period. Notably, this included a comprehensive PREA policy, BCCD 606 and a new policy for management of segregated inmates, BCCD 505. Programming is provided primarily by volunteers, using the dayrooms of units not currently occupied. Volunteer access

has been discontinued as one of the jail's COVID-19 prevention measures, so no programming was being provided at the time of the on-site audit visits. When operational, religious, educational, and therapeutic programs are provided.

Male inmates served as trustees in the laundry area. Female and male trustees perform janitorial services on the living units. The work release unit was unoccupied, because the work release program has been discontinued during the COVID-19 precautionary measures.

Meals are served to inmates on their units. Visiting is provided via kiosks on the units. The lobby where visitors normally conduct these visits as another COVID-19 measure but visiting could be still take place with the visitor using their own computer equipment from home. Exercise opportunities are limited; inmates are allowed scheduled access to open air outdoor exercise areas, individually or in small groups, depending on classification.

## AUDIT FINDINGS

### Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy ). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

|                                      |    |
|--------------------------------------|----|
| <b>Number of standards exceeded:</b> | 0  |
| <b>Number of standards met:</b>      | 45 |
| <b>Number of standards not met:</b>  | 0  |

Number of Standards Met: 45

List of Standards Met: 115.11, 115.12, 115.13, 115.14, 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: None

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

|   |   |
|---|---|
| 115.11  | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b> |
| <b>Auditor Overall Determination:</b> Meets Standard  |   |
| <b>Auditor Discussion</b>   |   |
| <p>Documents</p> <ul style="list-style-type: none"> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· BCSO Policy 2.3 Sexual Harassment and Anti-Harassment</li> <li>· BCSO Policy 2.4 Staff Sexual Misconduct</li> <li>· Agency Organizational Chart</li> <li>· BCCD Policy 606 Prison Rape Elimination Act</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Interview with PREA Coordinator</li> <li>· Interview with Corrections Chief</li> <li>· Interview with PREA Training Corporal</li> <li>· Staff interviews</li> </ul> <p>Site Review</p> <ul style="list-style-type: none"> <li>· General observations</li> </ul> <p>115.11 Provision (a)</p> <p>The agency’s primary document which outlines its commitment to zero tolerance and its policies, procedures, and approach to prevent, detect, and respond to sexual abuse and sexual harassment is Benton County Corrections PREA Policy 6.9. BCCD Policy 606, Prison Rape Elimination Act, was adopted during the Corrective Action period restates the Zero Tolerance Policy and improves upon Policy 6.9 in several material ways. BCSO Policies still applicable to the facility cover issues of sexual harassment and staff sexual misconduct.</p> <p>Staff interviews indicated a thorough understanding of the agency’s zero tolerance and other applicable policies.</p> <p>115.11 Provision (b)</p> <p>The agency’s PREA Coordinator is Lieutenant Robert Guererro. His position is full-time, but he also has significant operational responsibilities. He is considered part of the command staff, which also includes the Chief, a Captain, and one other lieutenant. A third lieutenant position was hired during the corrective action period.</p> <p>Lt. Guererro has considerable flexibility in his position, allowing him access to the Chief for policy decisions, and to sergeants and corporals below him on the chain of command to whom he can and does delegate PREA-related activities. A large part of his duties consists of</p> |   |

overseeing the agency's efforts to comply with PREA standards, and a large amount of his time is devoted to these efforts. In the opinion of the corrections chief and this auditor, the amount of time he has for PREA-related duties is sufficient, because he has the support of the chief and captain above him, and the ability to delegate activities such as classification, training, and inmate education to sergeants, corporals, and officers below him on the organizational chart.

#### 115.11 Provision (c)

Provision (c) is not applicable because the agency operates only one facility.

#### Conclusions

In summary, the auditor received information concerning this standard from written policy and administrative and line staff interviews, and from general observations of the operation of the jail. The evidence from all sources indicated that the facility meets the provisions (a) and (b) of this standard. Provision (c) is not applicable.

|        |   |
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| 115.12 | <b>Contracting with other entities for the confinement of inmates</b>   |
|        | <b>Auditor Overall Determination:</b> Meets Standard  |
|        | <b>Auditor Discussion</b>   |
|        | <p>Interviews</p> <ul style="list-style-type: none"> <li>· Interview with PREA Coordinator</li> <li>· Interview with Corrections Chief</li> </ul> <p>115.12 Provisions (a) and (b)</p> <p>The agency responded in the affirmative to these questions on the pre-audit questionnaire, and provided copies of contracts with the U. S. Marshal's Service and the Washington State Department of Corrections to house their prisoners, but the standard refers to contracts the county may have to house its prisoners elsewhere. Interviews indicated that provisions (a) and (b) are not applicable because the agency does not contract with other public or private agencies to house its inmates.</p> <p>Conclusions</p> <p>In summary, the auditor received information concerning this standard from interviews with administrative staff. The evidence from all sources indicated that the facility meets the provisions (a) and (b) of this standard.</p> |

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| <b>115.13</b> | <b>Supervision and monitoring</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p>Interviews</p> <ul style="list-style-type: none"> <li>· Interview with PREA Coordinator</li> <li>· Interview with Corrections Chief</li> </ul> <p>Documents</p> <ul style="list-style-type: none"> <li>· Agency responses to Pre-Audit Questionnaire</li> <li>· Daily rosters</li> <li>· Review of staffing spreadsheet, including shift relief factors</li> <li>· BCCD Staffing Plan</li> <li>· Documentation of deviations from staffing plan</li> <li>· Revised Policy 504 Inmate Security Rounds</li> <li>· New Compliance Monitor Form</li> <li>· Completed Compliance Monitor forms, 557 pages</li> </ul> <p>Site Review</p> <ul style="list-style-type: none"> <li>· Observations of staff on duty</li> <li>· Observations of camera placements</li> <li>· Observations of video camera displays</li> <li>· Informal conversations with PREA Coordinator and staff on duty re: coverage of each unit and other posts</li> </ul> <p>115.13 Provision (a)</p> <p>Interviews with the PREA Coordinator indicated that no formal staffing plan of the type required by this standard existed at the time of the onsite audit. Staff and supervisors are assigned to units according to a position-based staffing roster which follows an internal analysis of their staffing needs which uses the format of the National Institute of Corrections staffing analysis. That analysis includes calculation of shift relief factors for sick and annual leave, and for training.</p> <p>A formal BCCD PREA Staffing Plan was adopted and a copy was uploaded to the OAS on November 4, 2020, in response to Milestone 2 of the Corrective Action Plan. The plan considers all 11 of the factors required by this standard.</p> |

Most staff are assigned to a squad which works 12-hour shifts, either 7:00 a.m. to 7:00 p.m. or 7:00 p.m. to 7:00 a.m. Training is provided on “Kelly Days”, an 8-hour work day that is periodically generated by this assignment system. Training of all staff occurred in January/February 2020, but the COVID pandemic precautions continue to prevent in person staff training.

In 2018, a major upgrade to the camera system was implemented. At that time, a careful review of blind spots was conducted, and cameras were added to almost every area where blind spots were identified. However, this analysis was not formalized – i.e., it was not written down or included in a more general staffing plan. These cameras are monitored 24/7 in master control and the camera feeds are recorded and kept for 30 days. The auditor observed only two remaining blind spots, just outside the shower area in two units with similar floor plans.

#### 115.13 Provision (b)

At the time of the follow-up visit, the facility provided documentation of recent deviations from the staffing plan.

#### 115.13 Provision (c)

The staffing plan was adopted in November 2020, so annual review was not technically required. However, the facility was able to conduct and document an assessment of the plan in January 21, in light of a budget cut which reduced staffing by 8 FTEs. The PREA Coordinator was involved in this review.

#### 115.13 Provision (d)

In practice, at the time of both the on-site and follow-up visit, supervisors (corporals and above) regularly conduct unannounced rounds for the units they supervise on every shift, including both day and night shifts. This practice was verified in interviews and by observation on the site review. However, at the time of the onsite audit, the facility provided no policy requiring this practice and no documentation that it occurred. This documentation issue was corrected by the time of the follow-up visit. The facility provided over 500 pages of forms which documented the unannounced supervisor visits..

#### Conclusions

In summary, the auditor received information concerning this standard from administrative and staff interviews, from the review of policies, from a review of a shift-coverage spreadsheet, and from observation of post staffing during the site review. Interviews and observations at the time of the follow-up visit also indicated that unannounced visits by supervisory staff are thoroughly documented. The evidence from all sources indicated that the facility now meets all provisions of this standard.

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| 115.14   | <b>Youthful inmates</b> |
| <b>Auditor Overall Determination:</b> Meets Standard   |                         |
| <b>Auditor Discussion</b>  |                         |
| <p>Interviews</p> <ul style="list-style-type: none"> <li>· Interview with PREA Coordinator</li> <li>· Interview with Corrections Chief</li> </ul> <p>Documents</p> <ul style="list-style-type: none"> <li>· BCSO Policy 5.7, Objective Inmate Classification</li> <li>· Inmate Rosters</li> <li>· Agency responses to Pre-Audit Questionnaire</li> <li>· DSHS Office of Juvenile Justice Delinquency Prevention Report, 2015</li> </ul> <p>Site Review</p> <ul style="list-style-type: none"> <li>· Observations of unit and specific cells where youth are housed</li> <li>· Observations of direct supervision on the unit where youth are housed</li> <li>· Informal conversations with PREA Coordinator and staff on duty re: sight and sound separation, direct supervision</li> </ul> <p>115.14 Provisions (a) through (d)</p> <p>Interviews and review of inmate rosters indicated that no persons under the age of 18 were housed in the facility during the on-site phase of the audit. The facility reported that four inmates under the age of 18 have been housed in the past 12 months. They were housed in unit 202, in single cells under direct staff supervision. They are not permitted to have direct contact in dayrooms, other common space, shower area, or sleeping quarters.</p> <p>Outside the housing area, they were escorted by staff, so they never had unsupervised contact with adult offenders. The jail was audited by the state office of the Office of Juvenile Justice Delinquency Prevention in November 2015. The report indicated that the jail complied with all aspects of the OJJDP and PREA requirements. (By coincidence, the auditor for this report was the contract staff person who conducted the audit for the OJJDP in 2015 and the person he interviewed was a then-lieutenant who was now the jail chief.)</p> <p>Interviews indicated that the juveniles had access to large muscle exercise and education services required by Washington State law.</p> <p>Conclusions</p> <p>In summary, the auditor received information concerning this standard from interviews with administrative staff, direct observation of relevant unit during site review, and an independent</p> |                         |

state agency review. The evidence from all sources indicated that the facility meets provisions (a) through (d) of this standard.

|        |  |
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| 115.15 | <b>Limits to cross-gender viewing and searches</b>   |
|        | <b>Auditor Overall Determination:</b> Meets Standard   |
|        | <b>Auditor Discussion</b>  |
|        | <p>Interviews</p> <ul style="list-style-type: none"> <li>· Staff Interviews</li> <li>· Inmate Interviews</li> </ul> <p>Documents</p> <ul style="list-style-type: none"> <li>· BCSO Policy 5.5, Searches</li> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· PREA training summary (PowerPoint)</li> <li>· Reports of repairs to Kiosk mounts</li> </ul> <p>Site Review</p> <ul style="list-style-type: none"> <li>· Observations of shower and toilet areas (before and after installation of new curtains)</li> <li>· Observation of body scan equipment</li> <li>· Observation of intake areas where strip searches are done</li> <li>· Observation of video camera placements and monitors</li> <li>· Observation of camera angles for visitors from kiosk (before and after re-mounting)</li> </ul> <p>115.15 Provisions (a) through (c)</p> <p>BCSO Policy 5.5 limits strip searches to relatively rare circumstances, due to restrictions of Washington State law and the availability of body scan equipment. When such searches do occur, policy requires that they be conducted by two officers of the same sex as the inmate being searched. Female inmates are not excluded from programming opportunities because staff are unavailable to conduct same sex searches.</p> <p>Four female inmates were included in the inmate interviews conducted. This represented 20% of the female inmates housed on the first day of the on-site audit. No interviewed inmate reported a cross-gender strip search.</p> <p>Staff interviews indicated a good understanding of policy in this area. No staff person reported knowledge of a cross-gender strip search.</p> <p>115.15 Provision (d)</p> <p>During the site review (tour), the auditor observed privacy barriers in shower and toilet areas, camera placements, possible blind spots, posted information, and staff monitoring of video camera feeds.</p> |

Privacy barriers, in the form of shower curtains, and physical room dividers were adequate in all but three areas. Two housing areas had makeshift shower “curtains” erected by inmates, made of frayed blankets. These areas were appropriately screened by new curtains.

Also, an inmate reported in her interview that her visitors were able to see a shower area due to the placement of a visiting kiosk. Visiting is conducted via a camera system where the inmate can see their visitor on a kiosk screen; the visitor can see the inmate seated at the kiosk. In just one instance, the kiosk camera was situated so that the visitor could see the shower area. The shower curtain was appropriately placed for this angle, but it would still be possible for a visitor to observe an inmate showering who failed to use the curtain effectively.

The facility reviewed the camera placements of all kiosks after the onsite audit and discovered a total of three kiosks with this issue; all were corrected within two months of the onsite time and verified by the auditor in person at the time of the follow-up visit.

During the site review (tour) male staff announced their presence every time they entered a female housing unit. Inmate answers to this interview question ranged from “never” to “sometimes”, to “yes”. Staff interviews indicated that gender announcement by opposite sex staff is known policy, but it was not consistently carried out in regular practice at the time of the on-site visit. Inmate interview answers were similar at the time of the follow-up visit, but supervisory staff had taken significant steps to ensure that these announcements are made.

Staff interviews and the interview of the one known transgender inmate at the facility indicated that the facility does not physically examine inmates for the sole purpose of establishing their gender. The interview with the transgender inmate indicated that their status was determined by medical staff.

The interview with the transgender inmate indicated that staff were respectful when conducting searches. Staff interviews indicated that they understood their training in this sensitive area.

## Conclusions

In summary, the auditor received information concerning this standard from a review of policy, interviews with staff and inmates, direct observation of relevant physical plant features and practices. The evidence from all sources indicated that the facility now meets the provisions (a) through (c) and provisions (e) and (f) of this standard.

Evidence from these same sources indicates that the facility does not meet the requirements of provision (d) in all areas of the facility, due to the absence of an effective curtain in one area and the placement of a kiosk camera in another. Staff’s failure to consistently announce their presence when they enter a unit of opposite sex inmates also contributed to the finding of non-compliance for provision (d)

## Corrective Action Plan

Actions

Target Date

Install shower curtains in two living areas not equipped at time of on-site audit

One month

Turn and secure kiosk so that visitors cannot view shower area

One month

Establish supervisory methods and reminders to line staff to enforce requirement of announcing opposite sex presence on living units

One month

|   |   |
|---|---|
| 115.16  | <b>Inmates with disabilities and inmates who are limited English proficient</b> |
| <b>Auditor Overall Determination:</b> Meets Standard  |   |
| <b>Auditor Discussion</b>   |   |
| <p>Documents</p> <ul style="list-style-type: none"> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· Contract with Language Line Services, Inc.</li> <li>· Inmate Handbook - Spanish &amp; English</li> <li>· Posted signs</li> <li>· PREA Information Pamphlet (2-page) – English</li> <li>· PREA Information Pamphlet (2-page) – Spanish</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Inmate interview – LEP inmate (Spanish)</li> <li>· Staff interviews</li> <li>· Interview with classification staff</li> </ul> <p>Site Review Observations</p> <ul style="list-style-type: none"> <li>· Posted signs</li> <li>· Observation of handheld units with Google Translate app installed</li> <li>· Information Kiosks</li> <li>· New (October 2020) Handbooks (Spanish and English) in the possession of inmates</li> </ul> <p>115.16 Provisions (a) through (c)</p> <p>The facility has taken steps to provide written materials in Spanish. It has a contract with a company which provides translation services in other languages. Staff have handheld units with Google Translate installed. Staff interviews indicated that there are Spanish-speaking staff available when needed. The facility provided a Spanish-speaking interpreter to assist the auditor in interviewing a randomly chosen inmate who did not speak English.</p> <p>However, at the time of the onsite audit, the facility’s methods of identifying inmates who have difficulty understanding the available methods of communicating PREA-related information were clearly inadequate. They did not provide the required lists of inmates with communications difficulties, so the auditor was unable to verify compliance with these provisions at that time. In practical terms, the facility did not have a systematic way of identifying which inmates had which specific disabilities, so it could not devise effective means of communicating with them. New procedures in place at the time of the follow-up visit allow them to specifically identify and flag those inmates with LEP and other communication</p> |   |

difficulties.

Interviews with administrative and line staff indicated that the facility does not normally rely on inmate interpreters for communication of PREA-related matters, but again the auditor was unable to originally verify this practice for want of lists of affected inmates. Thenon-English speakers and LEP inmates are now identified so staff know when staff interpreters or language line services are needed.

#### Conclusions

The auditor's conclusion that the facility did not originally comply with this standard was based on the facility's failure to identify the inmates to whom this standard applies. By the time of the follow-up visit, they developed an effective means of identifying which inmates have which communications disabilities. The facility now complies.

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|--------|--|
| 115.17 | <b>Hiring and promotion decisions</b>  |
|        | <p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 454 358">Documentation</p> <p data-bbox="252 392 1013 425">Civil service background checks for randomly chosen staff</p> <p data-bbox="252 470 1468 548">The hiring and promotion of sheriff’s office personnel is highly regulated in Washington State. Civil Service rules require that new employees must not have</p> <ul data-bbox="252 582 1492 862" style="list-style-type: none"> <li>· engaged in sexual abuse in an adult or juvenile correctional facility,</li> <li>· been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</li> <li>· been civilly or administratively adjudicated to have engaged in this activity.</li> </ul> <p data-bbox="252 896 1476 1019">Upon being transferred from the BCSO to the Benton County Commission the jail administration chose to adopt these standards for themselves, adopting the civil service rules and the applicable BCSO general orders for their operations.</p> <p data-bbox="252 1052 1460 1176">In addition, staff, volunteers, and contractors may have access to sensitive information contained in the Criminal Justice Information System (CJIS), so they must pass a fingerprint based criminal history background check.</p> <p data-bbox="252 1209 1396 1288">Together these three sets of regulations – civil service, BCSO general orders, and CJIS policies – require that:</p> <ul data-bbox="252 1321 1484 1724" style="list-style-type: none"> <li>· the agency shall 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.</li> <li>· the agency shall 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.</li> <li>· the agency shall conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates.</li> </ul> <p data-bbox="252 1758 1468 1926">The agency asks all applicants, employees, volunteers, and contractors (including this PREA Auditor) directly about previous sexual abuse or harassment misconduct described on a standardized written form. This form states agency policy that have a continuing affirmative duty to disclose any such misconduct.</p> <p data-bbox="252 1960 1476 2128">The BCSO general orders, adopted by the Benton County Corrections Department, require that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. The general orders also require that the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment</p> |

involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Interviews with the investigator, staff, volunteer coordinator, and a volunteer all indicated that these checks were conducted as required by the standard and by facility policy. However, requested documentation was not provided during the on-site portion of the audit. A random check of employee records for persons hired in 2020 and more than 5 years ago during the follow-up visit indicated full compliance.

#### Conclusions

Because of the overlapping requirements of policies, civil service rules, and the CJIS, the auditor believes that the facility is likely compliant with the standard, but the facility did not provide documentation at the time of the onsite visit that it had conducted these checks in order to substantiate its assertions and to demonstrate that its practices are consistent with its policies.

At the time of the follow-up visit, the facility provided documentation of compliant practice to auditor for randomly chosen staff.

#### Conclusion

The combination of the policies provided at the time of the onsite visit, together with the evidence provided at the time of the follow-up visit indicates that the facility is in compliance with the standard.

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| <b>115.18</b> | <b>Upgrades to facilities and technologies</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p>Documents</p> <ul style="list-style-type: none"> <li>· Preaudit Questionnaire</li> <li>· BCCD Staffing Plan</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· PREA Coordinator interview</li> </ul> <p>Site Review</p> <ul style="list-style-type: none"> <li>· Observation of camera placement</li> <li>· Observation of video feeds in Master Control</li> </ul> <p>115.18 Provisions (a) and (b)</p> <p>In 2018, a major upgrade to the camera system was implemented. At that time, a careful review of blind spots was conducted, and cameras were added to almost every area where blind spots were identified. However, this analysis had not been formalized at the time of the onsite visit – i.e., it had not been written down or included in a more general staffing plan. The staffing plan developed in response to the Corrective Action Plan for standard 115.13 and this standard now includes this analysis.</p> <p>These cameras are monitored 24/7 in master control and the camera feeds are recorded and kept for 30 days. The auditor observed only two remaining blind spots, just outside the shower area in two units with similar floor plans.</p> <p>Conclusions</p> <p>The interview with the PREA Coordinator, and an informal analysis by the auditor indicate that the facility took inmate sexual safety into account when it analyzed and improved its new camera system in 2018. In fact, this was the express purpose of the project. With the incorporation of this analysis into the staffing plan, the facility clearly complies with the provisions of the standard.</p> |

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| 115.21 | <b>Evidence protocol and forensic medical examinations</b>   |
|        | <b>Auditor Overall Determination:</b> Meets Standard   |
|        | <b>Auditor Discussion</b>  |
|        | <p>Documents</p> <ul style="list-style-type: none"> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· Benton County Sheriff's Office General Orders</li> <li>· Facility responses to Pre-Audit Questionnaire</li> <li>· November 6, 2020 letter from Corrections Chief to BCSO requesting compliance with investigative guidance</li> <li>· investigation documents for most recent allegation</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Staff interviews</li> <li>· Interview with investigator</li> <li>· Interview with SARC Executive Director</li> <li>· Interview with contract health administrator</li> <li>· Interview with PREA Coordinator</li> </ul> <p>115.21 Provisions (a) and (b)</p> <p>The facility provided the policy and general orders noted at the time of the onsite audit. Both include general requirements related to evidence handling and investigative procedures, but neither included sufficient detail to be considered a uniform evidence protocol "adapted from or otherwise based on the . . . National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". New BCCD Policy 606 outlines the requirements as required by this standard. The auditor's review of one full investigation documented compliance with this protocol.</p> <p>115.21 Provisions (c), (d), and (e)</p> <p>All interviewed persons, including the rape crisis center director and the contract health administrator indicated that forensic medical examinations by SAFE / SANE practitioners are made available by a contract local hospital facility. Interviews also indicated that rape crisis advocacy services are available to inmate victims of sexual abuse. The new MOU with SARC now covers advocacy services.</p> <p>115.21 Provision (f)</p> <p>The agency has only recently come out from the supervision of the Sheriff's Office. The BCSO's responsibility to investigate a criminal case within the jail as a (now) outside agency, is</p> |

clearly defined in Policy 606. The corrections department requested that they follow the requirements of provisions (a) through (e) in a letter dated November 6, 2020.

#### 115.21 Provisions (g) and (h)

Provision (g) is not scored. Provision (h) is not applicable because the facility does not use a staff person or a community-based person outside of the designated rape crisis center (SARC), to perform these roles.

#### Conclusions

The agency's policy and practice is now consistent with the standard's provisions, as evidenced by the MOU, Policy 606, and the well-documented investigation reviewed at the time of the follow-up visit.

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|--------|---|
| 115.22 | <b>Policies to ensure referrals of allegations for investigations</b>   |
|        | <b>Auditor Overall Determination:</b> Meets Standard  |
|        | <b>Auditor Discussion</b>   |
|        | <p>Documents</p> <ul style="list-style-type: none"> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· BCCD Policy 606</li> <li>· Benton County Sheriff's Office General Orders</li> <li>· Facility responses to Pre-Audit Questionnaire</li> <li>· Jail Incident report dated 03-20-2020</li> <li>· Officers report dated 03-23-2020</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Staff interviews</li> <li>· Interview with investigator</li> </ul> <p>115.22 Provision (a)</p> <p>The facility provided the policy and general orders noted at the time of the onsite visit. They included general requirements that that an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment. The facility reported that there were 21 allegations in the previous 12 months and that one investigation was completed. No information was provided to explain the nature of the uninvestigated allegations.</p> <p>The documentation of the one incident investigated prior to the onsite visit was incomplete. It included:</p> <ul style="list-style-type: none"> <li>· Date and time incident reported (by kite)</li> <li>· Date and time report received</li> <li>· Handwritten description of incident by inmate</li> <li>· Handwritten list of witnesses</li> <li>· Description of the initial investigation by a jail sergeant</li> <li>· Investigator's summary of the initial interview of the inmate</li> <li>· Printout of classification information on inmate</li> <li>· Description of video evidence reviewed</li> </ul> <p>The documentation did not include:</p> |

- Interview of or statement by the staff person alleged to have assaulted the inmate
- Interview of or statements by staff or inmate witnesses
- Any other evidence relied on
- A statement or indication that the allegation was found to be substantiated, or unsubstantiated (The agency's response to the PAQ states that it was found to be unsubstantiated, but no finding is included in the documentation of this incident.)
- Any statement of rationale or standard of proof
- Any review by the PREA Coordinator
- Any review by the investigator
- Any review by an administrator superior to the sergeant

BCCD Policy 606 was adopted shortly after the onsite visit. One serious allegation was reported between the time of the onsite and the follow-up visit. This incident was thoroughly investigated and documented. All applicable requirements of the standard were met.

115.22 Provision (b) and (c)

The agency adopted policy 606 which specifically requires criminal allegations to be referred to the BCSO. Interviews with the PREA Coordinator and others indicated criminal allegations are referred to the BCSO.

The agency has a website. It now includes policy 606 which requires this referral. It can be found at

<https://www.co.benton.wa.us/files/documents/PREAPolicy138123525012821PM.pdf>

The new policy delineates the responsibilities of the agency versus the responsibilities of the BCSO.

Conclusions

The auditor's analysis of the evidence is straightforward. Written policy, practice, and documentation is now adequate to meet the provisions of the standard.

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| <b>115.31</b> | <b>Employee training</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p>Documents</p> <ul style="list-style-type: none"> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· BCSO Policy 2.3 Sexual Harassment and Anti-Harassment</li> <li>· BCSO Policy 2.4 Staff Sexual Misconduct</li> <li>· PREA Training Outline</li> <li>· PREA Training PowerPoint</li> <li>· PREA Training Video</li> <li>· PREA Training Records</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Interview with PREA Coordinator</li> <li>· Interview with Corrections Chief</li> <li>· Interview with PREA Training Corporal</li> <li>· Staff interviews</li> </ul> <p>115.31 Provisions (a) through (d)</p> <p>The auditor reviewed all of the above listed policies and training materials, interviewed the corporal who provided the training, interviewed 12 randomly chosen correctional officers representing all shifts and a good cross-section of unit assignments, and observed a sample of training records. The materials reviewed covered each of the sub-provisions 1 through 10 of provision (a). Interviewed corrections officers demonstrated a good understanding of the required areas, and records verified receipt of this training.</p> <p>The training was geared to the population of the facility, male and female. The agency operates only one facility. This is the agency's first audit, so it could not demonstrate continuing training, but it intends to adopt Lexipol policies to require this training annually, which will exceed the every two years requirement of the standard. The 2021 training PowerPoint has been created to reinforce the agency's new policy, procedure, and practice adopted during the corrective action period.</p> <p>Conclusions</p> <p>All sources of information indicate that the facility complies with this standard.</p> |

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| <b>115.32</b> | <b>Volunteer and contractor training</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p>Documents</p> <ul style="list-style-type: none"> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· BCSO Policy 2.3 Sexual Harassment and Anti-Harassment</li> <li>· BCSO Policy 2.4 Staff Sexual Misconduct</li> <li>· PREA Training Outline</li> <li>· PREA Training PowerPoint</li> <li>· PREA Training Video</li> <li>· PREA Training Records</li> <li>· Contractor and volunteer safety orientation</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Interview with PREA Coordinator</li> <li>· Interview with Corrections Chief</li> <li>· Interview with PREA Training Corporal</li> <li>· Interview with volunteer coordinator</li> <li>· Volunteer interview</li> </ul> <p>115.31 Provisions (a) through (c)</p> <p>The facility maintains a large number, over 700, of active volunteers. At the time of the on-site audit, very few of these volunteers were actively working with inmates, due to restrictions related to the COVID-19 response. Prior to March 2020, however, these volunteers had significant contact with inmates.</p> <p>The auditor reviewed all the above listed policies and training materials, interviewed the volunteer coordinator who provided the training, interviewed one randomly chosen volunteer, and observed a sample of volunteer training records. The materials reviewed covered volunteers' responsibilities to observe, prevent, and report instances of sexual abuse and harassment and the agency's zero tolerance policies. The interviewed volunteer demonstrated a good understanding of this information, and records verified receipt of this training.</p> <p>Conclusions</p> <p>All sources of information indicate that the facility complies with this standard.</p> |

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| <b>115.33</b> | <b>Inmate education</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p>Documents</p> <ul style="list-style-type: none"> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· Inmate Handbook (Older)</li> <li>· Inmate Handbook October 10, 2020, English and Spanish</li> <li>· PREA Information Pamphlet (2-page)</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Inmate interviews</li> <li>· Staff interviews</li> <li>· Interviews with contract health care staff</li> <li>· Interview with classification staff</li> <li>· Interview with PREA Coordinator</li> </ul> <p>Site Review Observations</p> <ul style="list-style-type: none"> <li>· Posted signs</li> <li>· Observation of two classification interviews</li> <li>· Information Kiosks</li> <li>· Informal observation of new handbooks in the possession of inmates</li> </ul> <p>Documentation</p> <ul style="list-style-type: none"> <li>· Signed forms of randomly chosen inmates</li> </ul> <p>115.33</p> <p>Inmates are received at the jail seven days a week, potentially at any time of day, from a variety of law enforcement and contract jurisdictions. All incoming inmates are screened by correctional and by medical staff upon arrival. At the time of the onsite visit, staff and inmate interviews indicated that no PREA-related information was routinely provided to inmates upon arrival.</p> <p>At the time of the onsite visit, the auditor verified that all inmates were seen and screened by classification staff within 72 hours, but they were not routinely provided with PREA information. At that time, classification staff verbally advised inmates that they were required to read and follow the regulations of the inmate handbook which could then be accessed on information</p> |

kiosks, but there was no follow-up to ensure that they did so, or documentation when it had been read.

In mid-December 2020, the jail changed its process as follows:

1) Booking staff now provide PREA information and document the process immediately upon arrival; this process includes directing the inmate to specific sections of the inmate handbook where their rights are explained, reporting methods are detailed, and advocacy resources are made available. Inmates are given their own copy of the new (October 20, 2020) handbook in either English or Spanish.

2) All inmates spend the first 10-14 days in a designated housing unit for COVID-19 quarantine. If protective custody issues are identified at booking, staff can authorize "Housed Alone", "Out Alone", and "Protective Custody" status as appropriate.

3) Within 10-14 days, Classification Staff interview and document the subsequent and detailed screening and provision of PREA education materials.

At the time of the onsite audit, there was confusion among inmates and staff concerning the methods of reporting. Almost all knew that an inmate could report an incident by notifying a correctional officer or other staff. Many knew of the option to dial 4 from an inmate phone, but some thought that by dialing 4 the inmate would be able to talk to someone outside the jail to report an incident; others understood correctly that this option was available to leave a message for staff. In practice, the PREA Coordinator receives an email that a message has been left on this system, the name of the person who made the call, and the contents of the message.

The corrective action plan recommended that compliant procedures be put in place by the three-month milestone, to allow an additional three months of time before the follow-up visit to document the institutionalization of the new practices. In order to meet the intent of having the entire population cognizant of their PREA rights and procedures for reporting and receiving advocacy services, the facility chose to re-screen the entire population. The follow-up visit found that the new screening and education processes were completed and documented for ten of ten randomly chosen inmates. Interviews of 4 randomly chosen inmates (two men and two women) also indicated that they had been screened by the new questions and provided the required information.

#### Conclusion

In summary, the auditor received information concerning this standard from inmates and staff, from the review of records, and from observation of the intake and classification processes. The evidence from all sources indicated that the facility now meets provisions (a) through (f) of this standard.

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| <b>115.34</b> | <b>Specialized training: Investigations</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p>Documents</p> <ul style="list-style-type: none"> <li>· Agency response to PAQ</li> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· BCSO Policy 2.3 Sexual Harassment and Anti-Harassment</li> <li>· BCSO Policy 2.4 Staff Sexual Misconduct</li> <li>· PREA Training Outline</li> <li>· PREA Training PowerPoint</li> <li>· PREA Training Video</li> <li>· PREA Training Records</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Interview with PREA Coordinator</li> <li>· Interview with investigator</li> </ul> <p>115.34 Provisions (a) through (c)</p> <p>The facility hired a very experienced and extensively trained investigator just prior to the onsite audit. However, by the facility's own admission he had not received the specialized training in conducting such investigations in a confinement setting.</p> <p>The auditor reviewed all the above listed policies and training materials and interviewed the investigator. He exhibited a thorough understanding of techniques of interviewing adult and youthful victims of sexual abuse, Miranda and Garrity warnings, evidence collection and the sufficiency of evidence.</p> <p>The agency did not provide documentation during the onsite visit that the investigator had received the specialized training. However, he attended the National Institute of Corrections training class, "PREA: Investigating Sexual Abuse in a Confinement Setting". The facility provided documentation of his successful completion of this training.</p> <p>Conclusions</p> <p>The investigator clearly has the relevant experience and training to investigate allegations and incidents of sexual abuse and harassment, and the facility has now documented his receipt of the specialized training required by the standard.</p> |

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| 115.35  | <b>Specialized training: Medical and mental health care</b> |
| <b>Auditor Overall Determination:</b> Meets Standard  |   |
| <b>Auditor Discussion</b>   |   |
| <p>Documents</p> <ul style="list-style-type: none"> <li>· Agency response to PAQ</li> <li>· Training summary – contract medical staff</li> <li>· Training certificates - all mental health staff</li> <li>· Training summary reports - randomly chosen contract medical staff</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Interview with PREA Coordinator</li> <li>· Interview with health care administrator</li> <li>· Interview with health care provider (nurse)</li> </ul> <p>115.35 Provisions (a) through (d)</p> <p>Medical care is provided to inmates by a contract medical provider. An interview with the health care administrator indicated that all of the contract medical staff were trained in accordance with this standard, but the facility did not provide documentation of this training at the time of the onsite audit. The interviewed nurse demonstrated an understanding of the required training topics. The jail subsequently provided this documentation for all medical staff. The auditor chose two names at random; both had documentation of their training.</p> <p>Mental health care is provided under a different contract. No evidence of compliance was provided at the time of the onsite audit for mental health staff. This documentation was provided for all three of these staff people at the time of the follow-up visit. All interviews indicated that forensic investigations are not conducted on site, or by the contract medical staff, so provision (b) is not applicable.</p> <p>Conclusions</p> <p>It is now documented that health care and mental health staff are appropriately trained. The jail is now found to be fully compliant with this standard.</p> <p>Corrective Action Plan</p> <p>Actions</p> <p>Target Date</p> <p>Obtain documentation of PREA training for contract medical staff</p> |   |

Two months

If documentation indicates a lack of such training for any current medical staff, arrange training

Four months

Obtain documentation of PREA training for contract mental health staff

Two months

If documentation indicates a lack of such training for any current mental health staff, arrange training

Four months

|        |   |
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| 115.41 | <b>Screening for risk of victimization and abusiveness</b>  |
|        | <b>Auditor Overall Determination:</b> Meets Standard  |
|        | <b>Auditor Discussion</b>   |
|        | <p>Documents</p> <ul style="list-style-type: none"> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· BCCD Policy 606</li> <li>· Agency responses to PREA Pre-Audit Questionnaire</li> <li>· Completed classification review forms for randomly chosen inmates</li> <li>· Completed criminal history scoring forms for randomly chosen inmates</li> <li>· Health care system report of inmates who had disclosed prior sexual abuse</li> <li>· New screening form completed for 10 randomly chosen inmates upon follow-up</li> <li>· New classification form completed for 10 randomly chosen inmates upon follow-up</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Inmate interviews</li> <li>· Staff interviews</li> <li>· Interviews with contract health care staff</li> <li>· Interview with classification staff</li> <li>· Interview with PREA Coordinator</li> </ul> <p>Site Review Observations</p> <ul style="list-style-type: none"> <li>· Observation of two classification interviews</li> </ul> <p>Inmates are received at the jail seven days a week, potentially at any time of day, from a variety of law enforcement and contract jurisdictions. All incoming inmates are screened by correctional and by medical staff upon arrival. At the time of the onsite visit, staff and inmate interviews indicated that no PREA-related information was routinely provided to inmates upon arrival. At the time of the onsite visit, the auditor verified that all inmates were seen and screened by classification staff within 72 hours, but they were not routinely provided with PREA information. At that time, classification staff verbally advised inmates that they were required to read and follow the regulations of the inmate handbook which could then be accessed on information kiosks, but there was no follow-up to ensure that they did so, or documentation when it had been read.</p> <p>In mid-December 2020, the jail changed its process as follows:</p> <ol style="list-style-type: none"> <li>1) Booking staff now provide PREA information and document the process immediately upon</li> </ol> |

arrival; this process includes directing the inmate to specific sections of the inmate handbook where their rights are explained, reporting methods are detailed, and advocacy resources are made available. Inmates are given their own copy of the new (October 20, 2020) handbook in either English or Spanish.

2) All inmates spend the first 10-14 days in a designated housing unit for COVID-19 quarantine. If protective custody issues are identified at booking, staff can authorize "Housed Alone", "Out Alone", and "Protective Custody" status as appropriate.

3) Within 10-14 days, Classification Staff interview and document the subsequent and detailed screening and provision of PREA education materials.

At the time of the onsite audit, there was confusion among inmates and staff concerning the methods of reporting. Almost all knew that an inmate could report an incident by notifying a correctional officer or other staff. Many knew of the option to dial 4 from an inmate phone, but some thought that by dialing 4 the inmate would be able to talk to someone outside the jail to report an incident; others understood correctly that this option was available to leave a message for staff. In practice, the PREA Coordinator receives an email that a message has been left on this system, the name of the person who made the call, and the contents of the message.

The corrective action plan recommended that compliant procedures be put in place by the three-month milestone, to allow an additional three months of time before the follow-up visit to document the institutionalization of the new practices. In order to meet the intent of having the entire population cognizant of their PREA rights and procedures for reporting and receiving advocacy services, the facility chose to re-screen the entire population. The follow-up visit found that the new screening and education processes were completed and documented for ten of ten randomly chosen inmates. Interviews of 4 randomly chosen inmates (two men and two women) also indicated that they had been screened by the new questions and provided the required information.

Criminal history review is done by a review of available fingerprint-based information and "scored" by an objective classification instrument that includes a score for violent vs. non-violent, and prior arrests and convictions for sex offenses. This is an appropriate way to consider these factors (as opposed to asking the inmate in the interview).

In the auditor's opinion the following criteria are adequately accounted for by the criminal history record check:

- Whether the inmate's criminal history is exclusively nonviolent
- Whether the inmate has prior convictions for sex offenses.

In addition to screening inmates for their vulnerability and risk factors for victimization, the facility has a form and process to assess inmates' risk for being sexually abusive. Prior acts of sexual abuse, prior convictions for violent offenses, and prior history of institutional violence are considered.

115.41 Provision (g)

Agency responses to the pre-audit questionnaire (PAQ) and interviews with classification and

administrative staff indicated that inmates are reassessed when new information about risk factors is obtained.

#### 115.41 Provision (h)

Agency responses to the PAQ and interviews with classification and administrative staff indicated that inmates are not punished for refusing to answer classification questions.

#### 115.41 Provision (i)

BCCD 606 now governs the control and release of sensitive information.

#### Conclusions

In summary, the auditor received information concerning this standard from inmates and staff, from the review of records, and from observation of the intake and classification processes. The evidence from all sources indicated that the facility now meets provisions (a) through (f) of this standard.

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| 115.42 | <b>Use of screening information</b>   |
|        | <b>Auditor Overall Determination:</b> Meets Standard  |
|        | <b>Auditor Discussion</b>   |
|        | <p>Documents</p> <ul style="list-style-type: none"> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· BCSO Policy 5.7, Objective Inmate Classification</li> <li>· Agency responses to PREA Pre-Audit Questionnaire</li> <li>· Completed classification review forms for randomly chosen inmates</li> <li>· Completed criminal history scoring forms for randomly chosen inmates</li> <li>· Health care system report of inmates who had disclosed prior sexual abuse</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Inmate interviews</li> <li>· Staff interviews</li> <li>· Interview with classification staff</li> </ul> <p>Site Review Observations</p> <ul style="list-style-type: none"> <li>· Observation of two classification interviews</li> </ul> <p>115.42 Provisions (a) &amp; (b)</p> <p>The auditor reviewed the written policies, reviewed eight completed classification screening forms, and observed two classification interviews. He interviewed inmates and staff.</p> <p>The agency uses information from its risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The classification system makes individualized determinations using two objective instruments to ensure the safety of each inmate.</p> <p>In addition to the objective questions asked by medical and classification staff following the screening forms noted above, the facility conducts a criminal history review. Criminal history review is done by a review of available fingerprint-based information and “scored” by an objective classification instrument that includes a score for violent vs. non-violent, and prior arrests and convictions for sex offenses. This is an appropriate way to consider these factors (as opposed to asking the inmate in the interview). This process was confirmed in staff interviews and by a review of the records for 8 randomly chosen inmates.</p> <p>Interviews with inmates indicated that they felt safe. All but one inmate felt that their assignments were appropriate; one inmate thought that she was “over-classified” – i.e., that</p> |

she did not need to be “housed alone, out alone”. The facility was able to justify the classification based on criminal history and past behavior, essentially erring on the side of safety.

#### 115.41 Provision (c) through (g)

Only one transgender inmate was identified in the audit process. Their interview confirmed the facility’s report that their case was individually considered and that they felt safe in the housing area where they were assigned. Staff and administrative interviews indicated that this was the normal process.

The agency operates only one facility. It does not assign inmates to male or female housing units based only on anatomy. One staff interview indicated that a person whose anatomy would be considered male was housed in a female unit based on their self-identification (in the past, not at the time of the on-site phase of this audit).

Interviews indicated that classifications are reviewed no less frequently than twice per year, as a general practice for all inmates. Transgender and intersex inmates are allowed to shower separately. This was confirmed by the one transgender inmate interviewed.

#### Conclusions

In summary, the auditor received information concerning this standard from inmates and staff, from the review of written policy, from the review of records, and from observation of the classification process. The evidence from all sources indicated that the facility meets all provisions of this standard.

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| 115.43   | <b>Protective Custody</b> |
| <b>Auditor Overall Determination:</b> Meets Standard   |                           |
| <b>Auditor Discussion</b>  |                           |
| <p>Documents</p> <ul style="list-style-type: none"> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· BCSO Policy 5.7, Objective Inmate Classification</li> <li>· BCSO Policy 5.8 Administrative Segregation</li> <li>· Agency responses to PREA Pre-Audit Questionnaire</li> <li>· New BCCD Policy 505 Special Management Inmates</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Inmate interviews</li> <li>· Staff interviews</li> <li>· Interview with classification staff</li> </ul> <p>Site Review Observations</p> <ul style="list-style-type: none"> <li>· Observation of two classification interviews</li> </ul> <p>115.43 Provisions (a) &amp; (b)</p> <p>The auditor reviewed the written policies, reviewed eight completed classification screening forms, and observed two classification interviews. He interviewed inmates and staff.</p> <p>The agency uses information from its risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The classification system makes individualized determinations using two objective instruments to ensure the safety of each inmate.</p> <p>BCCD Policy 505 Special Management Inmates, adopted between the onsite visit and the followup visit now requires an assessment of all available alternatives in the case of involuntary protective custody for an inmate at risk of sexual victimization. Likewise, the policy now addresses the limitation of access to programs, privileges, education, or work opportunities.</p> <p>115.43 Provisions (c), (d), &amp; (e)</p> <p>BCCD Policy 505 Special Management Inmates now supports the facility's limitation of administrative segregation to the minimum time necessary until an alternative can be arranged. The new policy requires that such assignments are normally limited to no more than 30 days.</p> |                           |

BCCD Policy 505 Special Management Inmates now addresses the documentation of the basis for the facility's concern for the inmate's safety or the reason why no alternative means of separation can be arranged.

#### Conclusions

In summary, the auditor received information concerning this standard from inmates and staff, from the review of written policy, from the review of records, and from observation of the classification process. The evidence from all sources, including the newly adopted Policy 505 Special Management Inmates indicates that the facility now meets the provisions of this standard.

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| 115.51  | <b>Inmate reporting</b> |
| <b>Auditor Overall Determination:</b> Meets Standard  |                         |
| <b>Auditor Discussion</b>   |                         |
| <p>Documents</p> <ul style="list-style-type: none"> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· Inmate Handbook (Old and New, English and Spanish)</li> <li>· PREA Information Pamphlet (2-page)</li> <li>· Completed inmate screening documentation</li> <li>· Completed inmate classification documentation</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Inmate interviews</li> <li>· Staff interviews</li> <li>· External interview with director of SARC</li> <li>· Interview with PREA Coordinator</li> </ul> <p>Site Review Observations</p> <ul style="list-style-type: none"> <li>· Posted signs</li> <li>· Observation of two classification interviews</li> <li>· Information Kiosks</li> <li>· Inmate handbooks in the possession of inmates</li> </ul> <p>Tests</p> <ul style="list-style-type: none"> <li>· Call to SARC crisis line</li> <li>· Call to “menu 4”</li> </ul> <p>115.53 Provisions (a) &amp; (b)</p> <p>At the time of the onsite audit, inmates could have learned that there were in fact multiple ways they could report sexual abuse or harassment or retaliation by other inmates. The ways they could learn included:</p> <ul style="list-style-type: none"> <li>· Inmate handbook</li> <li>· Posted signs</li> <li>· Brochures and pamphlets</li> </ul> |                         |

- Verbal report to a correctional officer or other staff
- Dialing 4 from a menu to leave a message for the PREA Coordinator
- Written report via inmate communication form (kite) via Kiosk
- Telephone call to SARC or other external contacts

However, at the time of the onsite audit, the communication of these methods was so inconsistent and confusing that inmates often did not know how to effectively report such behavior. Inmate interviews at the time of the onsite audit consistently verified that inmates did not know of the various internal and external ways of reporting. Staff interviews indicated that they too did not understand all of the ways inmates could report.

The jail corrected these deficiencies in three ways: 1) revising the descriptions of the methods in the inmate handbook; 2) consistently orienting all inmates to the methods by the booking officer at the time of booking; and 3) reinforcement of these methods by classification staff 10-14 days after inmate arrival. The posted signs now agree with the handbook descriptions of the methods. Inmates interviewed at the time of the follow-up visit had a clear understanding of the ways to report.

#### 115.53 Provisions (c) & (d)

Staff interviews verified their knowledge of policy regarding their own methods of privately reporting sexual abuse and harassment of inmates. They also demonstrated knowledge of policy requiring accepting and documenting a verbal report from an inmate, requiring that they pass it along up the chain of command, and allowing it to go outside the chain of command if necessary.

#### Conclusions

In summary, the auditor received information concerning this standard from inmates and staff, from the director of SARC, from test calls to the SARC crisis line and “menu 4”, and from the review of records. The evidence from all sources indicated that the facility did not clearly communicate the multiple ways that inmates may report incidents of sexual abuse or harassment at the time of the onsite audit. However, the facility effectively corrected these deficiencies by the time of the follow-up visit, so the auditor concludes that the facility is in compliance with the standard.

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| 115.52   | <b>Exhaustion of administrative remedies</b> |
| <b>Auditor Overall Determination:</b> Meets Standard   |  |
| <b>Auditor Discussion</b>  |  |
| <p>Documents</p> <ul style="list-style-type: none"> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· New BCCD Policy 610 Inmate Grievances</li> <li>· BCSO Policy 3.23 Kites and Grievances</li> <li>· Agency response to PAQ</li> <li>· Inmate Handbook (Old and new, Spanish and English)</li> <li>· PREA Information Pamphlet (2-page)</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Inmate interviews</li> <li>· Staff interviews</li> <li>· Interview with PREA Coordinator</li> </ul> <p>Site Review Observations</p> <ul style="list-style-type: none"> <li>· Posted signs</li> <li>· Information Kiosks</li> <li>· Handbooks in the possession of inmates</li> </ul> <p>115.52 Provisions (a) &amp; (b)</p> <p>This standard is applicable to the facility because it does have a policy allowing grievances to be filed regarding incidents of sexual abuse. The policy in place at the time of the onsite audit did not comply with provision (b) of this standard because it limited grievances to incidents occurring within the previous 10 days. It also appeared to require that informal methods of resolution were required before a grievance could be filed, which also did not comply with provision (b). The facility adopted new BCCD Policy 610, Inmate Grievances, which corrects both issues. No grievances relating to sexual abuse or harassment were received between the onsite audit and the follow-up visit.</p> <p>115.52 Provision (c)</p> <p>Jail policy did not explicitly allow a grievance to be submitted to someone other than an alleged staff perpetrator. The inmate does not normally submit a grievance to a specific staff person; however, they were submitted, and reviewed by whatever staff person collects kites and grievances on a given day or shift. Both staff and inmate interviews consistently indicated that inmates could complain directly to a supervisor or upper-level administrator without going</p> |  |

through a particular corrections officer or supervisor. This process did not change with the adoption of the new policy.

#### 115.52. Provision (d)

Jail policy did not specify a time limit for response to a formal grievance. The new policy, BCCD 610, includes timelines which bring this standard into compliance.

#### 115.52 Provision (e) & (f)

The facility now has a policy and procedure to allow a family member or someone else to assist an inmate in the filing of a grievance. Likewise, there is now a policy, and procedure, and process to file an emergency grievance.

#### 115.52 Provision (g)

Previous and current policy allows discipline of inmates for filing a grievance only in the case of bad faith. Staff and inmate interviews did not indicate any instances of an inmate being disciplined for filing a grievance.

#### Conclusions

In summary, the auditor found that written policies did not exist at the time of the onsite audit to cover the provisions (b), (d), and (e) of this standard. Policy explicitly limited grievances to 10 days prior to the alleged incident, while provision (c) required no time limitation for complaints relating to sexual abuse. The facility did not meet provisions (b) through (e) of this standard. The adoption of BCCD Policy 610 corrected these deficiencies, so the auditor now finds the agency in compliance with this standard.

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| 115.53 | <b>Inmate access to outside confidential support services</b>   |
|        | <b>Auditor Overall Determination:</b> Meets Standard  |
|        | <b>Auditor Discussion</b>   |
|        | <p>Documents</p> <ul style="list-style-type: none"> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· Inmate Handbook (Old &amp; New, English and Spanish)</li> <li>· PREA Information Pamphlet (2-page)</li> <li>· Newly executed MOU with SARC</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Inmate interviews</li> <li>· Staff interviews</li> <li>· External interview with director of SARC</li> <li>· Interview with PREA Coordinator</li> </ul> <p>Site Review Observations</p> <ul style="list-style-type: none"> <li>· Posted signs</li> <li>· Information Kiosks</li> </ul> <p>Tests</p> <ul style="list-style-type: none"> <li>· Call to SARC crisis line</li> </ul> <p>115.53 Provisions (a), (b), (c)</p> <p>During the pre-onsite phase, the following advocacy organization was identified</p> <ul style="list-style-type: none"> <li>· The Support, Advocacy, &amp; Resource Center (SARC), an accredited Community Sexual Assault Center</li> </ul> <p>The interview with the executive director of SARC indicated that her agency provided appropriate advocacy and support services to the jail, including a 24/7 crisis hotline number, staffed by trained and bilingual (English/Spanish) staff.</p> <p>At the time of the onsite audit inmates could learn that there was in fact a way for them to obtain outside confidential rape crisis support services. The information was available in the inmate handbook, on posted signs in some units, and in brochures and pamphlets made available to some, but not all inmates. In the auditor’s judgment, the communication of this access was so inconsistent and confusing that inmates more often than not did not know how to effectively access this service.</p> |

Inmate interviews at the time of the onsite audit consistently verified that inmates did not know how to contact SARC. Staff interviews also indicated that many of them too did not clearly understand how inmates could make this contact.

As noted elsewhere in this report, inmates frequently did not know how to access the inmate handbook. Posted signs regarding how to call SARC or other external contacts were not present in all units.

Another source of confusion was the communication that all calls are recorded. Signs posted in just a few units indicated that this call could be made anonymously, but it is unclear whether this is in fact the case. The address for SARC was not included in the handbook, or otherwise consistently provided to inmates. The revised handbook, new policies and practices regarding inmate education, and consistently posted signage corrected this confusion, so that the facility came into compliance by the time of the follow-up visit.

The MOU with SARC provided at the time of the onsite audit was dated 2003; it did not contain sufficient detail or support a finding of compliance in the Interim Report. A telephone interview was conducted with the executive director of SARC indicated that she was not aware of the 17-year-old MOU; in any case, it did not describe the provision of confidential emotional support services to inmates. The revised and adopted MOU brought the facility into compliance.

#### Conclusions

In summary, the auditor received information concerning this standard from inmates and staff, from the director of SARC, from test calls to the SARC crisis line, from posted signs, and from the review of the inmate handbook. The evidence from all sources indicated that the facility did not clearly communicate the means of access to SARC, an otherwise compliant rape crisis center. Therefore, the facility did not meet provisions (a) and (b) of this standard.

The general MOU was not adequate to describe the services provided by SARC. No communications with SARC or other agencies were provided as evidence; therefore, the facility did not meet provision (c) of this standard at the time of the onsite visit.

The facility clarified the relationship with the advocacy center by the adoption of a new MOU between the time of the onsite and the follow-up visits. As it now clearly communicates this information to inmates and staff, the auditor finds that the agency is now in compliance with this standard.

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| <b>115.54</b> | <b>Third-party reporting</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p>Documents</p> <ul style="list-style-type: none"> <li>· Agency responses to PAQ</li> <li>· Inmate handbook (Old and new, Spanish and English)</li> <li>· New Policy 606 Prison Rape Elimination Act, specifically section 606.5</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Interview with PREA Coordinator</li> <li>· Inmate interviews</li> <li>· Staff interviews</li> </ul> <p>Site Review Observations</p> <ul style="list-style-type: none"> <li>· Posted signs</li> <li>· Information Kiosks</li> </ul> <p>Tests</p> <ul style="list-style-type: none"> <li>· Website access and review, during onsite audit and again on January 29, 2021, the date of the follow-up auditor visit</li> </ul> <p>115.54 Provision (a)</p> <p>Although the agency checked “Yes” to questions related to this standard, the auditor was unable to find any reference to third-party reporting methods in written materials or on its website at the time of the onsite visit. However, at the time of the follow-up visit, he was able to verify that Policy 606 was posted at <a href="https://www.co.benton.wa.us/docview.aspx?docid=31562">https://www.co.benton.wa.us/docview.aspx?docid=31562</a>. Section 606.5 covers the requirements of this standard.</p> <p>Conclusion</p> <p>The facility was non-compliant with provision (a) of this standard, but is now compliant because if clearly communicates the methods of third-party reporting via its website.</p> |

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| <b>115.61</b> | <b>Staff and agency reporting duties</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p>Documents</p> <ul style="list-style-type: none"> <li>· Preaudit Questionnaire</li> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· BCCD 606</li> <li>· BCCD Policy 505, Special Management Inmates</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Investigator interview</li> <li>· Staff interviews</li> <li>· Volunteer interview</li> <li>· Medical administrator interview</li> <li>· Medical staff interview</li> </ul> <p>115.61 Provisions (a) and (b)</p> <p>Benton County Corrections PREA Policy 6.9 requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff interviews consistently indicated that the policy was well understood and implemented.</p> <p>Policy 6.9 and all correctional officer interviews consistently indicated that they may not reveal any information related to a sexual abuse report to anyone other than supervisors, to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>115.61 Provision (c)</p> <p>(c) Interviews with the health care administrator and one health care staff, a nurse, confirmed their understanding of the requirement to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services.</p> <p>115.61 Provision (d)</p> <p>Correctional and health care staff interviews indicated a good understanding of the requirement in the case of an alleged victim under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, to the designated State agency under</p> |

applicable mandatory reporting laws.

115.61 Provision (e)

Correctional and health care staff interviews indicated a good understanding of the requirement in the case to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Conclusion

All evidence indicated compliance with each provision of this standard at the time of the first onsite visit.

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| <b>115.62</b> | <b>Agency protection duties</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p>Documents</p> <ul style="list-style-type: none"> <li>· Preaudit Questionnaire</li> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· BCSO Classification Policy 5.7</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Investigator interview</li> <li>· Staff interviews</li> <li>· Volunteer interview</li> <li>· Medical administrator interview</li> <li>· Medical staff interview</li> </ul> <p>115.62 Provision (a)</p> <p>BCSO Policies 5.7 and 6.9 require immediate action in the event that an inmate is in substantial danger of sexual abuse. Staff interviews consistently indicated that the policy was well understood and implemented.</p> <p>Conclusion</p> <p>All evidence indicated compliance with the only provision of this standard at the time of the onsite visit.</p> |

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| <b>115.63</b> | <b>Reporting to other confinement facilities</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p>Documents</p> <ul style="list-style-type: none"> <li>· Preaudit Questionnaire</li> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· Incident reports</li> <li>· BCCD Policy 606</li> <li>· Documentation of recent report to other facility</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· PREA Coordinator interview</li> <li>· Staff interviews</li> </ul> <p>115.63 Provisions (a) through (d)</p> <p>Previous BCSO Policy 6.9, in force at the time of the onsite visit, requires that correctional staff who receive an allegation that an inmate was sexually abused while confined at another facility shall report it to a supervisor so that the facility may notify the other facility. The policy did not, however, require that this notification be provided within 72 hours.</p> <p>The facility provided evidence of two such reports in the 12 months prior to the onsite visit. The documentation indicated that in one case two weeks passed from the time of the inmate report to the report to the facility.</p> <p>New Policy 606 was adopted before the follow-up visit; it requires that the notice be provided within 72 hours. One report concerning another facility was reported after the adoption of the policy; the auditor reviewed evidence that the other facility was notified the same day.</p> <p>Conclusions</p> <p>All evidence indicated compliance with provisions (a), (c), and (d) of this standard at the time of the onsite audit, but provision (b), the time limitation, was not in compliance by policy or practice. This deficiency was corrected by the adoption of new policy and evidence supported that it is now complied with in practice.</p> |

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| 115.64   | <b>Staff first responder duties</b> |
| <b>Auditor Overall Determination:</b> Meets Standard   |                                     |
| <b>Auditor Discussion</b>  |                                     |
| <p>Documents</p> <ul style="list-style-type: none"> <li>· Facility response to Preaudit Questionnaire</li> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· PREA Training Outline</li> <li>· BCCD Policy 606</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Investigator interview</li> <li>· Staff interviews</li> <li>· Volunteer interview</li> <li>· Medical administrator interview</li> <li>· Medical staff interview</li> </ul> <p>115.64 Provision (a)</p> <p>Benton County Corrections PREA Policy 6.9, in force at the time of the onsite visit, requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, but it did not specify all of the required steps for first responders. Likewise, training materials did not specify all the steps.</p> <p>Staff interviews at the time of the onsite audit indicated a general understanding of requirements to separate the inmate from the alleged attacker and to secure the crime scene, but approximately half of the interviewed correctional staff did not appear to understand the importance of advising 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. All officers responded that they would notify a supervisor; most responded that they would separate the victim from the alleged attacker; most responded, upon prompting, that they would secure the scene; but approximately half did not appear to know the detailed actions they should advise inmates not to take in this circumstance. Training materials in use at the time of the onsite audit did not include these details.</p> <p>Policy 606 was adopted in the interim before the follow-up visit; staff were trained in these specifics. Staff interviews indicated knowledge of the new requirements.</p> <p>115.64 Provision (b)</p> <p>The only non-correctional staff at the facility who were in a position to be the first responder to</p> |                                     |

an incident would be the kitchen staff. None were interviewed at the time of the onsite audit, and the auditor did not review their training. Although this was an oversight of the auditor, this provision was marked non-compliant to allow the facility to demonstrate compliance during the corrective action period. Policy 6.9 did not address their responsibilities upon discovery of a PREA-related incident. This provision became not applicable on January 1, 2021, because the jail entered into a new contract for food service which no longer employed inmates in the kitchen, so kitchen staff were no longer working in close proximity to kitchen trustee inmates.

#### Conclusions

Policy, training materials, and staff interviews originally indicated less than full compliance with Provisions (a) and (b) of this standard. Evidence indicated that the facility was in compliance by the time of the follow-up visit.

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| <b>115.65</b> | <b>Coordinated response</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p>Documents</p> <ul style="list-style-type: none"> <li>· Facility response to Preaudit Questionnaire</li> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· Investigative reports</li> <li>· BCCD Policy 606</li> <li>· BCCD PREA Sexual Assault Checklist</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Investigator interview</li> <li>· PREA Coordinator interview</li> <li>· Health administrator interview</li> <li>· Jail chief interview</li> </ul> <p>115.65 Provision (a)</p> <p>Benton County Corrections PREA Policy 6.9 as it existed at the time of the onsite visit did not include 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. Interviews listed above confirmed that no such written plan existed at that time. Investigative reports did not include documentation of the roles taken by the people in these positions.</p> <p>The agency adopted BCCD Policy 606, which requires the PREA Coordinator to develop a coordination plan. The coordinator provided a copy of the plan at the time of the follow-up visit. It is in the form of a comprehensive checklist; supervisors have been trained in the use of this checklist to coordinate actions in response to sexual abuse and harassment incidents.</p> <p>Conclusion</p> <p>Policy review, administrative interviews and investigative reports all indicate that the facility now complies with the single provision (a) of this standard.</p> |

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| <b>115.66</b> | <b>Preservation of ability to protect inmates from contact with abusers</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p>Documents</p> <ul style="list-style-type: none"> <li>· Collective Bargaining Agreement – Lieutenants</li> <li>· Collective Bargaining Agreement – Corrections Officers</li> <li>· Collective Bargaining Agreement – Non-bargaining employees</li> <li>· Collective Bargaining Agreement – Supervisors</li> <li>· Collective Bargaining Agreement – Clerical</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Jail administrator interview</li> </ul> <p>115.66 Provision (a)</p> <p>The auditor reviewed the collective bargaining agreements (CBAs) with the five groups noted above. None of the current CBAs 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. The jail administrator interview indicated that these five CBAs represent all of the current agreements with facility staff.</p> <p>Conclusion</p> <p>All evidence indicates compliance with the single audited provision (a) of this standard.</p> |

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| 115.67 | <b>Agency protection against retaliation</b>  |
|        | <b>Auditor Overall Determination:</b> Meets Standard  |
|        | <b>Auditor Discussion</b>   |
|        | <p>Documents</p> <ul style="list-style-type: none"> <li>· Facility response to Preaudit Questionnaire</li> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· BCSO Policy 2.3 Sexual Harassment and Anti-Harassment</li> <li>· BCSO Policy 2.4 Staff Sexual Misconduct</li> <li>· Investigative reports</li> <li>· BCCD Policy 606</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· PREA Coordinator interview</li> <li>· Jail chief interview</li> </ul> <p>115.67 Provisions (a) through (e)</p> <p>Benton County Corrections policies did not include a written institutional plan to monitor and control retaliation at the time of the onsite visit. BCCD Policy 606, adopted in the interim, covers all requirements of the standard. No investigation resulted in a finding of substantiated, so no actual case of monitoring retaliation was available for review. This monitoring is, however, part of the coordinated response plan developed by the PREA Coordinator.</p> <p>Conclusion</p> <p>Policy review, administrative interviews and the coordinated response plan all indicate that the facility now complies with the provisions of this standard.</p> |

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| 115.68  | <b>Post-allegation protective custody</b> |
| <b>Auditor Overall Determination:</b> Meets Standard  |   |
| <b>Auditor Discussion</b>   |   |
| <p>Documents</p> <ul style="list-style-type: none"> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· BCSO Policy 5.7 Objective Inmate Classification (in force at time of onsite audit)</li> <li>· BCSO Policy 5.8 Administrative Segregation (in force at time of onsite audit)</li> <li>· Agency responses to PREA Pre-Audit Questionnaire</li> <li>· BCCD Policy 505 Special Management Inmates (adopted before follow-up visit)</li> <li>· BCCD Policy 508 Inmate Classification (adopted before follow-up visit)</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Inmate interviews</li> <li>· Staff interviews</li> <li>· Interview with classification staff</li> </ul> <p>Site Review Observations</p> <ul style="list-style-type: none"> <li>· Observation of two classification interviews</li> </ul> <p>115.68 Provision (a)</p> <p>The auditor reviewed the written policies, reviewed eight completed classification screening forms and observed two classification interviews. He interviewed inmates and staff.</p> <p>The agency uses information from its risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The classification system makes individualized determinations using two objective instruments to ensure the safety of each inmate.</p> <p>However, at the time of the onsite review, the written policies did not require an assessment of all available alternatives in the case of involuntary protective custody for an inmate at risk of sexual victimization. Likewise, the policies and procedures did not address the limitation of access to programs, privileges, education, or work opportunities.</p> <p>Documentation was not provided at the time of the onsite visit to support the facility's limitation of administrative segregation to the minimum time necessary until an alternative can be arranged. Likewise, no documentation nor data was provided at that time to indicate that the assignment was normally limited to no more than 30 days.</p> <p>The policies presented by the facility at the time of the onsite audit did not address the</p> |   |

documentation of the basis for the facility's concern for the inmate's safety or the reason why no alternative means of separation can be arranged.

Although written policy requires a review of all classifications resulting in administrative segregation every 30 days, no documentation was provided at the time of the on-site audit to demonstrate compliance with this policy.

In response to the Corrective Action Plan, the facility adopted two policies which address all of the issues of this standard.

#### Conclusions

In summary, the auditor received information concerning this standard from inmates and staff, from the review of written policy, from the review of records, and from observation of the classification process. The evidence from all sources indicated that the facility did not meet the provisions of this standard at the time of the onsite audit. The adoption of the two new policies brings them into compliance with this standard.

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| 115.71 | <b>Criminal and administrative agency investigations</b>  |
|        | <b>Auditor Overall Determination:</b> Meets Standard  |
|        | <b>Auditor Discussion</b>   |
|        | <p>Documents</p> <ul style="list-style-type: none"> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· Benton County Sheriff's Office General Orders</li> <li>· Facility responses to Pre-Audit Questionnaire</li> <li>· Jail Incident report dated 03-20-2020</li> <li>· Officers report dated 03-23-2020</li> <li>· Investigation Checklist</li> <li>· Investigation documentation for most recently investigated allegation</li> <li>· Investigator's training certificate</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Staff interviews</li> <li>· Interview with investigator</li> <li>· Interview with jail chief</li> <li>· Interview with PREA Coordinator</li> </ul> <p>115.71 Provision (a)</p> <p>The facility provided the policy and general orders noted. Both include general requirements that that an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment.</p> <p>Both policies 6.9 and the general orders were adopted when the agency was part of the BCSO. At the time of the onsite visit, the agency had not adopted a policy that specifically required criminal allegations to be referred to the BCSO. Interviews with the PREA Coordinator and others indicated that criminal allegations would be referred to the BCSO.</p> <p>Importantly, however, the then-existing policies did not define the Benton County Sheriff's Office as an external agency. In practice, the BCCD investigates administrative complaints and the BCSO conducts criminal investigations, but this was not described or required anywhere in policy. Shortly after the onsite visit, the agency adopted Policy 606; section 606.10 covers the requirements of this standard.</p> <p>The documentation of one incident investigated prior to the onsite visit was incomplete. It was inadequate to determine whether the investigations were prompt, thorough, and objective. At the time of the follow-up visit, the auditor reviewed the documentation of the most recently</p> |

investigated allegation. All requirements of this standard were considered and documented.

#### 115.71 Provision (b)

The facility had hired a very experienced and extensively trained investigator just prior to the onsite audit. However, the facility did not provide evidence that he had not received the specialized training in conducting such investigations in a confinement setting at that time. He had completed the National Institute of Corrections course, "PREA: Investigating Sexual Abuse in a Confinement Setting on May 29, 2020"; documentation was provided during the corrective action period.

The auditor reviewed all the above listed policies and training materials and interviewed the investigator. He exhibited a thorough understanding of techniques of interviewing adult and youthful victims of sexual abuse, Miranda and Garrity warnings, evidence collection and the sufficiency of evidence.

#### 115.71 Provision (c)

At the time of the onsite audit, the agency failed to document that that Investigators consistently took the following actions required by this standard:

- gather and preserve direct and circumstantial evidence
- interview alleged victims, suspected perpetrators, and witnesses
- review prior complaints and reports of sexual abuse involving the suspected perpetrator.

These components of an investigation (and the others required by this standard provision) are now required by policy and the investigation checklist. They were included in the recent investigation for which documentation was submitted.

#### 115.71 Provision (d)

At the time of the onsite audit, the agency did not provide information that Investigators consistently conducted compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

This component of an investigation is now required by policy and the investigation checklist. It was included in the recent investigation for which documentation was submitted.

#### 115.71 Provision (e)

Investigator and administrator interviews indicated that investigators did not value staff's testimony over inmate's, but rather they assessed each witness's testimony on its own merit. Interviews indicated that polygraph tests are not used to evaluate the truthfulness of a victim, witness, or alleged perpetrator.

#### 115.71 Provision (f)

The agency did not provide information at the time of the onsite audit that demonstrated that its investigations consistently included an effort to determine whether staff actions or failures to act contributed to the abuse. At that time, the facility did not provide examples of written reports that included a description of the physical and testimonial evidence, the reasoning

behind credibility assessments, or investigative facts and findings.

These components of an investigation (and the others required by this standard provision) are now required by policy and the investigation checklist. They were included in the recent investigation for which documentation was submitted.

115.71 Provisions (g) and (h)

The agency does not conduct criminal investigations.

115.71 Provisions (i) and (j)

The agency did not provide information that demonstrated that it retains all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Likewise, it did not demonstrate a policy of not terminating an investigation in the event of the departure of the alleged victim or abuser.

These requirements are now a part of agency policy.

115.71 Provision (l)

Investigator and administrator interviews indicated that investigators endeavored to keep abreast of criminal investigations conducted by the BCSO, and that they cooperated fully in such investigations.

Conclusions

The absence of evidence led the auditor to finding of non-compliance with provisions (a) through (d), (f) and (i) at the time of the onsite audit. In the auditor's judgment, consistent administrator and investigator interviews were sufficient to find provisions (e), (g), (h) and (l) in compliance at that time.

Subsequent adoption of policy and documentation of practice demonstrates that the facility is now in compliance with all provisions.

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| 115.72 | <b>Evidentiary standard for administrative investigations</b>  |
|        | <b>Auditor Overall Determination:</b> Meets Standard   |
|        | <b>Auditor Discussion</b>  |
|        | <p>Documents</p> <ul style="list-style-type: none"> <li>· Facility response to Preaudit Questionnaire</li> <li>· BCCD Policy 606</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Interview with investigator</li> <li>· Interview with jail chief</li> <li>· Interview with PREA Coordinator</li> </ul> <p>115.72 Provision (a)</p> <p>Interviews with the investigator and the jail chief indicated that the standard of proof in investigations of allegations of sexual abuse and sexual harassment is a preponderance of the evidence, and that no higher standard is required. BCCD Policy, specifically section 606.10.1 sets the standard of proof as a preponderance of the evidence.</p> <p>Conclusion</p> <p>All evidence indicates compliance with the single audited provision (a) of this standard.</p> |

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| <b>115.73</b> | <b>Reporting to inmates</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p>Documents</p> <ul style="list-style-type: none"> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· Benton County Sheriff's Office General Orders</li> <li>· Facility responses to Pre-Audit Questionnaire</li> <li>· BCCD Policy 606</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Interview with investigator</li> <li>· Interview with jail chief</li> <li>· Interview with PREA Coordinator</li> </ul> <p>115.73 Provisions (a) through (e)</p> <p>At the time of the onsite audit, the facility did not provide documentation that it informs inmates as to whether allegations are determined to be substantiated, unsubstantiated, or unfounded. Policy 6.9 did not require such notifications. It also failed to provide written policy or documentary evidence that it requests written documentation from the BCSO in the event of a criminal investigation. BCCD Policy 606, specifically section 606.10.2 now requires such notifications. The facility documented that the alleged victim in the case reviewed was notified.</p> <p>In the case of an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency did not demonstrate that it informs the inmate whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. BCCD Policy 606, specifically section 606.10.2 now requires such notifications.</p> <p>The agency did not originally provide information that it informs the alleged victim whenever: The agency learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. BCCD Policy 606, specifically section 606.10.2 now requires such notifications.</p> <p>Conclusions</p> <p>The evidence now leads the auditor to finding of compliance with provisions (a) through (e).</p> |

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| <b>115.76</b> | <b>Disciplinary sanctions for staff</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p>Documents</p> <ul style="list-style-type: none"> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· Benton County Sheriff's Office General Orders</li> <li>· Facility responses to Pre-Audit Questionnaire</li> <li>· BCCD 606</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Interview with PREA Coordinator</li> <li>· Interview with jail chief</li> </ul> <p>115.76 Provisions (a) through (c)</p> <p>The facility provided documentation that policy imposes disciplinary sanctions up to and including termination on staff found to have violated facility policy related to sexual abuse and harassment. Written policy makes termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>Policy also makes disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment 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.</p> <p>115.76 Provision (d)</p> <p>At the time of the onsite audit, written policy did not require that the agency notify law enforcement or any relevant licensing bodies in the event of termination for act considered criminal or resignations in the face of such allegations. New BCCD Policy 606 now requires such notification.</p> <p>Conclusions</p> <p>The absence of a written policy originally led the auditor to finding of non-compliance with provision (d), but the first 3 provisions (a), (b), (c) were adequately addressed in policy at the time of the onsite audit. The new policy brings the facility into compliance with the standard.</p> |

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| 115.77 | <b>Corrective action for contractors and volunteers</b>  |
|        | <b>Auditor Overall Determination:</b> Meets Standard   |
|        | <b>Auditor Discussion</b>  |
|        | <p>Documents</p> <ul style="list-style-type: none"> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· Benton County Sheriff's Office General Orders</li> <li>· Facility responses to Pre-Audit Questionnaire</li> <li>· BCCD Policy 606</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Interview with PREA Coordinator</li> <li>· Interview with jail chief</li> <li>· Interview with volunteer coordinator</li> <li>· Interview with randomly chosen volunteer</li> </ul> <p>115.77 Provision (a)</p> <p>The facility provided documentation that policy imposes corrective action including prohibition of contact with inmates on contractors and volunteers found to have violated facility policy related to sexual abuse and harassment. Interviews confirmed that this policy was in place.</p> <p>Policy also makes disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment commensurate with the nature and circumstances of the acts committed.</p> <p>115.77 Provision (b)</p> <p>Written policy did not require that the agency notify law enforcement or any relevant licensing bodies in the event of action taken against a volunteer or contractor for an act considered criminal or resignations in the face of such allegations. This was corrected by the adoption of BCCD 606.</p> <p>Conclusions</p> <p>The absence of a written policy originally led the auditor to finding of non-compliance with provision (b), but adoption of BCCD 606 has corrected this issue, leading the auditor to the conclusion that the facility is now in compliance.</p> |

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| 115.78   | <b>Disciplinary sanctions for inmates</b> |
| <b>Auditor Overall Determination:</b> Meets Standard   |   |
| <b>Auditor Discussion</b>  |   |
| <p>Documents</p> <ul style="list-style-type: none"> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· BCSO Policy 7.1 Inmate Rules and Discipline</li> <li>· Facility responses to Pre-Audit Questionnaire</li> <li>· Inmate handbook</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Interview with PREA Coordinator</li> <li>· Interview with jail chief</li> <li>· Staff interviews</li> <li>· Inmate interviews</li> </ul> <p>115.78 Provisions (a) and (b)</p> <p>The facility provided documentation that Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Sanctions listed in policy are commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.</p> <p>115.78 Provision (c)</p> <p>Written policies indicate that the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p>115.78 Provision (d)</p> <p>Written policies indicate that the facility considers whether to require the offending inmate to participate in counseling or other mental health interventions as a condition of access to programming or other benefits.</p> <p>115.78 Provision (e)</p> <p>Written policy indicates that it would not discipline an inmate for sexual contact with staff. Administrator interviews confirmed this practice.</p> <p>115.78 Provision (f)</p> |   |

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

#### 115.78 Provision (g)

The agency prohibits all sexual activity between inmates, but it always refrains from considering non-coercive sexual activity between inmates to be sexual abuse

#### Conclusions

Written policy, staff and inmate interviews, and the absence of contrary evidence leads the auditor to finding of compliance with all provisions of this standard.

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| 115.81 | <b>Medical and mental health screenings; history of sexual abuse</b>  |
|        | <b>Auditor Overall Determination:</b> Meets Standard  |
|        | <b>Auditor Discussion</b>   |
|        | <p>Documents</p> <ul style="list-style-type: none"> <li>· Preaudit Questionnaire</li> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· BCSO Policy 6.1 Health Care</li> <li>· BCSO Policy 6.2 Screening of Mentally Ill Inmates</li> <li>· BCSO Policy 6.3 Suicide and Suicide Attempts</li> <li>· Electronic health records</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· PREA Coordinator interview</li> <li>· Staff interviews</li> <li>· Volunteer interview</li> <li>· Medical administrator interview</li> <li>· Medical staff interview</li> <li>· Classification staff interview</li> </ul> <p>115.81 Provisions (a) and (b)</p> <p>These provisions are not applicable because the facility is a jail, not a prison.</p> <p>115.81 Provision (c)</p> <p>The facility originally reported that there were no inmates in residence who had reported sexual abuse at the facility. The interview with the on-site contract coordinator of health services yielded a list of 35 inmates who had disclosed prior sexual abuse to medical staff.</p> <p>Interviews and observation of randomly chosen electronic health records confirmed that inmates who had disclosed prior sexual abuse were offered follow-up contact with a medical provider and that medical staff contacted them on or about the 14th day to see if the inmate desired to see the provider.</p> <p>115.81 Provision (d)</p> <p>Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners, except that it is shared with classification and other correctional staff as necessary to inform security management</p> |

decisions. This was confirmed in interviews with health care and correctional staff.

115.81 Provision (e)

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. The form which confirms this process is contained in the inmate's electronic health record.

Conclusion

All evidence indicated compliance with each applicable provision of this standard.

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| 115.82   | <b>Access to emergency medical and mental health services</b> |
| <b>Auditor Overall Determination:</b> Meets Standard   |   |
| <b>Auditor Discussion</b>  |   |
| <p>Documents</p> <ul style="list-style-type: none"> <li>· Preaudit Questionnaire</li> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· Electronic health records</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· PREA Coordinator interview</li> <li>· Jail Chief interview</li> <li>· Medical administrator interview</li> <li>· Medical staff interview</li> <li>· Inmate interviews</li> </ul> <p>115.82 Provision (a)</p> <p>Health care staff are on duty 24 hours per day, seven days per week. All interviews indicated that there were no impediments between an inmate's request or apparent need for medical care and the health care providers. No inmates were identified who had reported a sexual abuse, so these targeted interviews did not take place, but none of the random or other targeted inmate interviews indicated a problem in this area.</p> <p>115.82 Provision (b)</p> <p>Although the facility was not in full compliance with standard 115.62 above at the time of the onsite visit because of a lack of training and first responder understanding of the details of evidence protection, qualified medical staff are always on duty at the facility, and they are always immediately notified in the case of a reported sexual abuse. The facility provided evidence of this training, and staff interviews confirmed an adequate understanding of these details.</p> <p>115.82 Provision (c)</p> <p>The health care administrator interviews indicated that victims of sexual abuse were 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. No inmates were identified who had reported a sexual abuse, so these targeted interviews did not take place, but other interviews did not indicate a problem in this area.</p> |   |

115.82 Provision (d)

Facility policy requires that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This practice was confirmed in interviews with jail administrative staff and the health care administrator.

Conclusion

All evidence indicated compliance with each applicable provision of this standard at the time of the follow-up visit.

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| 115.83   | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b> |
| <b>Auditor Overall Determination:</b> Meets Standard   |  |
| <b>Auditor Discussion</b>  |  |
| <p>Documents</p> <ul style="list-style-type: none"> <li>· Preaudit Questionnaire</li> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· Electronic health records</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· PREA Coordinator interview</li> <li>· Jail Chief interview</li> <li>· Medical administrator interview</li> <li>· Medical staff interview</li> <li>· Inmate interviews</li> </ul> <p>115.83 Provisions (a) through (c)</p> <p>Although there had been no reported cases in the last twelve months to verify, all interviews indicated that the facility offers medical and mental health evaluation and treatment to inmates who have been victimized by sexual abuse. The evaluation and treatment of such victims includes, follow-up services, treatment plans, and, when necessary, referrals for continued care following their release from custody. The care is consistent with the community level of care.</p> <p>115.83 Provisions (d) through (g)</p> <p>Correctional and health care administrators indicate that inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered and provided pregnancy tests upon request. If pregnancy results, such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted diseases. Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>113.93 Provision (h)</p> <p>This provision is not applicable to jails.</p> <p>Conclusion</p> <p>All evidence indicated compliance with each applicable provision of this standard.</p> |  |

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| <b>115.86</b> | <b>Sexual abuse incident reviews</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p>Documents</p> <ul style="list-style-type: none"> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· Benton County Sheriff's Office General Orders</li> <li>· Facility responses to Pre-Audit Questionnaire</li> <li>· BCCD Policy 606</li> <li>· PREA Investigation Checklist</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Interview with PREA Coordinator</li> <li>· Interview with jail chief</li> </ul> <p>115.86 Provisions (a) through (e)</p> <p>At the time of the onsite, a review of policy and jail administration interviews indicated that the facility has no process in place to conduct or document a sexual abuse incident review at the conclusion of a sexual abuse investigation. This process was created with the adoption of BCCD 606, and documented in the one case occurring and reviewed at the time of the follow-up visit..</p> <p>Conclusion</p> <p>All evidence indicated non-compliance with each applicable provision of this standard at the time of the onsite review, but all evidence indicated compliance at the time of the follow-up review.</p> |

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| <b>115.87</b> | <b>Data collection</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p>Documents</p> <ul style="list-style-type: none"> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· Benton County Sheriff's Office General Orders</li> <li>· Facility responses to Pre-Audit Questionnaire</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Interview with PREA Coordinator</li> <li>· Interview with jail chief</li> </ul> <p>115.86 Provisions (a) through (f)</p> <p>A review of policy and jail administration interviews indicated that the facility has a process in place collect, analyze, and report sexual abuse incident data. The facility provided an email string as evidence that the DOJ had not requested these statistics for 2019.</p> <p>Conclusion</p> <p>All evidence indicated compliance with each applicable provision of this standard (except provision (f), which is not applicable).</p> |

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| <b>115.88</b> | <b>Data review for corrective action</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p>Documents</p> <ul style="list-style-type: none"> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· Benton County Sheriff's Office General Orders</li> <li>· Facility responses to Pre-Audit Questionnaire</li> <li>· Benton County Jail Website - Annual report 2020</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Interview with PREA Coordinator</li> <li>· Interview with jail chief</li> </ul> <p>115.88 Provisions (a) through (e)</p> <p>A review of policy and jail administration interviews at the time of the onsite audit indicated that the facility had no process in place to review, analyze, or report sexual abuse incident data. The facility had not produced an annual report (for 2019); no data equivalent to an annual report was posted to its website. The facility did, however, publish annual report on its website for 2020; it can be accessed at</p> <p><a href="https://www.co.benton.wa.us/files/documents/BCCDPREAAuditFinalReport2020138123433012821PM.pdf">https://www.co.benton.wa.us/files/documents/BCCDPREAAuditFinalReport2020138123433012821PM.pdf</a></p> <p>It includes the statistical data required by this standard.</p> <p>Conclusion</p> <p>All evidence indicates compliance with each applicable provision of this standard.</p> |

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| <b>115.89</b> | <b>Data storage, publication, and destruction</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p>Documents</p> <ul style="list-style-type: none"> <li>· Benton County Corrections PREA Policy 6.9</li> <li>· Benton County Sheriff's Office General Orders</li> <li>· Facility responses to Pre-Audit Questionnaire</li> <li>· BCCD 606</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>· Interview with PREA Coordinator</li> <li>· Interview with jail chief</li> </ul> <p>115.89 Provisions (a) through (d)</p> <p>A review of policy and jail administration interviews indicated that the facility had no process in place to securely retain and disseminate sexual abuse incident data. No records retention schedule was provided at that time. BCCD 606 addresses all of the issues of this standard.</p> <p>Conclusion</p> <p>All evidence now indicates compliance with each applicable provision of this standard.</p> |

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| 115.401 | <b>Frequency and scope of audits</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>The Benton County Department of Corrections did not exist prior to October 2019. Prior to October 2019, this jail facility was operated by the Benton County Sheriff's Office. This is the first PREA audit of the facility. The BCDOC operates only one facility, the Benton County Jail.</p> <p>The auditor was provided access to all areas of the audited facilities. He was permitted to request and receive copies of any relevant documents, including electronically stored information. The auditor interviewed a representative sample of inmates, staff, supervisors, and administrators. He was permitted to review videotapes and other electronically available data relevant to the provisions being audited.</p> <p>The auditor was permitted to conduct private interviews with inmates, Inmates were permitted to send confidential correspondence to the auditor in the same manner as if they were communicating with legal counsel. Two such letters were received.</p> <p>The auditor advised the jail administration that an audit is required every three years.</p> <p>Conclusion</p> <p>While the BCDO was not in compliance for its operation of this facility from August 2013 until October 2019, the auditor believes that the BCDOC has become compliant with the provisions of this standard with the completion of this audit.</p> |

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| <b>115.403</b> | <b>Audit contents and findings</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | This is the facility's first audit. The auditor advised the jail administration of the requirement to post the final report on the agency website. |

| <b>Appendix: Provision Findings</b> |   |     |
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| <b>115.11 (a)</b>                   | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |     |
|                                     | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  | yes |
|                                     | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?   | yes |
| <b>115.11 (b)</b>                   | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |     |
|                                     | Has the agency employed or designated an agency-wide PREA Coordinator?  | yes |
|                                     | Is the PREA Coordinator position in the upper-level of the agency hierarchy?  | yes |
|                                     | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  | yes |
| <b>115.11 (c)</b>                   | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |     |
|                                     | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)   | na  |
|                                     | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)   | na  |
| <b>115.12 (a)</b>                   | <b>Contracting with other entities for the confinement of inmates</b>   |     |
|                                     | If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | na  |
| <b>115.12 (b)</b>                   | <b>Contracting with other entities for the confinement of inmates</b>   |     |
|                                     | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)   | na  |
| <b>115.13 (a)</b>                   | <b>Supervision and monitoring</b>   |     |
|                                     | Does the facility have a documented staffing plan that provides for   | yes |

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|  | adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?   |     |
|  | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?   | yes |
|  | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?   | yes |
|  | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  | yes |
|  | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?   | yes |
|  | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? | yes |
|  | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  | yes |
|  | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?   | yes |
|  | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  | yes |
|  | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?   | yes |
|  | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?   | yes |
|  | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  | yes |

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| <b>115.13 (b)</b> | <b>Supervision and monitoring</b>   |     |
|                   | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  | yes |
| <b>115.13 (c)</b> | <b>Supervision and monitoring</b>   |     |
|                   | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?   | yes |
|                   | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?   | yes |
|                   | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?   | yes |
| <b>115.13 (d)</b> | <b>Supervision and monitoring</b>   |     |
|                   | Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  | yes |
|                   | Is this policy and practice implemented for night shifts as well as day shifts?   | yes |
|                   | Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  | yes |
| <b>115.14 (a)</b> | <b>Youthful inmates</b>   |     |
|                   | Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).) | yes |

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| <b>115.14 (b)</b> | <b>Youthful inmates</b>  |     |
|                   | In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)  | yes |
|                   | In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)                         | yes |
| <b>115.14 (c)</b> | <b>Youthful inmates</b>  |     |
|                   | Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)  | yes |
|                   | 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 |
|                   | 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 |
| <b>115.15 (a)</b> | <b>Limits to cross-gender viewing and searches</b>   |     |
|                   | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  | yes |
| <b>115.15 (b)</b> | <b>Limits to cross-gender viewing and searches</b>   |     |
|                   | Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  | yes |
|                   | Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)                           | yes |
| <b>115.15 (c)</b> | <b>Limits to cross-gender viewing and searches</b>   |     |
|                   | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?   | yes |
|                   | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?  | yes |

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| <b>115.15 (d)</b> | <b>Limits to cross-gender viewing and searches</b>   |     |
|                   | Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?    | yes |
|                   | Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  | yes |
|                   | Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  | yes |
| <b>115.15 (e)</b> | <b>Limits to cross-gender viewing and searches</b>   |     |
|                   | Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?   | yes |
|                   | If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?           | yes |
| <b>115.15 (f)</b> | <b>Limits to cross-gender viewing and searches</b>   |     |
|                   | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  | yes |
|                   | Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  | yes |
| <b>115.16 (a)</b> | <b>Inmates with disabilities and inmates who are limited English proficient</b>  |     |
|                   | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? | yes |
|                   | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual  | yes |

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

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| <b>115.16 (b)</b> | <b>Inmates with disabilities and inmates who are limited English proficient</b>   |     |
|                   | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?   | yes |
|                   | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  | yes |
| <b>115.16 (c)</b> | <b>Inmates with disabilities and inmates who are limited English proficient</b>   |     |
|                   | Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? | yes |

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| <b>115.17 (a)</b> | <b>Hiring and promotion decisions</b>   |     |
|                   | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?   | yes |
|                   | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?            | yes |
|                   | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?   | yes |
|                   | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  | yes |
|                   | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
|                   | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?  | yes |
| <b>115.17 (b)</b> | <b>Hiring and promotion decisions</b>   |     |
|                   | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?   | yes |
|                   | Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?  | yes |

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| <b>115.17 (c)</b> | <b>Hiring and promotion decisions</b>  |     |
|                   | Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?  | yes |
|                   | Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| <b>115.17 (d)</b> | <b>Hiring and promotion decisions</b>  |     |
|                   | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?   | yes |
| <b>115.17 (e)</b> | <b>Hiring and promotion decisions</b>  |     |
|                   | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?   | yes |
| <b>115.17 (f)</b> | <b>Hiring and promotion decisions</b>  |     |
|                   | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?   | yes |
|                   | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  | yes |
|                   | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?   | yes |
| <b>115.17 (g)</b> | <b>Hiring and promotion decisions</b>  |     |
|                   | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  | yes |

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| <b>115.17 (h)</b> | <b>Hiring and promotion decisions</b>   |     |
|                   | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  | yes |
| <b>115.18 (a)</b> | <b>Upgrades to facilities and technologies</b>  |     |
|                   | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |
| <b>115.18 (b)</b> | <b>Upgrades to facilities and technologies</b>  |     |
|                   | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)           | yes |
| <b>115.21 (a)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                   | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)   | yes |

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| <b>115.21 (b)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                   | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  | yes |
|                   | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| <b>115.21 (c)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                   | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  | yes |
|                   | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?   | yes |
|                   | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?   | yes |
|                   | Has the agency documented its efforts to provide SAFEs or SANEs?   | yes |
| <b>115.21 (d)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                   | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?   | yes |
|                   | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)  | yes |
|                   | Has the agency documented its efforts to secure services from rape crisis centers?   | yes |

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| <b>115.21 (e)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                   | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?   | yes |
|                   | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  | yes |
| <b>115.21 (f)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                   | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  | yes |
| <b>115.21 (h)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                   | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) | yes |
| <b>115.22 (a)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                   | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  | yes |
|                   | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?   | yes |
| <b>115.22 (b)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                   | Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  | yes |
|                   | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?   | yes |
|                   | Does the agency document all such referrals?  | yes |

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| <b>115.22 (c)</b> | <b>Policies to ensure referrals of allegations for investigations</b>  |     |
|                   | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) | yes |
| <b>115.31 (a)</b> | <b>Employee training</b>   |     |
|                   | Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?   | yes |
|                   | Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?                             | yes |
|                   | Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?  | yes |
|                   | Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  | yes |
|                   | Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  | yes |
|                   | Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?   | yes |
|                   | Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?   | yes |
|                   | Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  | yes |
|                   | Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?                                 | yes |
|                   | Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?   | yes |

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| <b>115.31 (b)</b> | <b>Employee training</b>  |     |
|                   | Is such training tailored to the gender of the inmates at the employee's facility?  | yes |
|                   | Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?   | yes |
| <b>115.31 (c)</b> | <b>Employee training</b>  |     |
|                   | Have all current employees who may have contact with inmates received such training?  | yes |
|                   | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  | yes |
|                   | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  | yes |
| <b>115.31 (d)</b> | <b>Employee training</b>  |     |
|                   | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?   | yes |
| <b>115.32 (a)</b> | <b>Volunteer and contractor training</b>  |     |
|                   | Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?   | yes |
| <b>115.32 (b)</b> | <b>Volunteer and contractor training</b>  |     |
|                   | Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? | yes |
| <b>115.32 (c)</b> | <b>Volunteer and contractor training</b>  |     |
|                   | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?   | yes |

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| <b>115.33 (a)</b> | <b>Inmate education</b>  |     |
|                   | During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  | yes |
|                   | During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?   | yes |
| <b>115.33 (b)</b> | <b>Inmate education</b>  |     |
|                   | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?       | yes |
|                   | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
|                   | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?       | yes |
| <b>115.33 (c)</b> | <b>Inmate education</b>  |     |
|                   | Have all inmates received the comprehensive education referenced in 115.33(b)?   | yes |
|                   | Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?               | yes |
| <b>115.33 (d)</b> | <b>Inmate education</b>  |     |
|                   | Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  | yes |
|                   | Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  | yes |
|                   | Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?   | yes |
|                   | Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  | yes |
|                   | Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?   | yes |

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| <b>115.33 (e)</b> | <b>Inmate education</b>   |     |
|                   | Does the agency maintain documentation of inmate participation in these education sessions?   | yes |
| <b>115.33 (f)</b> | <b>Inmate education</b>   |     |
|                   | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?   | yes |
| <b>115.34 (a)</b> | <b>Specialized training: Investigations</b>   |     |
|                   | In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| <b>115.34 (b)</b> | <b>Specialized training: Investigations</b>   |     |
|                   | Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  | yes |
|                   | Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  | yes |
|                   | Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  | no  |
|                   | Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)   | yes |
| <b>115.34 (c)</b> | <b>Specialized training: Investigations</b>   |     |
|                   | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  | yes |

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| <b>115.35 (a)</b> | <b>Specialized training: Medical and mental health care</b>   |     |
|                   | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)                           | yes |
|                   | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  | yes |
|                   | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
|                   | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)      | yes |
| <b>115.35 (b)</b> | <b>Specialized training: Medical and mental health care</b>   |     |
|                   | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)  | na  |
| <b>115.35 (c)</b> | <b>Specialized training: Medical and mental health care</b>   |     |
|                   | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  | yes |

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

| 115.41 (d) | Screening for risk of victimization and abusiveness  |     |
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|            | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?   | yes |
|            | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  | yes |
|            | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?   | yes |
|            | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  | yes |
|            | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  | yes |
|            | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  | yes |
|            | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
|            | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?   | yes |
|            | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?   | yes |
|            | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  | yes |

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| <b>115.41 (e)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?   | yes |
|                   | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?   | yes |
|                   | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?  | yes |
| <b>115.41 (f)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |
| <b>115.41 (g)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | Does the facility reassess an inmate's risk level when warranted due to a referral?   | yes |
|                   | Does the facility reassess an inmate's risk level when warranted due to a request?  | yes |
|                   | Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?  | yes |
|                   | Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?   | yes |
| <b>115.41 (h)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?   | yes |
| <b>115.41 (i)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?      | yes |

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| <b>115.42 (a)</b> | <b>Use of screening information</b>  |     |
|                   | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?   | yes |
|                   | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?   | yes |
|                   | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  | yes |
|                   | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?   | yes |
|                   | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?   | yes |
| <b>115.42 (b)</b> | <b>Use of screening information</b>  |     |
|                   | Does the agency make individualized determinations about how to ensure the safety of each inmate?  | yes |
| <b>115.42 (c)</b> | <b>Use of screening information</b>  |     |
|                   | When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
|                   | When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?   | yes |

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| <b>115.42 (d)</b> | <b>Use of screening information</b>  |     |
|                   | Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?   | yes |
| <b>115.42 (e)</b> | <b>Use of screening information</b>  |     |
|                   | Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  | yes |
| <b>115.42 (f)</b> | <b>Use of screening information</b>  |     |
|                   | Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  | yes |
| <b>115.42 (g)</b> | <b>Use of screening information</b>  |     |
|                   | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
|                   | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)                | yes |
|                   | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)                   | yes |

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| <b>115.43 (a)</b> | <b>Protective Custody</b>   |     |
|                   | Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? | yes |
|                   | If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  | yes |
| <b>115.43 (b)</b> | <b>Protective Custody</b>   |     |
|                   | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  | yes |
|                   | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  | yes |
|                   | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?   | yes |
|                   | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  | yes |
|                   | If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)                                      | yes |
|                   | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)  | yes |
|                   | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)  | yes |

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| <b>115.43 (c)</b> | <b>Protective Custody</b>   |     |
|                   | Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  | yes |
|                   | Does such an assignment not ordinarily exceed a period of 30 days?  | yes |
| <b>115.43 (d)</b> | <b>Protective Custody</b>   |     |
|                   | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?  | yes |
|                   | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?   | yes |
| <b>115.43 (e)</b> | <b>Protective Custody</b>   |     |
|                   | In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |
| <b>115.51 (a)</b> | <b>Inmate reporting</b>   |     |
|                   | Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?   | yes |
|                   | Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?   | yes |
|                   | Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?   | yes |

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| <b>115.51 (b)</b> | <b>Inmate reporting</b>  |     |
|                   | Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  | yes |
|                   | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?   | yes |
|                   | Does that private entity or office allow the inmate to remain anonymous upon request?  | yes |
|                   | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)  | yes |
| <b>115.51 (c)</b> | <b>Inmate reporting</b>  |     |
|                   | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  | yes |
|                   | Does staff promptly document any verbal reports of sexual abuse and sexual harassment?   | yes |
| <b>115.51 (d)</b> | <b>Inmate reporting</b>  |     |
|                   | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  | yes |
| <b>115.52 (a)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                   | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no  |

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| <b>115.52 (b)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                   | Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)   | yes |
|                   | Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  | yes |
| <b>115.52 (c)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                   | Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)   | yes |
|                   | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  | yes |
| <b>115.52 (d)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                   | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)                            | yes |
|                   | If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
|                   | At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)   | yes |

| 115.52 (e) | Exhaustion of administrative remedies  |     |
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|            | Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  | yes |
|            | Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
|            | If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)   | yes |

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| <b>115.52 (f)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                   | Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  | yes |
|                   | After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
|                   | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)   | yes |
|                   | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  | yes |
|                   | Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  | yes |
|                   | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  | yes |
|                   | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)   | yes |
| <b>115.52 (g)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                   | If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)   | yes |

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| <b>115.53 (a)</b> | <b>Inmate access to outside confidential support services</b>   |     |
|                   | Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?     | yes |
|                   | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.) | na  |
|                   | Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  | yes |
| <b>115.53 (b)</b> | <b>Inmate access to outside confidential support services</b>   |     |
|                   | Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  | yes |
| <b>115.53 (c)</b> | <b>Inmate access to outside confidential support services</b>   |     |
|                   | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  | yes |
|                   | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  | yes |
| <b>115.54 (a)</b> | <b>Third-party reporting</b>  |     |
|                   | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?   | yes |
|                   | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?   | yes |

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| <b>115.61 (a)</b> | <b>Staff and agency reporting duties</b>   |     |
|                   | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?   | yes |
|                   | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  | yes |
|                   | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?                         | yes |
| <b>115.61 (b)</b> | <b>Staff and agency reporting duties</b>   |     |
|                   | Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| <b>115.61 (c)</b> | <b>Staff and agency reporting duties</b>   |     |
|                   | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?   | yes |
|                   | Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  | yes |
| <b>115.61 (d)</b> | <b>Staff and agency reporting duties</b>   |     |
|                   | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?   | yes |
| <b>115.61 (e)</b> | <b>Staff and agency reporting duties</b>   |     |
|                   | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?   | yes |

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| <b>115.62 (a)</b> | <b>Agency protection duties</b>  |     |
|                   | When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  | yes |
| <b>115.63 (a)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                   | Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| <b>115.63 (b)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                   | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  | yes |
| <b>115.63 (c)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                   | Does the agency document that it has provided such notification?   | yes |
| <b>115.63 (d)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                   | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?   | yes |

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| <b>115.64 (a)</b> | <b>Staff first responder duties</b>   |     |
|                   | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?   | yes |
|                   | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  | yes |
|                   | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?     | yes |
|                   | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| <b>115.64 (b)</b> | <b>Staff first responder duties</b>   |     |
|                   | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  | yes |
| <b>115.65 (a)</b> | <b>Coordinated response</b>   |     |
|                   | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?   | yes |
| <b>115.66 (a)</b> | <b>Preservation of ability to protect inmates from contact with abusers</b>   |     |
|                   | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?                             | yes |

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| <b>115.67 (a)</b> | <b>Agency protection against retaliation</b>  |     |
|                   | Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  | yes |
|                   | Has the agency designated which staff members or departments are charged with monitoring retaliation?   | yes |
| <b>115.67 (b)</b> | <b>Agency protection against retaliation</b>  |     |
|                   | Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |

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| <b>115.67 (c)</b> | <b>Agency protection against retaliation</b>  |     |
|                   | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?          | yes |
|                   | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
|                   | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  | yes |
|                   | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  | yes |
|                   | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?   | yes |
|                   | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?   | yes |
|                   | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  | yes |
|                   | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?   | yes |
|                   | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  | yes |
| <b>115.67 (d)</b> | <b>Agency protection against retaliation</b>  |     |
|                   | In the case of inmates, does such monitoring also include periodic status checks?   | yes |

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| <b>115.67 (e)</b> | <b>Agency protection against retaliation</b>   |     |
|                   | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  | yes |
| <b>115.68 (a)</b> | <b>Post-allegation protective custody</b>  |     |
|                   | Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  | yes |
| <b>115.71 (a)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
|                   | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)  | yes |
| <b>115.71 (b)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  | yes |
| <b>115.71 (c)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?   | yes |
|                   | Do investigators interview alleged victims, suspected perpetrators, and witnesses?   | yes |
|                   | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  | yes |
| <b>115.71 (d)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?   | yes |

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| <b>115.71 (e)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?   | yes |
|                   | Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?   | yes |
| <b>115.71 (f)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?   | yes |
|                   | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  | yes |
| <b>115.71 (g)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?   | yes |
| <b>115.71 (h)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?   | yes |
| <b>115.71 (i)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?   | yes |
| <b>115.71 (j)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?   | yes |
| <b>115.71 (l)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |

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| <b>115.72 (a)</b> | <b>Evidentiary standard for administrative investigations</b>  |     |
|                   | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?   | yes |
| <b>115.73 (a)</b> | <b>Reporting to inmates</b>  |     |
|                   | Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  | yes |
| <b>115.73 (b)</b> | <b>Reporting to inmates</b>  |     |
|                   | If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  | yes |
| <b>115.73 (c)</b> | <b>Reporting to inmates</b>  |     |
|                   | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?  | yes |
|                   | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?   | yes |
|                   | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?      | yes |
|                   | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |

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| <b>115.73 (d)</b> | <b>Reporting to inmates</b>   |     |
|                   | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?   | yes |
|                   | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  | yes |
| <b>115.73 (e)</b> | <b>Reporting to inmates</b>   |     |
|                   | Does the agency document all such notifications or attempted notifications?   | yes |
| <b>115.76 (a)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                   | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  | yes |
| <b>115.76 (b)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                   | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  | yes |
| <b>115.76 (c)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                   | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| <b>115.76 (d)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                   | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?  | yes |
|                   | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?   | yes |

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

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| <b>115.78 (f)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?   | yes |
| <b>115.78 (g)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  | yes |
| <b>115.81 (a)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).              | na  |
| <b>115.81 (b)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)                            | na  |
| <b>115.81 (c)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).                  | yes |
| <b>115.81 (d)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |

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| <b>115.81 (e)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?                               | yes |
| <b>115.82 (a)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                   | Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| <b>115.82 (b)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                   | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?   | yes |
|                   | Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  | yes |
| <b>115.82 (c)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                   | Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?          | yes |
| <b>115.82 (d)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                   | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  | yes |
| <b>115.83 (a)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  | yes |

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| <b>115.83 (b)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  | yes |
| <b>115.83 (c)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | Does the facility provide such victims with medical and mental health services consistent with the community level of care?   | yes |
| <b>115.83 (d)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)   | yes |
| <b>115.83 (e)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| <b>115.83 (f)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?   | yes |
| <b>115.83 (g)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  | yes |

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| <b>115.83 (h)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) | na  |
| <b>115.86 (a)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                   | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?   | yes |
| <b>115.86 (b)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                   | Does such review ordinarily occur within 30 days of the conclusion of the investigation?  | yes |
| <b>115.86 (c)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                   | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?   | yes |

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| <b>115.86 (d)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                   | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?   | yes |
|                   | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
|                   | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  | yes |
|                   | Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  | yes |
|                   | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  | yes |
|                   | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?     | yes |
| <b>115.86 (e)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                   | Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  | yes |
| <b>115.87 (a)</b> | <b>Data collection</b>  |     |
|                   | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  | yes |
| <b>115.87 (b)</b> | <b>Data collection</b>  |     |
|                   | Does the agency aggregate the incident-based sexual abuse data at least annually?   | yes |
| <b>115.87 (c)</b> | <b>Data collection</b>  |     |
|                   | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  | yes |

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| <b>115.87 (d)</b> | <b>Data collection</b>   |     |
|                   | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?   | yes |
| <b>115.87 (e)</b> | <b>Data collection</b>   |     |
|                   | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)   | na  |
| <b>115.87 (f)</b> | <b>Data collection</b>   |     |
|                   | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)   | na  |
| <b>115.88 (a)</b> | <b>Data review for corrective action</b>   |     |
|                   | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?   | yes |
|                   | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  | yes |
|                   | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| <b>115.88 (b)</b> | <b>Data review for corrective action</b>   |     |
|                   | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  | yes |
| <b>115.88 (c)</b> | <b>Data review for corrective action</b>   |     |
|                   | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?   | yes |

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| <b>115.88 (d)</b>  | <b>Data review for corrective action</b>  |     |
|                    | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?   | yes |
| <b>115.89 (a)</b>  | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  | yes |
| <b>115.89 (b)</b>  | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?   | yes |
| <b>115.89 (c)</b>  | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  | yes |
| <b>115.89 (d)</b>  | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?   | yes |
| <b>115.401 (a)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |

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| <b>115.401 (b)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)   | yes |
|                    | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)   | na  |
|                    | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)  | na  |
| <b>115.401 (h)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Did the auditor have access to, and the ability to observe, all areas of the audited facility?  | yes |
| <b>115.401 (i)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  | yes |
| <b>115.401 (m)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?   | yes |
| <b>115.401 (n)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?   | yes |
| <b>115.403 (f)</b> | <b>Audit contents and findings</b>  |     |
|                    | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | na  |