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

- **Interim**
- **Final**

**Date of Report:** January 3, 2018

## Auditor Information

<table>
<thead>
<tr>
<th>Name: Donald Chadwick</th>
<th>Email: <a href="mailto:donald.chadwick@nakamotogroup.com">donald.chadwick@nakamotogroup.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Name:</strong> The Nekamoto Group, Inc.</td>
<td></td>
</tr>
<tr>
<td><strong>Mailing Address:</strong> 11820 Parklawn Drive, Suite 240</td>
<td><strong>City, State, Zip:</strong> Rockville, Maryland 20852</td>
</tr>
<tr>
<td><strong>Telephone:</strong> (919) 208-8776</td>
<td><strong>Date of Facility Visit:</strong> December 5-7, 2017</td>
</tr>
</tbody>
</table>

## Agency Information

<table>
<thead>
<tr>
<th><strong>Name of Agency:</strong> Snohomish County Corrections Bureau</th>
<th><strong>Governing Authority or Parent Agency (If Applicable):</strong> Snohomish County Sheriff's Office</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Address:</strong> 3025 Oakes Avenue</td>
<td><strong>City, State, Zip:</strong> Everett, WA 98201</td>
</tr>
<tr>
<td><strong>Mailing Address:</strong> 3000 Rockefeller Avenue, M/S 509</td>
<td><strong>City, State, Zip:</strong> Everett, WA 98201</td>
</tr>
<tr>
<td><strong>Telephone:</strong> (425) 388-3575</td>
<td><strong>Is Agency accredited by any organization?</strong> ☐ Yes ☒ No</td>
</tr>
<tr>
<td><strong>The Agency Is:</strong> ☒ County</td>
<td>☐ Military ☐ Private for Profit ☐ Private not for Profit</td>
</tr>
<tr>
<td>☐ Municipal</td>
<td>☐ State ☐ Federal</td>
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**Agency mission:** To provide safe communities through dedicated and professional service. The Corrections Bureau serves the community and criminal justice system by providing safe, secure, humane and cost-effective detention in accordance with constitutional guidelines. Corrections Bureau staff and facilities provide protection to the community through secure detention of both pretrial detainees and those sentenced on criminal matters.

**Agency Website with PREA Information:** [www.snohomishcountywa.gov/2479/Prison-Rape-Elimination-Act](http://www.snohomishcountywa.gov/2479/Prison-Rape-Elimination-Act)

## Agency Chief Executive Officer

<table>
<thead>
<tr>
<th><strong>Name:</strong> Robert &quot;Ty&quot; Trenary</th>
<th><strong>Title:</strong> Sheriff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Email:</strong> <a href="mailto:ty.trenary@snoco.org">ty.trenary@snoco.org</a></td>
<td><strong>Telephone:</strong> (425) 388-3614</td>
</tr>
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</table>

## Agency-Wide PREA Coordinator
<table>
<thead>
<tr>
<th>Name</th>
<th>Kimberly Parker</th>
<th>Title</th>
<th>Classification Supervisor/PREA Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:Kimberly.parker@snoco.org">Kimberly.parker@snoco.org</a></td>
<td>Telephone</td>
<td>(425) 388-3575</td>
</tr>
<tr>
<td>PREA Coordinator Reports to:</td>
<td>(PREA) Tony Aston, Corrections Bureau Chief; (Operations) Captain Daniel Stites</td>
<td>Number of Compliance Managers who report to the PREA Coordinator:</td>
<td>1</td>
</tr>
</tbody>
</table>

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>Snohomish County Corrections Bureau (SCCB)</th>
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<tbody>
<tr>
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<td>3000 Rockefeller Avenue, M/S 509, Everett, WA 98201</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>(425) 388-3395</td>
</tr>
</tbody>
</table>

The Facility Is:
- [ ] Military
- [ ] Private for profit
- [ ] Private not for profit
- [ ] Municipal
- [ ] County
- [ ] State
- [ ] Federal

Facility Type:
- [X] Jail
- [ ] Prison

Facility Mission: The Corrections Bureau serves the community and criminal justice system by providing safe, secure, humane and cost-effective detention in accordance with constitutional guidelines. Corrections Bureau staff and facilities provide protection to the community through secure detention of both pretrial detainees and those sentenced on criminal matters.

Facility Website with PREA Information: [www.snohomishcountywa.gov/2479/Prison-Rape-Eliminator-Act](http://www.snohomishcountywa.gov/2479/Prison-Rape-Eliminator-Act)

**Warden/Superintendent**

<table>
<thead>
<tr>
<th>Name</th>
<th>Tony Aston</th>
<th>Title</th>
<th>Bureau Chief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:tony.aston@snoco.org">tony.aston@snoco.org</a></td>
<td>Telephone</td>
<td>(425) 388-3616</td>
</tr>
</tbody>
</table>

**Facility PREA Compliance Manager**

<table>
<thead>
<tr>
<th>Name</th>
<th>Tony Aston</th>
<th>Title</th>
<th>Bureau Chief</th>
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<td>Telephone</td>
<td>(425) 388-3616</td>
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**Facility Health Service Administrator**

<table>
<thead>
<tr>
<th>Name</th>
<th>Alta Langdon</th>
<th>Title</th>
<th>Health Services Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:alta.langdon@snoco.org">alta.langdon@snoco.org</a></td>
<td>Telephone</td>
<td>(425) 388-3821</td>
</tr>
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</table>

**Facility Characteristics**
Designated Facility Capacity: 1025  Current Population of Facility: 927

Number of inmates admitted to facility during the past 12 months: 19,066 (Sept 2016-August 2017)

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: 340

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: 1,067

Number of inmates on date of audit who were admitted to facility prior to August 20, 2012: 0

Age Range of Population: Youthful Inmates Under 18: (17 range) under 18 Adults: 18-65+ years of age

Are youthful inmates housed separately from the adult population? Yes ☑️ No ☐ NA

Number of youthful inmates housed at this facility during the past 12 months: 2

Average length of stay or time under supervision: Adults-14.8 days; Youthful-5 days

Facility security level/inmate custody levels: Minimum; Medium; Maximum

Number of staff currently employed by the facility who may have contact with inmates: 347

Number of staff hired by the facility during the past 12 months who may have contact with inmates: 29

Number of contracts in the past 12 months for services with contractors who may have contact with inmates: 28

Physical Plant

Number of Buildings: 2  Number of Single Cell Housing Units: 7

Number of Multiple Occupancy Cell Housing Units: 18

Number of Open Bay/Dorm Housing Units: 3

Number of Segregation Cells (Administrative and Disciplinary): 119

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):
SCCB has video monitoring technology (67A [cameras]) strategically placed in housing, visiting, administrative, work and program areas of the facility. Monitoring is capable from selective office locations and the Control Centers. Control Centers are in each of the building [ ] housing inmates. Video retention is approximately 60 days.

Medical

Type of Medical Facility: On-site clinic; off-site hospital

Forensic sexual assault medical exams are conducted at: Providence Regional Medical Center, Everett, WA
| Other |
|-----------------|----------------|
| **Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:** | 546 |
| **Number of investigators the agency currently employs to investigate allegations of sexual abuse:** | 6 SIU Detectives |
Audit Findings

Audit Narrative

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the Snohomish County Corrections Bureau (SCCB) was conducted December 5-7, 2017, by The Nakamoto Group, Inc. auditor Donald Chadwick. When the auditor first arrived at the facility, an in-briefing meeting was held with the following SCCB administrative officials: the Corrections Bureau Chief, the agency PREA Compliance Coordinator (PCC), the Health Services Administrator, the Major, and Captains and Lieutenants in charge of administrative, operations, training and information technology functions. After the in-briefing, the auditor conducted an extensive tour of the facility.

The standards used for this audit became effective August 20, 2012. The last PREA Audit of SCCB was conducted December 1-3, 2014. Prior to the on-site visit, the auditor discussed the information contained in the Pre-Audit Questionnaire (PAQ) with the agency PREA Compliance Coordinator. The agency head was interviewed during the on-site visit. As part of the pre-audit process, a review of the agency’s PREA policy, as well as supporting documentation, was conducted. A tentative audit schedule was discussed. During the on-site tour, the auditor reviewed PREA related documentation and materials located on bulletin boards and entries made in electronic logs. The auditor also tested the capability of telephone access to outside independent advocacy reporting facilities, assessed camera surveillance, physical supervision and electronic monitoring capabilities, and discussed the practical implementation of the standards with housing unit detention officers, intake staff, and other staff on the tour route. Areas of focus, during the facility tour, included, but were not limited to, levels of staff supervision, video monitoring and limits to cross gender viewing. Later during the on-site audit, private interviews were conducted with 12 random and 11 specialized staff, as well as a random selection of inmates.

A total of 30 inmates were identified for private interviews, to include one who was physically disabled; one who was sight impaired; three who were limited English proficient (LEP); one who suffered cognitive impairment; one who reported abuse; four who alleged abuse during initial screening; and two who self-identified as being members of the LGBTI community. There were no inmates involuntarily segregated due to being at high risk of victimization. One offender contacted the auditor via letter, but could not be interviewed due to safety/security factors affecting the offender’s inability to participate in a private interview. The concerns of this offender were conveyed to staff to determine if any allegations required investigation. There were no transgender or youthful inmates housed during the on-site audit period.

Staff interviews covered training, protections implemented to limit cross gender viewing, reporting mechanisms for staff and inmates and first responder duties. Inmate interviews covered intake screening for victimization risks or other PREA vulnerabilities, knowledge of reporting mechanisms, victim advocacy services, and mental health referrals and follow-up as needed.

File sampling was conducted in the human resources, training, classification, volunteer coordinator and investigative sections. Documents related to background investigations for new employees, as well as staff considered for promotions, were reviewed. The background clearance documentation for volunteers and contractors was sampled. Additionally, PREA training documentation for staff, volunteers and contractors was reviewed. Classification documents were reviewed to assess an
inmate's propensity for sexual victimization or abusiveness. Files related to inmate referrals for mental health follow-up were also reviewed. The auditor spent three days on-site.

The following agency policies serve as the primary directives to guide operational and performance compliance for the PREA: Snohomish County Sheriff's Office Law Enforcement Manual, Section 905, and the accompanying PREA Standard Operating Procedure (SOP) "Corrections Bureau Prison Rape Elimination Act (PREA) Policy" Revision 3, dated May 9, 2014.

**Facility Characteristics**

Snohomish County Corrections Bureau is located in downtown Everett, WA, approximately 25 miles north of Seattle. The facility opened in 1980 and was renovated and expanded in 2005. SCCB is the detention/corrections division of the Snohomish County Sheriff's Office. SCCB is comprised of two buildings (Oakes Avenue and Wall Street) which house inmates and is adjacent to the County Sheriff and governmental office building complex for Snohomish County, WA. SCCB is a jail type facility with a designated capacity of 1025. The facility houses male and female inmates, and serves as a multi-security detention facility for pre-trial and sentenced inmates. The facility houses inmates with varying programming, mental health and substance abuse needs which are prevalent within the offender population. Inmates are housed in accordance with assessed security requirements, as well as mental health and substance abuse concerns. Mental health services are provided on-site. There are limited work assignments within the facility. Male inmates work in the kitchen and some female inmates work in the laundry. Other inmates work as housing orderlies. The facility count was 927 on the first day of the audit. There are seven single-cell housing units, 18 multiple occupancy cell units and three open bay sections. Each housing unit has two floors and a day room. Toilets are located within the cells and showers are located on each floor of the housing units. The booking area contains holding cells with toilets located behind privacy walls. Observation cells contain toilets and detention officers are required to conduct frequent security checks which allow for incidental viewing. Administrative segregation beds are imbedded within multiple housing units, depending on program needs and security requirements. Monitoring of the housing sections is maintained by staff located in Control Centers, one each located in the Oakes and Wall Street buildings.

The PAQ revealed an authorized staff complement of 347 and video cameras strategically placed within the facility. The November 2017 staffing analysis revealed no systemic vacancy or staff retention variables negatively affecting the ability of staff to adequately supervise the inmate population. The housing and work areas contain open sightlines with camera coverage.

During the audit period, the facility presented a professional correctional atmosphere. There is a continual relationship occurring between local law enforcement, the court system, other outside agencies and the inmates' families. The auditor perceived the climate of the facility to be good with sufficient and appropriate communication avenues among staff and inmates. PREA indicators revealed 31 PREA allegations being managed over the last 12 months or since the last PREA audit.

SCCB and its parent agency, Snohomish County Sheriff’s Office’s Special Investigative Unit (SIU), conduct administrative and criminal sexual abuse and sexual harassment investigations as required by the nature of the allegation and status of the alleged perpetrator or victim.
There were 10 substantiated sexual abuse or sexual harassment allegations at SCCB over the period referenced in the PAQ. Facility staff conducted 17 investigations into sexual harassment allegations. The SIU within the Sheriff's Office conducted 14 sexual abuse investigations applicable to this audit period.

**Summary of Audit Findings**

When the on-site audit was completed, an exit briefing was held to discuss the audit findings. A corrective action plan was required for standard 115.67 (retaliation monitoring) and 115.73 (reporting to inmates). The auditor discussed the implementation of an acceptable corrective action plan with the Sheriff, the agency PREA Coordinator and the SCCB Chief. The auditor was provided with extensive and comprehensive documentation prior to and during the audit for review to support any conclusion of compliance to the PREA. The facility staff were found to be extremely courteous, cooperative and professional. Staff morale appeared to be very good and the observed staff/inmate relationships were determined to be good. All areas of the facility were observed to be clean and well maintained. After the audit, the auditor thanked the Sheriff, the Corrections Bureau Chief and staff for their hard work and dedication to the PREA audit process. In addition to the PREA auditor, the following facility and agency personnel attended the exit briefing: Sheriff Robert "Ty" Trenary, Undersheriff Rob Beidler, SCCB Chief Tony Aston, SCCB Major Jamie Kane, SCCB PREA Compliance Coordinator Kimberly Parker, SCCB Captain Dan Stites and SCCB Captain Kevin Young. The facility staff were commended on their hospitality and the climate of professionalism within the facility.

The auditor concluded, through observation, interviews and the review of policies and documentation, that staff and inmates were knowledgeable concerning their responsibilities involving the PREA. During the interviews, staff and inmates acknowledged awareness of the facility's zero tolerance policy against sexual abuse. This philosophy has been fully institutionalized. Through a coordinated use of the agency staffing plan, daily rosters and master rosters, staffing levels are monitored to ensure PREA compliance and to provide sufficient supervisory resources to the inmate population. Electronic monitoring is effective in augmenting security staff physical supervision. Supervisory staff are diligent in making random security checks.

As a result of the audit, corrective action was required and implemented to ensure there are procedures in place for the practical implementation of retaliation monitoring. Similarly, corrective action was required and implemented to ensure that inmates who alleged sexual abuse and sexual harassment are notified of the outcome of the respective investigation. During the post-audit phase, the auditor verified that appropriate corrective action was implemented. The current PREA Compliance Coordinator was appointed in April 2016 and, upon discovering that annual reports had not been completed for 2014 and 2015, developed a report which included incident data for a three-year period. There is a plan in place to make the annual report more informative in providing an analysis of incident data.

The facility has adaptive measures in place to ensure disabled and LEP inmates, as required, can participate in or benefit from all aspects of the PREA. Hiring and promotion practices are consistent with sexual safety measures. The facility has appropriate medical and victim advocacy networks in place and available, if needed. PREA education and training is documented. Inmates acknowledged
admissions screening regarding a history of sexual abuse or victimization, and whether they would like to identify a sexual preference. Intake, classification and medical/mental health intake processes are efficient and seamless in addressing referrals based on victimization or abusiveness screening data. Related documentation is organized and stored in information systems available on a need-to-know basis. Available PREA reporting mechanisms are conveyed in a conspicuous manner to inmates and staff members are aware of the reporting processes available to them. Systems are in place for coordinated responses to incidents of sexual abuse, if needed. The facility has sufficiently trained investigative personnel to handle administrative investigations and uses the Snohomish County Sheriff’s Office SIU law enforcement personnel to provide administrative guidance, investigate staff related abuse allegations and to handle criminal investigations. Staff indicated adequate training in all aspects of the PREA, particularly first responder duties or actions to take, in the event of a report of a PREA related incident.

Number of Standards Exceeded: 0

Number of Standards Met: 45

SCCB does not contract with other jurisdictions for the confinement of inmates. SCCB does not use an Administrative Remedy process to address inmate grievances regarding sexual abuse. The facility is in full compliance with 115.12 and 115.52.

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

During the post-audit phase, the facility implemented corrective action for PREA standard 115.67(c)(d). Additionally, corrective action was developed and implemented for PREA Standard 115.73(a). The facility developed additional written directives for retaliation monitoring, appointed a retaliation monitor, and developed a tracking and documentation process. This process has been implemented for allegations reported since November 2017. The facility developed a process to ensure inmates are notified of the outcome of sexual abuse and sexual harassment investigations by providing primary written documentation to the offender. This process was implemented for all inmates still in custody. The availability of an analysis of aggregated data on the agency’s public website requires enhancement. The annual report does not include a comparison of the current year’s data and corrective actions with those from prior years or provide an assessment of the agency’s progress in addressing sexual abuse. The current PREA Compliance Coordinator has served in this capacity since April 2016 and has put a plan in place to provide enhanced analysis of incident based data.
PREVENTION PLANNING

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

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

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  ☒ Yes  ☐ No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  ☒ Yes  ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  ☒ Yes  ☐ No

- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  ☒ Yes  ☐ No

- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  ☒ Yes  ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  ☐ Yes  ☐ No  ☒ NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  ☒ Yes  ☐ No  ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

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

SCCB Policy 095 and SOP (Prison Rape Elimination Act) are the governing policies regarding this standard. Additionally, the agency's organizational chart supports accomplishing the baseline requirements of the dedicated PREA compliance personnel part of the standard. The PREA Compliance Coordinator (PCC) has sufficient time and authority, resources and support, to ensure SCCB implements agency policies regarding zero tolerance to sexual abuse and sexual harassment. Based on staff and inmate interviews, coupled with printed information, didactic, and other training methods, SCCB maintains a consistent focus on preventing sexual abuse and sexual harassment. The agency PCC works with the SCCB Chief who serves as the PREA Compliance Manager. The bureau Chief's role as the PREA Compliance Manager (PCM) adds additional emphasis to the importance given to PREA compliance objectives. The agency PCC has sufficient time, resources and access to Snohomish County Sheriff's Office headquarters level staff to ensure PREA compliance issues are prioritized. SCCB policy establishes a zero tolerance level of sexual abuse and sexual harassment. The agency's zero tolerance policy against sexual abuse is clearly established. The above referenced policy also outlines the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment.

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

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

**115.12 (a)**

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity’s obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) □ Yes □ No □ NA

**115.12 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO"). □ Yes □ No □ NA

**Auditor Overall Compliance Determination**

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

Does Not Meet Standard  *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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The SCCB does not contract with other entities for the confinement of inmates.

**Standard 115.13: Supervision and monitoring**

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

**115.13 (a)**

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

• Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? □ Yes □ No

• Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? □ Yes □ No

• Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? □ Yes □ No □ NA

• Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? □ Yes □ No

• Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? □ Yes □ No

• Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? □ Yes □ No

115.13 (b)

• In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) □ Yes □ No □ NA

115.13 (c)

• In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? □ Yes □ No

• In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? □ Yes □ No

• In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? □ Yes □ No

115.13 (d)
- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☑ Yes ☐ No

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

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☑ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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SCCB’s staffing planning is governed by the Snohomish County Sheriff’s Office Command Staff. The facility uses a system of video monitoring which supplements staffing levels developed consistent with correctional industry standards, fiscal and programmatic requirements. The staffing plans process has been sensitive to consultant reports prepared in 2013 and 2014 regarding jail operational issues. SCCB’s security staffing plans and analysis emphasizes the filling of posts considered “mandatory” fill posts on the graveyard, day and swing shifts. Documentation was reviewed that reflected no deviations from the established staffing plan. Security staffing adjustments are made and documented as necessary by overtime utilization. SCCB has conducted staffing assessments and determined that video cameras are located strategically throughout the facility to assist in providing a safe environment and to augment staff supervision. Additionally, SCCB’s PREA policy requires regular unannounced rounds of housing units and program areas. A tour of living, work and programming areas of the facility revealed adequate monitoring mechanisms, inclusive of staff and electronic monitoring capabilities. Staffing analysis documentation was reviewed and was found to be supportive of SCCB’s compliance with supervision and monitoring objectives.

Standard 115.14: Youthful Inmates

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

115.14 (a)
- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☑ Yes ☐ No ☐ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☑ Yes ☐ No ☐ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☑ Yes ☐ No ☐ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☑ Yes ☐ No ☐ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☑ Yes ☐ No ☐ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☑ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☑ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

SCCB’s PREA policy, Sec. V.4, addresses the requirements of this standard. The Snohomish County Sheriff’s Office does not normally house persons less than 18 years of age in its facilities. In some
circumstances, when a youthful offender becomes a management problem, the offender may be transferred to the custody of the Snohomish County Sheriff’s Office-Corrections Bureau. During the audit period, one housing unit was capable of housing youthful inmates (if required) which would provide sight and sound separation from adult inmates, relative to shower areas, sleeping areas, shared dayroom or other common space. During the audit period, there were no youthful inmates placed in the same housing unit as adults. There is direct supervision, as required, if a youthful offender is outside of the housing unit. During the audit period, SCCB documented exigent circumstances, when a youthful offender’s access to programs or large muscle exercise was denied. Additionally, during the audit period, there were two youthful inmates placed in isolation in order to separate them from adult inmates. During the on-site PREA audit visit, there were no youthful inmates housed at SCCB.

**Standard 115.15: Limits to cross-gender viewing and searches**

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

**115.15 (a)**

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

**115.15 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  ☒ Yes  ☐ No  ☐ NA
  - Does the facility always refrain from restricting female inmates’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  ☒ Yes  ☐ No  ☐ NA

**115.15 (c)**

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

**115.15 (d)**

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?
  - ☒ Yes  ☐ No
• Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes □ No

115.15 (e)

• Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes □ No

• If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes □ No

115.15 (f)

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

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

Auditor Overall Compliance Determination

□  Exceeds Standard (Substantially exceeds requirement of standards)

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

□  Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

SCCB's PREA policy, Sec. VII, addresses the requirements of this standard. SCCB policy provides guidance to staff regarding cross gender searches and viewing. SCCB operating procedures do not permit cross gender pat searches of female inmates. SCCB operating procedures direct that cross-gender frisk searches of male and transgender inmates are to be done in a professional manner and in the least intrusive manner possible. Policy supports the privacy of inmates when using showers and the toilet facilities. SCCB policy prohibits the examining of transgender inmates or intersex inmates for the sole purpose of determining their genital status. SCCB policies and procedures are compliant with
PREA objectives to limit cross gender searches and viewing. Cross gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. SCCB staff indicated they received cross-gender pat search training during initial and annual training. The auditor verified training by examining course outlines. The facility has an established. This practice was exhibited during the on-site audit. It was recommended that in addition to an audible announcement, that the customary log entry made at the time of entrance, specify that a "male or female", as applicable, entered the unit. During the tour of the facility, the auditor concluded that controls were in place to limit cross gender viewing, except for incidental viewing, during security related housing unit rounds.

Toilets are located within cells or separated by privacy walls in the holding cells. Shower curtains are used to limit direct sightlines to inmates, when showering or changing clothes. Unit logs were examined to ensure that the entrance into the housing units by opposite gender staff was logged as prescribed by policy. Staff and inmate interviews corroborated proper implementation of policy. The above described actions and factors support substantial compliance with this standard. There have not been any instances of cross gender strip or body cavity searches during the applicable audit period.

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

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

**115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No

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- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☐ Yes ☒ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

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

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SCCB’s PREA policy, Sec. VI, governs compliance initiatives in meeting the standard on ensuring inmates with disabilities and inmates who are limited English proficient have 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. Inmates admitted to SCCB receive printed orientation materials written in English, as well as Spanish (the primary LEP category). The auditor reviewed printed PREA materials in Spanish. The auditor also reviewed video PREA presentations in Spanish. Interviews with staff and inmates confirmed the availability of adaptive measures used to ensure PREA deliverables are explained to inmates who may have language, physical or cognitive impairments. SCCB policy requires that staff personally explain the “Zero Tolerance” policy of PREA to inmates who cannot read, have a low reading skill level or who have cognitive or developmental disabilities. SCCB policy does not support the use of inmate interpreters, inmate readers, or other types of inmate assistants, except in limited circumstances where an extended delay could compromise inmate safety. This philosophy was corroborated in staff interviews. SCCB also has an established contract for phone interpretation services with AT&T Language Line which covers multiple languages. The auditor used this line to conduct an interview and reviewed the supporting documentation. Employees at SCCB present PREA information to its population upon their admission to the facility. SCCB has fully institutionalized this standard. The above policies, practices and procedures support compliance with this standard.

**Standard 115.17: Hiring and promotion decisions**

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☑ Yes □ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☑ Yes □ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☑ Yes □ No
Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

**115.17 (b)**

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

**115.17 (c)**

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

Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

**115.17 (d)**

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

**115.17 (e)**

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

**115.17 (f)**

Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes  ☐ No

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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SCCB's PREA policy, Sec. IV, governs compliance with hiring and promotion decisions for employees, contractors and volunteers. This policy prohibits SCCB from hiring or promoting anyone who may have contact with inmates, and prohibits the services of any contractor who may have contact with inmates: who have engaged in sexual abuse, been convicted of engaging or attempting to engage in sexual activity by force or coercion, or have been civilly or administratively adjudicated to have engaged in such activity as described above. The SCCB policy requires an affirmative duty to report and addresses non-self-disclosure or material omission's effects on employment. SCCB policy allows information regarding substantiated sexual abuse/sexual harassment allegations to be provided to a perspective employer if a written request is received. SCCB executes hiring procedures through a comprehensive selection screening process. The facility collects background information via the employment application process, via fingerprints and information regarding past employment histories.
The facility conducts criminal history inquiries. The facility also solicits information on any past convictions, civil or administrative adjudications on engaging or attempting to engage in sexual abuse and sexual harassment activities. The facility also conducts reference checks. During the on-site audit, a human resources staff member was interviewed and a sample of background screening and tracking files were reviewed. This review substantiated a thorough hiring and promotion screening process. The five-year background tracking system was also reviewed. Based upon a compliant policy and the practical implementation of such, SCCB meets all the mandates of this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
  □ Yes □ No □ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
  □ Yes □ No □ NA

Auditor Overall Compliance Determination

□ Exceeds Standard (Substantially exceeds requirement of standards)

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

□ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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SCCB added two cameras and one monitor since the last PREA audit in December 2014.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (b)

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

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No

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

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

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

115.21 (d)
- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

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

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

115.21 (e)

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

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

**Auditor Overall Compliance Determination**

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

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

☐ Does Not Meet Standard *(Requires Corrective Action)*
Instructions for Overall Compliance Determination Narrative

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SCCB PREA Policy, Section X, governs this standard. The Snohomish County Sheriff's Office conducts administrative and criminal investigations of sexual abuse, sexual harassment and staff misconduct allegations. The Sheriff's Office investigative unit maintains a close professional relationship with the Snohomish County Prosecutor's Office and the SCCB. Trained SCCB staff conduct investigations of sexual harassment allegations. Sexual abuse/sexual harassment and incidents involving staff are investigated by the Special Investigations Unit of the Snohomish County Sheriff's Office. When a case is determined not to be criminal, allegations are referred to the Corrections Bureau for administrative investigation and disciplinary action as necessary. Allegations referred for criminal investigation are handled by the SIU. SCCB staff and the SIU follow the uniform evidence protocol, adapted from and or based on the most recent edition of the U.S. Department of Justice Office on Violence against Women publication. SCCB staff use a Sexual Assault Coordinated Response Checklist to document response tracking. Correctional and Health Services personnel interviewed were knowledgeable of the procedures required to secure and obtain usable evidence when sexual abuse is alleged. There were two forensic exams conducted by Sexual Assault Nurse Examiners (SANE) during the audit period. Forensic exams are conducted at the Providence Regional Medical Center in Everett, WA. A Memorandum of Understanding (MOU) for victim advocacy services exists between the SCCB and Providence Intervention Center for Assault and Abuse. The auditor reviewed the current MOU. All victims' services are provided at no cost to the offender.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

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

115.22 (b)

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

Does the agency document all such referrals? ☑ Yes ☐ No

115.22 (c)

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

115.22 (d)

Auditor is not required to audit this provision.

115.22 (e)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

SCCB PREA Policy, Section X, provides guidance to the agency and SCCB in ensuring all allegations of sexual abuse and sexual harassment receive a proper administrative or criminal investigation. The Sheriff's Office SIU reviews all sexual abuse and sexual harassment allegations and determines the administrative or criminal nature of the allegation. Trained SCCB investigators conduct administrative investigations and the Sheriff's Office SIU conducts criminal investigations, if needed. The SCCB PREA policy ensures proper procedures are followed. The policy is posted on the Snohomish County Sheriff's Office public website www.snohomishcountywa.gov. During the applicable audit period, there were 31 SCCB sexual abuse/sexual harassment allegations received (14 sexual/17 sexual harassment). Referrals were made to SIU investigators. There were eight allegations filed against staff. There were 13 criminal investigations processed. The 17 sexual harassment administrative investigations resulted in seven substantiated; eight unsubstantiated and two unfounded allegations. There were three substantiated sexual abuse allegations at SCCB over the applicable audit period, with one involving a staff member.
TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☑ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☑ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? ☑ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☑ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☑ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☑ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☑ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☑ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☑ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☑ Yes ☐ No

115.31 (b)
- Is such training tailored to the gender of the inmates at the employee’s facility? X Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? X Yes ☐ No

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

115.31 (d)
- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? X Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

SCCB PREA Policy, Section IV, is the governing policy relative to employee training. Newly hired employees receive extensive training relative to the PREA standards at initial training and all staff members having inmate contact are required to attend annual training. Employees who have contact with inmates receive training concerning the bureau’s zero tolerance policy against sexual abuse and sexual harassment, prevention, detection, reporting, the dynamics of sexual assault and sexual harassment in confinement, as well as other pertinent topics. Based on a sampling of employee records, training documentation spreadsheets, training video power point slides and employee interviews, it has been determined that all staff receive required training.
Standard 115.32: Volunteer and contractor training

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

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes  □ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes  □ No

115.32 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

SCCB PREA Policy, Section IV, is the governing policy relative to volunteer and contractor training. This policy requires all contractors and volunteers to acknowledge receipt of PREA training. Documentation was reviewed of the training curriculum and training acknowledgment forms pertaining to contractors and volunteers. Contractors and volunteers who have contact with inmates are trained on their responsibilities under the PREA. SCCB reported that all volunteers and individual contractors have received training in SCCB’s zero tolerance policy toward sexual abuse and sexual harassment as well as methods of prevention, detection and response. The auditor interviewed three
volunteer/contractor staff and reviewed additional documentation dedicated for this training purpose. Individual volunteer and contractor files sampled during the audit revealed all files contained an acknowledgment that the volunteer and contractor completed the training and understood their responsibilities relative to the PREA.

**Standard 115.33: Inmate education**

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

**115.33 (a)**

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

**115.33 (b)**

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes  ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes  ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes  ☐ No

**115.33 (c)**

- Have all inmates received such education? ☒ Yes  ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes  ☐ No

**115.33 (d)**

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes  ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes  ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

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

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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SCCB PREA Policy, Section VI, provides governance of this standard. All inmates, upon admission to the SCCB, are provided an Inmate Handbook written in English and Spanish. Included in the handbook is the SCCB’s zero tolerance philosophy on sexual abuse and sexual harassment. Within 30 days, SCCB inmates are shown an educational video on the PREA. Posters entitled “Break the Silence” are located conspicuously throughout all housing modules. These posters contain information on contacts or advocates who may be of assistance to inmates who need to report abuse to an independent agency or to other avenues of reporting outside of the agency. The auditor reviewed the completion of training documentation entered by the detention officer into the “NEW World” computer system, that all inmates were trained in PREA requirements. Transferred inmates to SCCB also receive a copy of the handbook upon admission. Staff readers, one-on-one education and language interpretation services are available for PREA education, if needed. Documentation reviewed by the auditor reveals all inmates...
received at SCCB are provided PREA information upon admission. Inmate interviews and a review of case file records confirmed their receipt of PREA orientation and education. PREA informational posting are also available throughout the facility.

**Standard 115.34: Specialized training: Investigations**

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes □ No □ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes □ No □ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes □ No □ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes □ No □ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes □ No □ NA

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.
Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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SCCB PREA Policy, Section X, requires facility and agency investigators to be trained in conducting sexual abuse investigations in confinement settings, trained in techniques for interviewing sexual abuse victims and the proper use of Miranda and Garrity Warnings, as well as sexual abuse evidence collection. Training documentation was reviewed for all investigators at the Sheriff’s Office SIU and SCCB Investigators. The documentation revealed that all investigators have received specialized PREA training.

**Standard 115.35: Specialized training: Medical and mental health care**

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No
If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) □ Yes □ No □ NA

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with SCCB PREA Policy, Section IX, all full and part-time medical and mental health staff shall complete specialized PREA training. The above procedures apply to contractors as well. If required, forensic exams are conducted at the Providence Regional Medical Center by trained Sexual Abuse Nurse Examiners. A review of training records revealed that medical and mental health personnel have received the appropriate basic and specialized PREA training. This was also substantiated through interviews with medical and mental health staff.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS
Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

▪ Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

▪ Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

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

115.41 (c)

▪ Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.41 (d)

▪ Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No

▪ Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

▪ Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

▪ Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No

▪ Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate’s criminal history is exclusively nonviolent? ☒ Yes ☐ No

▪ Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener’s perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate’s own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No

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

115.41 (f)

- Within a set time period not more than 30 days from the inmate’s arrival at the facility, does the facility reassess the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate’s risk level when warranted due to a: Referral? ☒ Yes ☐ No

- Does the facility reassess an inmate’s risk level when warranted due to a: Request? ☒ Yes ☐ No
• Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No

• Does the facility reassess an inmate’s risk level when warranted due to a: Receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness? Yes No

115.41 (h)

• Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

• Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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SCCB PREA Policy, Section V, governs the screening for risk of victimization and abusiveness upon admission to the facility. The procedures require an initial assessment to be completed within 72 hours of booking, by intake staff. Specifically, a sexual violence, victim/perpetrator screening assessment is completed to determine an inmate's risk of being sexually abused by other inmates, or, if they are at risk for being sexually abusive toward other inmates. The PREA Assessment Questionnaire is used to assign risk values for 12 variables which gauge the propensity for abusiveness or victimization. This screening tool considers all identified criteria as per standard 115.41. All scoring data is entered into the Inmate Management System database. SCCB policy requires a 30-day re-assessment screening to be conducted after booking and, as necessary, in response to alleged incidents of sexual abuse. SCCB policy prohibits inmates being disciplined for refusing to answer screening questions. SCCB conducts an affirmative re-assessment on all admissions regardless of the status of new information. The auditor reviewed a sample of cases housed for at least 30 days to determine if initial risk assessments and 30-day re-assessments are conducted in a timely manner. The auditor reviewed
documentation contained in the risk screenings and re-assessments and determined that screenings for victimization and abusiveness are conducted in compliance with the standards.

**Standard 115.42: Use of screening information**

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility or the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate’s
health and safety, and whether a placement would present management or security problems? ☑ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☑ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate’s own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☑ Yes ☐ No

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☑ Yes ☐ No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☑ Yes ☐ No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☑ Yes ☐ No

Auditor Overall Compliance Determination

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Instructions for Overall Compliance Determination Narrative

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SCCB PREA Policy, Section V, governs screening, assessment and housing. Additionally, these procedures provide policy guidance on management of bed and cell assignments, transfer procedures and booking and classification. During the booking and initial classification process, efforts are made to identify vulnerable inmates to separate them from known predators. Staff in the intake/classification unit review potential perpetrators and victims of sexual misconduct to ensure appropriate and safe housing. Housing is assigned to avoid having known sexual predators assigned to housing modules or cells with identified potential sexual assault victims. Information regarding risk propensity is recorded in the "Inmate Management System" database. This data is used to ensure proper housing and other program assignments. Risk re-assessment also occurs upon transfer, again at the 30-day interval, and when new and relevant information becomes available. SCCB did not house any transgender or intersex inmates at the time of the audit. However, SCCB operating policy and procedures provide guidance consistent with the requirements of PREA standards relative to transgender issues. The facility does not have a designated unit or housing sections for gay, bisexual, transgender or intersex inmates. Based on a review of policies, tracking reports, direct observation of housing modules with specialized populations and missions and upon interviews conducted with classification staff, the information gained via propensity screening upon booking and classification allows for housing and programming decisions consistent with the objectives of the PREA.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes  ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes  ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes  ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes  ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? 🆓 Yes  ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? 🆓 Yes  ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? 🆓 Yes  ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? 🆓 Yes  ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? 🆓 Yes  ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? 🆓 Yes  ☐ No

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

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility’s concern for the inmate’s safety? 🆓 Yes  ☐ No

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? 🆓 Yes  ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? 🆓 Yes  ☐ No

Auditor Overall Compliance Determination

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SCCB PREA Policy, Section V.3, governs the implementation of this standard. This policy prohibits inmates identified as being at high risk of sexual victimization from being placed in involuntary segregated housing unless an assessment of all available alternatives has been made and it has been determined by the shift commander that there is no available alternative means of separation from likely abusers. SCCB policy guidance is consistent with the PREA standard as it pertains to the duration of involuntary segregation, proper documentation, and access to programs and services. SCCB reported that seven inmates were deemed as being at high risk of sexual victimization and held in involuntary segregated housing during the audit period (September 2016-September 2017). At the time of the audit, there were no inmates at high risk for sexual victimization housed in involuntary segregated housing.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes  ☐ No

- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes  ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes  ☐ No

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

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

**115.51 (c)**

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

**115.51 (d)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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SCCB PREA Policy, Section VI, governs and outlines procedures for allowing multiple internal ways for inmates to report privately to agency officials about sexual abuse or sexual harassment, retaliation issues and staff neglect or violations of responsibilities that may have contributed to PREA issues. The agency provides a mechanism for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. The SCCB policy mandates that staff accept reports of sexual assault and sexual harassment made verbally, in writing anonymously and from third parties. The policies contain procedures which require staff to document verbal reports promptly and/or immediately. SCCB has supervisors available on all shifts, as well as phone and email access for all staff in order to privately report sexual abuse and sexual harassment of inmates. Staff members are informed of these procedures through new employee orientation and during annual training. Examples of reporting avenues allowed by SCCB include a hotline (#36) available to inmates, reporting issues to
a staff member, submitting a “kite” or grievance, reporting via messages or letters to the Warden or through relatives and friends. Inmates may also contact the Snohomish County Office of the Ombudsman. There are posters and other documents on display throughout the facility outlining reporting mechanisms. The postings were observed by the auditor as avenues for gaining information on reporting. All inmates interviewed indicated they had been advised of the multiple ways to report sexual abuse and sexual harassment. Additionally, SCCB inmates are provided a variety of reading materials in English and Spanish which contain information on reporting PREA issues.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. □ Yes □ No □ NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) □ Yes □ No □ NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) □ Yes □ No □ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) □ Yes □ No □ NA

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) □ Yes □ No □ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) □ Yes □ No ✗ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) □ Yes □ No ✗ NA

### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) □ Yes □ No ✗ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) □ Yes □ No ✗ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? (N/A if agency is exempt from this standard.) □ Yes □ No ✗ NA

### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ✗ Yes □ No □ NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). □ Yes □ No ✗ NA

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

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

• Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) □ Yes  □ No  ☒ NA

• Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) □ Yes  □ No  ☒ NA

115.52 (g)

• If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) □ Yes  □ No  □ NA

Auditor Overall Compliance Determination

□ Exceeds Standard (Substantially exceeds requirement of standards)

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

□ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

SCCB PREA Policy, Section VI.4, excludes grievances pertaining to sexual abuse from the SCCB administrative grievance process, as they are not subject to the rules, procedures or timelines of the grievance process.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

• Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes  □ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available from local, State, or national immigrant services agencies? ☒ Yes ☐ No

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

**115.53 (b)**

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

**115.53 (c)**

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

**Instructions for Overall Compliance Determination Narrative**

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SCCB PREA Policy, Section VI.1d, governs inmate access to outside confidential support. SCCB makes available contact information for outside agencies and victim advocate services that provide emotional support for victims of sexual assault. SCCB has a Memorandum of Understanding (MOU) with the Providence Intervention Center for Assault and Abuse (PRMCE) to provide capability for hotline reporting for sexual assaults and victim advocacy services for inmates. In addition to hotline reporting, PRMCE provides SANE to conduct forensic examinations when warranted; provides certified sexual abuse advocates with special PREA training to jail inmates; and will provide pamphlets and
literature describing their services and contact information for distribution by SCCB to inmates. The facility provides mailing addresses and telephone numbers for PRMCE. The facility enables reasonable communication between inmates and victim advocacy organizations and agencies in as confidential manner as possible. Inmates are informed as part of their orientation process that all telephone calls are subject to monitoring. The MOU for victim services was reviewed and PREA deliverables were stipulated in the MOU.

**Standard 115.54: Third-party reporting**

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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SCCB has established avenues for third party reporting of sexual abuse and sexual harassment in the following ways: through the Snohomish County Office of the Public Advocate (#36); through Snohomish County Office of the Ombudsman; and through information to the public via the agency's public website (www.snohomishcountywa.gov) on how to report sexual abuse and sexual harassment on behalf of an inmate. The auditor reviewed the MOU with the Office of the Ombudsman. The auditor reviewed informational postings, training and educational materials which convey how third-party reporting is accomplished. Inmates and staff who were interviewed were aware of the provisions for third party reporting. This standard is met based on a review of documentation and interviews.

**OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT**
Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

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

Auditor Overall Compliance Determination
☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

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

**Instructions for Overall Compliance Determination Narrative**

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SCCB PREA Policy, Section VIII, requires all agency and facility staff, including contractors and volunteers, to report immediately 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. Staff members are also required to report retaliation against inmates or staff who reports these incidents. Staff members are required to report on neglect or violation of responsibilities that may have contributed to incidents of retaliation. This policy also addresses the prohibition of revealing information to a person who is not a part of the investigation, treatment or management of the incident. Policy requires all medical and mental health professionals at the initiation of services to disclose their duty to report and the limits of confidentiality. The policy requires supervisors to initiate the SCCB "PREA Checklist" on all allegations of sexual abuse or harassment. This includes notification to upper level management and the SCCB Bureau Chief. Agency policy requires the information concerning the identity of the alleged victim and the specific facts of the case to be limited to staff who have a need-to-know. The auditor noted there is evidence that the response to allegations was immediate and the allegations were handled in a professional and confidential manner. Once allegations are received, the evidence shows they are assessed for investigation in compliance with PREA standards. Based on the documentation reviewed, all reported allegations were investigated properly as required. During the audit period, SCCB did not process any allegations pertaining to inmates less than 18 years of age.

**Standard 115.62: Agency protection duties**

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

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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SCCB PREA Policy, Section VIII, requires staff to immediately take actions to protect inmates whom staff become aware are in imminent danger of sexual assault and sexual abuse. The policies require immediate referral and consult with the head of the facility regarding action to be taken when an offender is at substantial risk of imminent sexual abuse or further victimization. The policies also require coordination between qualified mental health professionals and facility heads in determining the appropriate protective actions to take to address the imminent risk of victimization. Interviews with staff revealed they would immediately report any violations. Interviews with first responder staff revealed they had adequate knowledge of the expected duties, when acting in this capacity. SCCB reported no documented instance of an inmate requiring immediate response to an alleged substantial risk to imminent sexual victimization during the audit period.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☑ Yes  ☐ No

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination
☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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SCCB PREA Policy, Sections VIII & X, require staff to implement a process to report allegations of sexual misconduct to other confinement facilities. The policies require that supervisors and the agency PREA Coordinator work together to ensure an investigation is initiated when an inmate reports prior sexual abuse at another facility. Upon receiving an allegation that an offender was sexually assaulted, sexually abused, or subjected to staff, contractor or volunteer sexual misconduct while confined at another facility, the PREA Coordinator shall immediately notify the facility head or the appropriate office of the agency where the alleged abuse occurred. Notification is to be provided as soon as possible, but no later than 72 hours after receiving the allegation. SCCB staff are responsible for documenting that the notification has been provided and investigated in accordance with the requirements of PREA standards. During the audit period, SCCB reported there were nine cases where inmates alleged sexual abuse while confined at another facility. Documentation reviewed indicated that the agency PREA Coordinator made immediate contact with the facility’s designated contact where the alleged incident occurred. Documentation revealed various milestones into the investigative process involving these cases. However, in all cases, appropriate responses and follow-up were conducted to process the allegation.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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SCCB PREA Policy, Section VIII, governs this standard. The policy outlines requirements for staff to act as first responders and guide them in carrying out first responder duties. Separating the alleged victim and aggressor; preserving and protecting crime scenes; collecting physical evidence, if possible; protecting the victim and immediately notifying shift supervisors are required and outlined within this policy. Interviews with security staff revealed adequate knowledge of their expected duties, when acting as a first responder. During the period covered by the pre-audit questionnaire, there were seven inmate-on-inmate sexual abuse first responder incidents that were responded to by security staff.

**Standard 115.65: Coordinated response**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.65 (a)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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SCCB PREA Policy, Sections VI, & VIII, accompanied by the Snohomish County Sheriff’s Office-Sexual Assault/Harassment Coordinated Response Checklist, provide detailed guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse. Coordinated actions among staff first responders, medical and mental health staff, investigators and facility administration are outlined in the PREA policy and checklist. The policy guidance and checklist were developed in accordance with PREA standard 115.65 which requires a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. This plan establishes specific guidelines and direction in the event of a PREA incident and to provide a safe environment where inmates are free from assault and sexual misconduct. Interviews with all categories of staff indicated an adequate understanding of their roles as part of a coordinated response.

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

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

115.66 (a)

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

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

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The “Agreement by and between Snohomish County, Washington and Snohomish County Corrections Guild” does not place limitations on SCCB to remove alleged staff sexual abusers from contact with any inmate pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The agreement clearly establishes the right of the employer to discipline staff in accordance with agency policies. SCCB policies regarding staff PREA allegations and violations support removal of the employee from contact with inmates pending the outcome of an investigation. An interview with the agency head confirmed this practice.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No

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

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with
victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes  ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes  ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes  ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes  ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes  ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes  ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes  ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes  ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes  ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes  ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? ☒ Yes  ☐ No
115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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SCCB PREA Policy, Section VI, governs the mandates of this standard. The policy provides general guidance on retaliation protection and monitoring. However, corrective action was required to ensure that SCCB appointed a designated staff member to monitor retaliation against inmates and staff who report or cooperate in sexual abuse allegations. SCCB Chief issued a directive on 12-4-2017, designating a retaliation monitor. Additionally, SCCB developed a "PREA Retaliation Monitoring Form" which captures all information to be tracked in accordance with PREA standard 115.67. The facility instituted retaliation tracking on all inmates still in custody as of 12-4-2017, and established a process going forward for monitoring retaliation. The auditor reviewed the corrective action and found the actions acceptable. The above policy and revised procedures currently provide multiple protection measures which comply with the standard.

**Standard 115.68: Post-allegation protective custody**

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes  ☐ No

**Auditor Overall Compliance Determination**

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☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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SCCB PREA Policy, Section V, governs this standard. SCCB policy reflects the requirements of the facility to comply with PREA standard 115.43 regarding the use of involuntary segregated housing. The policy is detailed in outlining limitations on involuntary segregation housing placement options for inmates alleging sexual abuse, or others identified as being at high risk for sexual victimization. During the audit period, SCCB reported two inmates had been placed in involuntary segregated housing who had alleged to have suffered sexual abuse. The auditor reviewed the documentation associated with the placements and determined that staff documented why such actions were taken at the time and the lack of viable alternatives. During the on-site tour of the facility, the auditor visited all housing modules and there were no inmates housed in involuntary administrative segregation who had alleged sexual abuse.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)
- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  ☒ Yes  ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  ☒ Yes  ☐ No

- Do investigators Interview alleged victims, suspected perpetrators, and witnesses?  ☒ Yes  ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  ☒ Yes  ☐ No

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  ☒ Yes  ☐ No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  ☒ Yes  ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  ☒ Yes  ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  ☒ Yes  ☐ No

115.71 (g)

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

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  ☒ Yes  ☐ No
115.71 (i)
- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? □ Yes □ No

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

115.71 (k)
- Auditor is not required to audit this provision.

115.71 (l)
- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) □ Yes □ No □ NA

Auditor Overall Compliance Determination

□ Exceeds Standard (Substantially exceeds requirement of standards)

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

□ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

SCCB PREA Policy, Section X, governs the mandates of this standard. SCCB follows the policy's guiding procedures for administrative and/or criminal agency investigations. Specially trained sexual violence investigators at the Snohomish County Sheriff's Office's Special Investigative Unit (SIU) are assigned to promptly, thoroughly and objectively investigate all allegations, including third party and anonymous allegations. A review of investigative files while on-site reveals that, over the applicable audit period, there were 31 SCCB sexual abuse/sexual harassment allegations received (14 sexual abuse/17 sexual harassment). All referrals were made to SIU investigators for status determination. There were eight allegations filed against staff. There were 13 criminal investigations processed out of
the total 31 allegations. Seventeen sexual harassment administrative investigations conducted resulted in seven substantiated; eight unsubstantiated; and two unfounded allegations. There were three substantiated sexual abuse allegations at SCCB over the applicable audit period, with one involving a staff member.

Investigative staff was interviewed during the on-site visit. Based on interviews, investigators use the uniform evidence protocol. Where applicable, investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Interviews are conducted with the alleged victim, suspected perpetrator and potential witnesses. The investigators also review prior complaints of sexual abuse involving the suspected perpetrator. Based on interviews, when the quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The on-site interviews also revealed that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person’s status. Sheriff’s Office investigators do not require alleged victims to submit to a polygraph examination or similar process. All administrative investigations were documented in written reports which included a description of the physical and testimonial evidence, the assessments, and investigative facts and findings. The Sheriff’s Office and SCCB retain all written reports per statute requirements. Interviews revealed the departure of perpetrators or victims from employment or confinement in the facility does not provide a basis for terminating the investigation.

**Standard 115.72: Evidentiary standard for administrative investigations**

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

115.72 (a)

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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SCCB PREA Policy, Section X, governs the mandates of this standard. The policy states that for administrative investigations, the agency imposes no standard higher than the preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The policy meets the requirements of the standard. A review of sample investigative files and the basis for their conclusions reveals that the outcomes are based on no higher standard than the preponderance of the evidence.

**Standard 115.73: Reporting to inmates**

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

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes  ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes  ☐ No  ☐ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes  ☐ No

- 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  ☐ No

- 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  ☐ No

- 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  ☐ No
115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
  ☒ Yes  ☐ No

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
  ☒ Yes  ☐ No

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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SCCB PREA Policy, Section X, governs the mandates of this standard. During the on-site visit, the auditor sampled all offender allegations applicable during the audit period to determine if outcomes were communicated to the alleged victim. It was determined by the auditor that, following an investigation into an inmate’s allegation that he or she suffered sexual abuse, the SCCB did not always provide primary documentation (i.e. in writing) of the notification to the inmate as to whether the allegation was determined to be substantiated, unsubstantiated or unfounded. SCCB immediately assessed all applicable investigative files and coordinated corrective action with the SIU. SCCB Chief issued a Directive to supplement agency PREA policy, directing that all inmates be notified. All inmates still in custody were retroactively provided a written notification of the outcome, and a plan going forward was developed in the form of a letter to be used to notify inmates. The auditor observed this
documentary evidence to be suitable to become compliant. The above referenced agency and facility policies also cover instances in which the agency may not have conducted the investigation.

**DISCIPLINE**

**Standard 115.76: Disciplinary sanctions for staff**

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

**115.76 (a)**

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

**115.76 (b)**

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

**115.76 (c)**

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

**115.76 (d)**

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**
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SCCB PREA Policy, Section X, governs the mandates of this standard. During the applicable audit period, SCCB had one staff member subject to disciplinary proceedings (resignation and criminal referral) for sexual abuse. The governing SCCB policy supports termination as the presumptive discipline for sexual abuse violations; covers commensurate discipline involving appropriate offenses; and covers notification to law enforcement and licensing bodies, if the violation was clearly criminal. There were no cases requiring the assessment of commensurate and consistent discipline. There were also no cases or allegations requiring the notification of licensing bodies. Based on sound policy guidance, this standard is fully compliant.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☑ Yes ☐ No

Auditor Overall Compliance Determination

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

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

☐ Does Not Meet Standard (*Requires Corrective Action*)
Instructions for Overall Compliance Determination Narrative

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SCCB PREA Policy, Section X, governs the mandates of this standard. During the audit period, SCCB had one substantiated occurrence involving contractor or volunteer sexual harassment conduct with inmates. The governing policy guides staff in the expectations for corrective action for contractors and volunteers. In the case of criminal activity (if applicable), law enforcement and licensing bodies will be notified for any contractor or volunteer who engages in sexual abuse. Additionally, the contractor or volunteer would be prohibited from contact with inmates. The reported case for this period did not pertain to sexual abuse or result in a criminal referral. Based on sound policy guidance, this standard is fully compliant.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☐ Yes ☒ No
• Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☑ Yes ☐ No

115.78 (f)

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

115.78 (g)

• Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☑ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

SCCB PREA Policy, Section VI, is the governing policy for this standard. It is the policy of the SCCB to use appropriate disciplinary action in the management of inmate violations of institutional rules, regulations, policies, and procedures. In determining the appropriate penalty, consideration is given to the nature and circumstances of the offense committed, the inmate’s disciplinary history and the penalty imposed for comparable offenses committed by other inmates with similar histories. In cases of discipline involving inmates with special needs, consideration is given to this variable and a statement from a mental health professional is required. SCCB policy does not require that therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexually abusive behavior, be offered to inmates who are found guilty of a disciplinary or criminal offense for sexual abuse. This requirement is not imposed as a condition to participate in programs or access to other benefits. During this audit period, there were two substantiated cases of inmate-on-inmate sexual abuse. SCCB policy also provides guidance on when an inmate can be disciplined for sexual contact with staff (only when there is a finding that the staff member did not consent to such
contact). Agency policy also provides guidance on prohibiting discipline of an inmate, if the sexual abuse is reported in good faith, but not substantiated by sufficient evidence.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)
- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes  ☐ No

115.81 (b)
- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☐ Yes  ☐ No  ☒ NA

115.81 (c)
- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes  ☐ No

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

115.81 (e)
- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes  ☐ No

Auditor Overall Compliance Determination
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☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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SCCB PREA Policy, Section IX, governs this standard. During admission to SCCB, and within 14 days, if the initial risk screening and classification assessment indicate that the offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the offender is offered a follow-up meeting with a medical and mental health practitioner. Policy states that any information related to sexual violence that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff as necessary to inform of treatment plans, security and management decisions, to include housing, bed, work, education and program assignments. SCCB medical and mental health practitioners are required to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. The auditor reviewed documentation of mental health encounters for inmates based on risk screening disclosures of prior victimization. The encounters were 14-day follow-ups, referrals from classification and “face to face” encounters. Based upon the documentation reviewed and the processes conducted in accordance with agency policies, this standard is in compliance with the requirements of the PREA.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?

☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.627 ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☑ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☑ Yes ☐ No

115.82 (d)

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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SCCB PREA Policy, Section IX, governs this standard. The policy requires inmate victims of sexual abuse to receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by a medical and mental health practitioner’s judgment. The policy directs that, if no qualified medical or mental health practitioners are on duty at the time a report of recent sexual violence is made, first responders will take preliminary steps to protect the victim and shall immediately notify the Health Services Administrator and appropriate medical and mental health staff. The policy requires treatment to be provided in accordance with professional standards and provided without financial cost, regardless of whether the victim names the aggressor or cooperates with any investigation arising out of the incident. SCCB policy directs that inmates who are victims of alleged sexual assault be offered timely information and access to emergency contraception, if applicable, and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. During this audit period, there were seven first responder cases, but none required emergency treatment. Based on appropriate policy guidance and related staff interviews, this standard is in compliance with the requirement of the PREA.
Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☑ Yes ☐ No

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☑ Yes ☐ No ☐ NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)
If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
☐ Yes  ☐ No  ☒ NA

Auditor Overall Compliance Determination

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

 ☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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SCCB PREA Policy, Section IX, governs this standard. This policy directs that 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 a medical and mental health practitioner’s judgment. Policy requires treatment services to be consistent with the community level of care and provided without financial cost, regardless of whether the victim names the aggressor or cooperates with any investigation arising out of the incident. If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual violence is made, first responders will take preliminary steps to protect the victim and shall immediately notify the shift supervisor. Inmates are to be offered mental health and medical services and a forensic and sexual assault exam, completed by a qualified professional. Inmates who are victims of alleged sexual assault are offered timely information and access to emergency contraception, if applicable, and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate. The policy states the evaluation and treatment of victims of sexual violence shall include as appropriate, follow-up services, treatment plans and, possibly, referrals for continued care following transfer or release from custody. The auditor reviewed documentation of mental health encounters for numerous inmates based on referrals from classification staff and because of abuse allegations while in custody. This is a jail type facility; therefore, treatment for abusers is not required.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

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

115.86 (b)

• Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes □ No

115.86 (c)

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

115.86 (d)

• Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes □ No

• Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes □ No

• Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes □ No

• Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes □ No

• Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes □ No

• Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes □ No

115.86 (e)

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

Auditor Overall Compliance Determination

□ Exceeds Standard (Substantially exceeds requirement of standards)

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

Instructions for Overall Compliance Determination Narrative

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SCCB PREA Policy, Section III, governs the mandates of this standard. The policy is compliant in outlining the duties of staff, post substantiated and unsubstantiated sexual abuse investigations. Specifically, the SCCB PREA Compliance Coordinator ensures that a sexual abuse incident review is conducted at the conclusion of every sexual abuse investigation that results in a substantiated or unsubstantiated finding. Based on a sampling of substantiated and unsubstantiated sexual abuse cases, all incident reviews were performed and a report was submitted to the agency head for the applicable audit period. The PREA Compliance Coordinator, Command Staff, the Health Services Administrator, Nursing Supervisor and the Lead Mental Health Professional are standing members of the incident review team. Based on appropriate policy guidance and staff interviews with an incident review team member, staff members are knowledgeable of their responsibilities in carrying out post investigation case reviews. Therefore, based on a review of files, adequate policy guidance and knowledgeable staff to carry out these responsibilities, this facility is compliant with this PREA standard.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

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

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes  ☐ No  ☐ NA

115.87 (f)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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SCCB PREA Policy, Section XII, governs the mandate of this standard. This policy provides guidelines for compliance with PREA standards on data collection within the SCCB. The SCCB is responsible for tracking incident based data, which is aggregated at least annually. The incident based data includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The SCCB maintains and collects data as needed from all available incident based documents including reports, investigation files and incident reviews. Upon request, The SCCB provides data from the previous calendar year (2016) to the Department of Justice. SCCB incident based data has been aggregated at lease annually. Documentation of annual reports was reviewed by the auditor for calendar years 2014, 2015 and 2016.

Standard 115.88: Data review for corrective action

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

115.88 (a)
• Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

• Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

• Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
SCCB PREA Policy, Section XII, governs the mandate of this standard. SCCB reviews data collected and aggregated to assess and improve the effectiveness of the bureau's sexual abuse prevention, detection, and response policies, practices and training. Annual reporting of incident data for 2014, 2015, and 2016, which identifies problem areas, is available on the SCCB's public website. However, the agency's annual report does not include a comparison of the current year's data and corrective actions with those from prior years or provide an assessment of the agency's progress in addressing sexual abuse. The current PREA Compliance Coordinator was appointed in April 2016 and, upon discovering that annual reports had not been completed for 2014 and 2015, developed a report which included incident data for a three-year period. There is a plan in place to make the annual report more informative in providing an analysis of incident data. The posted annual reports are approved by the Snohomish County Sheriff's Office.

**Standard 115.89: Data storage, publication, and destruction**

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  
  ☒ Yes  ☐ No

**Auditor Overall Compliance Determination**

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

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

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

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Instructions for Overall Compliance Determination Narrative

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

SCCB PREA Policy, Section XII, governs the mandate of this standard. Data is retained in a secure filing system. SCCB makes all aggregated sexual abuse data readily available to the public at least annually on the SCCB website. Prior to making aggregated sexual abuse data publicly available, SCCB removes all personal identifiers. Sexual abuse data is retained for at least 10 years after the date of the initial collection.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.) ☒ Yes ☐ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? ☒ Yes ☐ No

115.401 (h)

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

115.401 (i)

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

115.401 (m)
Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes  □ No

115.401 (n)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (ReQUIRES Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

This is the second PREA audit of this facility. SCCB was last audited in December 2014. The auditor was allowed access to all areas of the facility and had access to all required documentation. The auditor was allowed to conduct private interviews with inmates and staff. One offender contacted the auditor via letter, but could not be interviewed due to safety/security factors affecting the offender's inability to participate in a private interview. The concerns of this offender were conveyed to staff to determine if any allegations required investigation.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

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

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

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

Instructions for Overall Compliance Determination Narrative

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

SCCB has published the previous SCCB PREA audit report on the agency website. SCCB has fully institutionalized all policies, practices and procedures outlined in the PREA standards. SCCB possesses a culture of supportive response to sexual abuse allegations. Prevention, detection and response mechanisms are fully ingrained in the facility’s management approach to the PREA. The auditor reviewed applicable standards and, through document review and sampling, interviewing staff and inmates and observing physical evidence, concluded that this facility fully meets and substantially complies in all material ways with the PREA standards for the relevant review period. SCCB policies are directly tied to the expectations of the PREA standards. The bureau has developed policy implementation tools to guide PREA Compliance Managers. SCCB leadership is fully committed to eliminating sexual abuse and harassment, as evidenced in realistic staffing analysis and suggestions for enhanced supervision techniques. Investigations were conducted as required. The applicable audit period revealed incident reviews were conducted and the appropriate administration of discipline to inmates and staff. Policies are in place to guide staff in the implementation of these processes. Allegation outcome notifications are currently being performed as required based on a corrective action plan implementation. PREA training for staff and inmates is documented and all stakeholders receive the appropriate level of training and are knowledgeable of the intent of the PREA and tools available to ensure prevention, detection and, when necessary, response to sexual abuse. Sexual abuse and victimization propensity screening is well established via the risk screening and classification process. These categories are tracked in an organized fashion. Referrals for counseling are integrated in the intake and abuse allegation processes. Medical and inmate advocacy networks for the inmates are established in the community. The general public has access to reporting mechanisms and SCCB PREA trends data via the public Snohomish County Sheriff’s Department website. There were corrective actions required during the on-site visit. SCCB implemented enhancements to the retaliation monitoring and reporting investigation outcomes processes. The auditor verified the completion of the corrective actions during the post-audit period. SCCB currently meets all applicable standards.
AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Donald Chadwick ____________________________ January 3, 2018
Auditor Signature ____________________________ Date ____________________________

¹ See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4b7c7c110
² See PREA Auditor Handbook Version 1.0, August 2017; Pages 68-69.
February 22, 2018

To Whom It May Concern:

Please note that there are black boxes (redactions) on various pages of the responsive documents. The black box may be small or large depending on the amount of information that is redacted. There may also be multiple redactions on one page. Within the redaction is a red code – for example, 1A, 1B, etc. That code designates the statutory exemption applicable to the redacted information. If there is only one code on the page, but there are numerous redactions, that one statutory exemption applies to all of the redactions on that page. Otherwise, the code printed within the redaction designates the exemption for that redaction.

Also provided with these records is a key to the codes. This key identifies the statutory basis for the exemption as well as a brief explanation for why the exemption applies to the redacted information. As you review these responsive documents, you can refer to the key to identify the exemption and its applicability.

We have attempted to apply consistent redactions on document that contain the same information. In the event you locate documents that contain redactions that are not applied consistently, please let me know.

Finally, the disclosure of information in the records being produced does not in any way constitute a waiver of attorney-client and/or work product privileges.

M. Gaines, # 7171, Public Information and Records Specialist
Snohomish County Sheriff’s Office - Corrections Bureau

<table>
<thead>
<tr>
<th>Code</th>
<th>Applicable Exemption</th>
<th>The cited exemption applies because the redacted/withheld information includes the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7A</td>
<td>RCW 42.56.420(2). Vulnerability assessments or emergency and escape response plans at an adult or juvenile correctional facility or a secure facility for persons civilly confined under RCW 71.09, the public disclosure of which would have a substantial likelihood of threatening the security of the facility or any individual’s safety</td>
<td>Vulnerability assessment of an adult or juvenile correctional facility where disclosure would have a substantial likelihood of threatening the security of the facility</td>
</tr>
</tbody>
</table>