

# Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim       Final

Date of Report    January 2, 2018

## Auditor Information

Name: Robert Palmquist	Email: robobem@gmail.com/rpalmquist@cccscorp.com
Company Name: Community Counseling and Correctional Services	
Mailing Address: P.O. Box 670, 201 S Pine	City, State, Zip: Medical Lake, WA 99022
Telephone: 509-464-9736	Date of Facility Visit: October 2 – 4, 2017

## Agency Information

Name of Agency Kitsap County Juvenile and Family Court Services	Governing Authority or Parent Agency (If Applicable) Kitsap County Juvenile and Family Court Services		
Physical Address: 1338 SW Old Clifton Road	City, State, Zip: Port Orchard, WA 98366		
Mailing Address: 1338 SW Old Clifton Road	City, State, Zip: Port Orchard, WA 98366		
Telephone: 360 337-5401	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: The Juvenile Department/Superior Court is committed to providing innovative, comprehensive, and effective services to youth, families, schools and the community within a quality work environment, by professional, caring staff.

Agency Website with PREA Information: <http://www.kitsapgov.com/juv/Detention/PREA.htm>

## Agency Chief Executive Officer

Name: Michael Merringer	Title: Juvenile Court Administrator
Email: mmerringer@co.kitsap.wa.us	Telephone: 360 337-5401

## Agency-Wide PREA Coordinator

<b>Name:</b> Robert Floyd	<b>Title:</b> Detention Supervisor
<b>Email:</b> rfloyd@co.kitsap.wa.us	<b>Telephone:</b> 360 337-5401
<b>PREA Coordinator Reports to:</b> Michael Merringer, JCA	<b>Number of Compliance Managers who report to the PREA Coordinator</b> Zero

### Facility Information

<b>Name of Facility:</b> Kitsap County Juvenile Detention Center
<b>Physical Address:</b> 1338 SW Old Clifton Road, Port Orchard, WA 98366
<b>Mailing Address (if different than above):</b> 1338 SW Old Clifton Road, Port Orchard, WA 98366
<b>Telephone Number:</b> 360 337-5401

<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

<b>Facility Type:</b>	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake	<input type="checkbox"/> Other
-----------------------	---	-------------------------------------	---------------------------------	--------------------------------

**Facility Mission:** The Juvenile Department/Superior Court is committed to providing innovative, comprehensive, and effective services to youth, families, schools and the community within a quality work environment, by professional, caring staff.

**Facility Website with PREA Information:** <http://www.kitsapgov.com/juv/Detention/PREA.htm>

**Is this facility accredited by any other organization?**  Yes  No

### Facility Administrator/Superintendent

<b>Name:</b> William Truemper	<b>Title:</b> Detention Manager
<b>Email:</b> wtruempe@co.kitsap.wa.us	<b>Telephone:</b> 360 337-5401

### Facility PREA Compliance Manager

<b>Name:</b> Robert Floyd	<b>Title:</b> Detention Supervisor
<b>Email:</b> rfloyd@co.kitsap.wa.us	<b>Telephone:</b> 360 337-5401

### Facility Health Service Administrator

<b>Name:</b> Karen Nygaard	<b>Title:</b> Supervising Nurse
<b>Email:</b>	<b>Telephone:</b> 360 337-5436

### Facility Characteristics

<b>Designated Facility Capacity:</b> 96		<b>Current Population of Facility:</b> 14	
<b>Number of residents admitted to facility during the past 12 months</b>			527
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:</b>			129
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			128
<b>Number of residents on date of audit who were admitted to facility prior to August 20, 2012:</b>			Zero
<b>Age Range of Population:</b>	10 – 18 years of age		
<b>Average length of stay or time under supervision:</b>			15 days
<b>Facility Security Level:</b>			Min/max
<b>Resident Custody Levels:</b>			Min/max
<b>Number of staff currently employed by the facility who may have contact with residents:</b>			25
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>			1
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>			2

### Physical Plant

<b>Number of Buildings:</b> One		<b>Number of Single Cell Housing Units:</b> 4	
<b>Number of Multiple Occupancy Cell Housing Units:</b>		zero	
<b>Number of Open Bay/Dorm Housing Units:</b>		zero	
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		zero	

**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.):**

In Fiscal Year 2016, Kitsap County Jail conducted a significant upgrade to the existing infrastructure that included an upgraded CCTV system, Touchscreen/PLC hardware and software, upgraded intercom/paging systems and additional UPS units. Prior to the end of this project a Juvenile Detention Center project was added that included new Touchscreen/PLC hardware and software and upgraded cameras to replace older cameras in the living units and intake area. The Auditor notes that recording software and hardware for cameras was not added to this project. Although the Jail project included new encoders that allow for digital recording of all cameras for 60 days at 15 frames per second. The new cameras added to the Juvenile Detention facility did not include recording software and hardware. The analog monitors in the Juvenile Detention Control center were replaced with new flat screen computer monitors and the Control Center Officer does have clear unobstructed views of each housing unit and the intake area. All doors throughout the facility have cameras and the Control Center Officer is the only individual who controls access to these doors. The Auditor does recommend, as funding permits, that all cameras in the living areas and intake areas be added to a digital recording system. The Auditor further recommends that all cameras throughout the entire complex be added to a digital recording system. Each living unit at the KCJDC has a camera that

provides and unobstructed view of the entire living area. There is a pan/tilt zoom camera with 360 degrees of coverage in the hallway outside of the housing units. There are two cameras in the intake area and cameras on the perimeter. There are cameras on all doors access points. Access to locked areas is provided by the Control Center officer.

**Medical**

<b>Type of Medical Facility:</b>	Clinic
<b>Forensic sexual assault medical exams are conducted at:</b>	Harrison Medical Center, Bremerton, WA

**Other**

<b>Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:</b>	8
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	3

# Audit Findings

## Audit Narrative

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

The Prison Rape Elimination Act (PREA) on-site audit of the Kitsap County Juvenile Detention Facility, located in Port Orchard, Washington was conducted on October 2-4, 2017. Six weeks in advance of the audit, several 8.5 X 11-inch documents were posted throughout the facility announcing the upcoming audit. These posters explained the purpose of the audit and provided residents, residents' families, residents' attorneys and staff with the auditor's contact information. Placement of these posters was verified by the auditor and the posters were placed consistent with DOJ auditing expectations.

Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed Pre-Audit Questionnaire. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials that were provided to demonstrate compliance with the PREA standards. This review prompted a series of questions that were reduced to writing and submitted to the PREA Coordinator for review two weeks before the actual on-site visit.

The onsite visit was scheduled and completed between October 2-4, 2017. The auditor was provided office space in the facility from which to work and conduct confidential staff interviews. Resident interviews were conducted in a private area in an unused housing unit. Formal personal interviews were conducted with facility staff and residents. The auditor interviewed 11 residents, (3 female and 8 male) this represented 78.57% of the population. Fifteen facility staff members were interviewed representing all three shifts, (Day Shift 8:00am- 4:00pm, Swing Shift 4:00pm – 12:00 midnight, Graveyard Shift 12:00 midnight – 8:00am). Included in the fifteen interviews were specialized staff members including medical and mental health practitioners (contract staff), investigators, intake and screening, human resources (Administrative) and one staff from the local Sexual Assault Center. Additional interviews included the agency Director (Juvenile Court Administrator), PREA Coordinator, and the Detention Manager. The Juvenile Court Administrator, Detention Manager and PREA Coordinator also were interviewed based on their involvement with retaliation and the incident review process.

Residents were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to residents to report abuse or harassment. Staff members were questioned using the DOJ protocols that allow the auditor to determine their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse, and first responder duties. In total the auditor conducted 50 interviews involving 11 residents and 15 staff.

The auditor reviewed training files for eight staff members to determine compliance with training mandates and ten personnel files to determine compliance with background check procedures. Twelve resident files were reviewed to evaluate screening/intake procedures and resident education requirements. The Kitsap

County Juvenile Detention Facility (KCJDF) reports no allegations of sexual abuse or sexual harassment in the past 12 months so the auditor was not able to review any investigations, related documentation or interview any victims.

The auditor toured the facility escorted by the PREA Coordinator and observed among other things the facility configuration, location of cameras and mirrors, staff supervision of residents, Pod layout including shower/toilet areas, placement of posters and PREA informational resources, security monitoring, resident entrance and search procedures, and resident programming. The auditor noted that shower areas allow residents to shower separately and shower stalls have plastic curtains for additional privacy. Toilet are in each cell and residents are allowed privacy when utilizing their toilets. Notices of the PREA audit were posted throughout the facility. The auditor was given access to the entire facility.

To obtain information about rape crisis and advocacy services provided at KCJDC, a phone interview was conducted with the Executive Assistant at the Kitsap County Sexual Assault Center. Additionally, during the audit the auditor was provided the opportunity to informally interview a Sexual Assault Advocate who was providing Advocacy services to a resident at the facility.

Forty-five days following the on-site portion of the audit, an initial audit findings report was submitted to the KCJDF Detention Manager, PREA Coordinator and Juvenile Court Administrator. At this time, the KCJDF entered the six-month corrective action period to address deficiencies in two PREA standards.

## Facility Characteristics

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

The Kitsap County Juvenile Detention Facility is a 103-bed operation, with a total of 8 living units ("pods"), with additional beds in the intake/booking and medical areas. Over the past several years the population at the KCJDF has significantly decreased and now, four of the living units have been converted to a day reporting educational center for youth who require an alternative to public high school placement. During the on-site portion of the audit the population was initially 14, (10 males and 4 females) upon completion of the audit the population was 12 (8 males and 4 females). Only three of the four pods were in use during the audit. Physically, the facility is separate from the court building. The facility operates 7 days per week, 24 hours per day, and is equipped to operate for several days on its own should a catastrophic event occur.

Youth who are booked for criminal offenses by law enforcement, or who are ordered to be held by a judge for pre-trial or post-trial reasons, serve time in secure detention. During his/her stay, s/he will lead a very structured and regimented lifestyle. Detainees are responsible for daily attendance at school and for cleaning duties as necessary.

There are no television or radio amenities within the pods, and consequently, the residents' sources of structured activity revolve around such things as educational counseling sessions, drug and alcohol counseling, ART participation, Life Skills Building, and when possible religious fellowship meetings. Recreational activities include exercising, playing volley ball, and basketball. Residents are afforded the opportunity for sick and well-care medical services, as well as therapeutic counseling and interventions through Kitsap Mental Health.

Currently there are 22 detention officer posts, 9-day shift, 8-swing shift and 7-graveyard shift. In addition, there is one supervisor position for each shift. The Detention officers and supervisors bid for specific shift and days off on a yearly basis, the bid process is based on seniority.

## Summary of Audit Findings

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

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

**Number of Standards Exceeded:** 1

Click or tap here to enter text.

**Number of Standards Met:** 40

Click or tap here to enter text.

**Number of Standards Not Met:** 0

Click or tap here to enter text.

## Summary of Corrective Action (if any)

The Interim Compliance Report reflected there were two standards that were in non-compliance at the KCJDF. Therefore, a required corrective action period not to exceed 180 days began on November 20, 2017. The Auditor recommended a corrective action plan for the facility; the PREA Coordinator agreed and began immediate corrections of those standards found to be in non-compliance. On December 28, 2017, the PREA Coordinator provided documentation to meet the two non-compliant standards (115.315 and 115.367). Those standards are now in compliance and the final report was issued on January 2, 2018.

# PREVENTION PLANNING

## Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

### 115.311 (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

### 115.311 (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 its facilities?  Yes  No

### 115.311 (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.

Kitsap County Juvenile Detention facility has a zero-tolerance policy and training program that meets the requirements for this standard. Policy 3.20, Prison Rape Elimination Act (PREA) provides the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. It has definitions of prohibited behaviors and sanctions for those prohibited behaviors. The policy provides strategies and responses to reduce and prevent sexual abuse. The policy also includes procedural guidelines, such as screening residents upon intake, training (for both staff and residents), reporting procedures (both staff and residents), intervention procedures and investigative guidelines. Finally, the policy provides for data collection and data reporting.

The agency has a PREA Coordinator. The PREA Coordinator indicated they had sufficient time to manage and oversee the implementation of PREA standards. The agency has only one facility; therefore there is no need for a PREA Compliance Manager.

The auditor reviewed the Policy 3.20, Prison Rape Elimination Act (PREA) and the KCJDF Organizational Chart. In addition, interviews were conducted with the PREA Coordinator, the Detention Manager and the Juvenile Court Administrator. Both the Detention Manager and the Juvenile Court Administrator supported the efforts of the PREA Coordinator and the PREA Coordinator indicated he had sufficient time to coordinate the facility's PREA compliance efforts.

## Standard 115.312: Contracting with other entities for the confinement of residents

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

#### 115.312 (a)

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

#### 115.312 (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 residents OR the response to 115.312(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

*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.*

Kitsap County Juvenile Detention Facility (KCJDF) is a County Juvenile Detention Facility; KCJDF does not contract with other agencies for services.

## Standard 115.313: Supervision and monitoring

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

#### 115.313 (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 residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents 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 residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?  Yes  No

### 115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?  Yes  No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  
 Yes  No  NA

- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  
 Yes  No  NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes  No

#### 115.313 (d)

- 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: Prevailing staffing patterns?  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

#### 115.313 (e)

- Has the facility 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? (N/A for non-secure facilities)  Yes  No  NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes  No  NA
- Does the facility 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? (N/A for non-secure facilities)  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.*

KCJDF implements a staffing plan that provides adequate levels of staffing. In addition to staff members, there is video monitoring available to protect residents from sexual abuse. The auditor notes that the term video monitoring means video monitoring, the control center officer monitors the video, the video cameras are not recorded they are only monitored. The auditor recommends that recording capabilities be installed to enhance protection for both residents and staff.

The staffing plan is reviewed on a yearly basis by the Juvenile Court Administrator, Detention Manager and the PREA Coordinator. The staffing plan is consistently complied with; there have been no deviations from the staffing plan in the past 12 months. The auditor notes that the facility relied on the National Institute of Corrections (NIC) workbook entitled "Staffing Analysis, Workbook for Jails". Based on the information in this workbook the PREA Coordinator in conjunction with the Detention Manager and the Juvenile Court Administrator reviewed the detention staff positions and developed a detailed staffing analysis based on actual number of hours worked. The auditor was provided a copy of and reviewed the Staffing Analysis.

The Auditor reviewed the staffing plan. The Staffing plan review includes a review of any judicial findings (no), or inadequacies from federal investigative or internal/external oversight agencies (no). The plan reviews the facilities architectural weaknesses, in the 2017 plan the PREA Coordinator noted the camera coverage is not 100% and no recording capabilities were present. The specific location of each camera was reviewed. The notation recommends a camera system upgrade including recording.

The review includes a review of the population statistics for the previous year and a review of the population for the day in which the review took place. On the date of the review (February 13, 2017) there were nine residents (7 male and 2 female), the staffing ratio was 1 staff for every 2.25 residents. The placement of supervisory staff was reviewed and there was a review of any substantiated or unsubstantiated incidents of sexual abuse (there have not been any). Finally, the plan reviews the unannounced log to determine if appropriate documentation is completed for the unannounced rounds.

The Auditor reviewed the log book containing information documenting unannounced rounds. The log book contained daily entries from several shifts. All shifts indicated a supervisor had conducted rounds to detect and deter incidents of sexual abuse or sexual harassment. The auditor interviewed three shift supervisors who all indicated they had personally conducted unannounced rounds, the rounds were conducted at random times and that staff were generally unaware they were conducting rounds to detect and deter sexual abuse/harassment. The auditor noted the Juvenile Court Administrator had also conducted unannounced round periodically throughout the year. KCJDF maintains a practice of having intermediate-level supervisors conduct and document unannounced rounds to identify and deter

staff sexual abuse and sexual harassment. The procedures for conducting these unannounced rounds are well established in the facility. The Staffing plan review considers the overall policies and practices of the correctional services department and if there is an adequate number of Supervisory personnel.

Although there have been no allegations of sexual abuse or harassment at the facility the Juvenile Court Administrator and the Detention Manager are aware of their duty to review any area where an incident occurred and to address any inadequacy. The Detention Manager is keenly aware of the resident population and the need to provide safe and secure housing. Interviews with the Director and the PREA Coordinator indicate that during the year the staffing plan is reviewed by both entities.

## Standard 115.315: Limits to cross-gender viewing and searches

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

#### 115.315 (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

#### 115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?  Yes  No  NA

#### 115.315 (c)

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

#### 115.315 (d)

- Does the facility implement policies and procedures that enable residents 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 a resident housing unit?  Yes  No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where

residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)  Yes  No  NA

### 115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.315 (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 residents 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.*

KCJDF does not conduct cross gender strip searches. There has been no circumstance in the past 12 months where a cross gender search has taken place. No residents are restricted from participation in any programs. All pat searches are conducted by same sex individuals. There have been no deviations from this policy. Specifically, Policy 3.08 Detention - Detainee Search and Seizure, provides guidance on this subject. All searches are conducted by a staff member of the same sex as the juvenile being searched. All Detention staff explain the search procedures before beginning the search. Staff members who were interviewed confirmed they take the time to explain the search procedures to

new residents. However, residents who have previous experience with the KCJDF are not always provided an explanation of the search procedures. This was observed by the Auditor who queried the staff member conducting the search and was provided the explanation as indicated above. All staff interviewed on this subject indicated they were aware of the search policy and had not deviated from the policy. The staff members interviewed were sensitive to the resident's potential vulnerability during the search process. All residents interviewed on this subject indicated they are pat searched by same sex staff. Several residents indicated during their interviews that staff were professional while conducting pat searches.

The policy contains a detailed explanation of three types of search procedures. The pat search is, as mentioned above, always conducted by staff members who are the same sex as the resident juvenile. Strip Searches are governed by the Revised Code of Washington (RCW) 10.79.120 and must meet the criteria established pursuant to the codified language. Body cavity searches are only conducted by Medical personnel and are only allowed pursuant to a Court Order.

The facility policy 3.08 Detention - Detainee Search and Seizure, prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Most of the staff (88% of those interviewed 8 out of 9, and 80% of total staff) have participated in training on searches of transgender and intersex residents in a professional and respectful manner. During the interviews staff indicated they had seen the video "Guidance on Cross-Gender and Transgender Pat Searches" (Moss Group) and were aware of the contents of the video.

KCJDF has taken extensive care to ensure all residents shower, perform bodily functions and change clothing outside the view of all staff.

The Auditor observed several staff announce their presence when entering a housing unit.

The auditor notes that during the resident interviews five residents indicated staff always announce their presence when entering the housing unit. Two residents indicated that staff do not announce their presence and four residents stated that staff usually announce their presence but not always. The auditor notes there is inconsistency in the opposite gender announcement protocols.

### **Corrective Action Required**

The auditor in conjunction with the PREA Coordinator initiated the following action plan to remedy the discrepancy between practice and the residents' perception of staff of the opposite gender announcing their presence when entering the housing unit.

1. Additional emphasis should be placed on this element of the PREA Standards. Staff should clearly indicate in a loud enough voice that they are present in the Unit.
2. The Control Center Officer should make a general announcement at 10:00 pm that both male and female staff will be conducting checks on each resident at 15-minute intervals throughout the morning hours between 10:15 pm and 8:00 am. This announcement will be documented in the Control Center Log Book. While this does not specifically meet the intent of the standard, the auditor notes that the residents are asleep during this period and if a staff member is loudly proclaiming their presence on a housing unit every 15 minutes for required checks it will be disruptive to residents who are sleeping.

3. To determine compliance with this action plan, the PREA Coordinator will initiate a PREA Pointer to all staff concerning how announcements are to be made and that announcements should be made in a voice loud enough to be heard throughout the unit. The PREA Coordinator will send a copy of the PREA Pointer to the Auditor.

#### **Verification of Corrective Action since the Audit**

On December 28, 2017, The PREA Coordinator provided the auditor with a PREA Pointer concerning 115.315 Limits to cross-gender viewing and searches. The PREA Pointer clearly indicates “staff should clearly indicate in a loud enough voice that they are present in the Unit”. In addition, a new procedure was established for the Control Center Officer to make a general announcement at or about 10:00 pm indicating “Both Male and Female staff will be conducting checks on residents throughout the morning hours between 10:15 pm and 8:00 am”. While this does not specifically meet the intent of the standard, the auditor notes that the residents are asleep during this period and if a staff member is loudly proclaiming their presence on a housing unit every 15 minutes for required checks it will be disruptive to residents who are sleeping.

Twenty-Three Detention Officers, four Supervisors and the Detention Manager signed a signature sheet indicating they had received the information and understood the requirement to indicate in a loud enough voice that they are present in the Unit. The auditor is satisfied that the elements of 115.315(d) have been met; this standard is now in compliance.

### **Standard 115.316: Residents with disabilities and residents who are limited English proficient**

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

##### **115.316 (a)**

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

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No
- Do such steps include, when necessary, ensuring effective communication with residents 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 residents with disabilities including residents 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 residents with disabilities including residents 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 residents with disabilities including residents who: Are blind or have low vision?  Yes  No

#### 115.316 (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 residents 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

#### 115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of

first-response duties under §115.364, or the investigation of the resident's allegations?

Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

KCJDF has procedures to provide disabled residents with the opportunity to participate in efforts to prevent and respond to sexual abuse and harassment. In addition to written and visual education materials, KCJDF has agreements with interpreters to assist in providing effective communication with residents who have disabilities. Specifically, the Language Line Solutions Company provides on-demand phone interpreting for 240+ languages including American Sign Language. This service had not been utilized but is available for staff to use. In addition, the Court Interpreters are available for use if necessary while this service has not been used by staff at the KCJDF the service of court appointed interpreters is available. If a qualified interpreter for a hearing-impaired person is required, the Probation Staff will request a qualified interpreter the department of social and health services, office of deaf services, or through any community center for hearing impaired persons. The office of deaf services and these community centers maintain an up-to-date list or lists of interpreters that are certified by the state and/or by the registry of interpreters for the deaf. Residents with intellectual disabilities are given extra attention during the intake process to ensure they understand the information provided. If necessary, the assigned Probation Officer can provide assistance as they are more familiar with the resident at the time of intake.

KCJDF staff members have not experienced any incarcerated blind or deaf residents. However, the intake staff members are prepared to provide information in a format that will allow residents with limited reading skills, hearing disabilities, intellectual disabilities or low vision, to know and understand all aspects of the facilities efforts to prevent, detect, and respond to sexual abuse and sexual harassment. For residents with limited reading skills staff members will read information to the residents. The auditor conducted intake staff interviews with eight staff members, (2 female and 6 male), in each of the interviews staff indicated they not only provide the information to residents but they would take the time to insure the residents understand the material provided. The staff indicated that they had never had either a deaf or blind resident. However, they were prepared to provide information concerning the entire intake process to residents who were either blind or deaf. The intake staff also indicated they had never had to use the Language Line services. The Juvenile Court Administrator indicated during his interview that procedures are in place to ensure residents with disabilities and those who are limited in the English language have an equal opportunity to participate in the agency's effort to prevent sexual abuse and harassment. As determined through staff interviews the KCJDF does not rely on resident interpreters, resident readers or other types of resident assistants in any manner.

The auditor reviewed the Language Line information available to the intake officers. Additionally, the auditor reviewed the current Revised Codes of Washington about providing interpretation services to individuals who had communication difficulties. The auditor reviewed samples of PREA Posters in both English and Spanish. The PREA information provided to residents is also available in Spanish. Finally interviews with facility staff indicate a variety of methods are available to ensure residents understand the material as it is presented to them.

## Standard 115.317: Hiring and promotion decisions

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

#### 115.317 (a)

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

#### 115.317 (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 residents?  Yes  No

### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

### 115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?  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 residents or have in place a system for otherwise capturing such information for current employees?  Yes  No

### 115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

### 115.317 (g)

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

## 115.317 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Agency policy prohibits hiring or promoting anyone who may have been previously involved in sexual abuse in a prison, jail, lockup, community confinement facility or juvenile facility. Agency policy requires consideration of sexual harassment issues during hiring. Criminal background checks are required. The entire process for hiring or promoting staff is coordinated through the Juvenile Court Administrator, the Detention Manager and Administrative staff. All potential staff members are vetted by the Detention Manager.

After the initial application there are two interviews and a physical aptitude test additionally criminal background record checks and child abuse registry checks are completed. Once the initial phase is completed (interview and physical aptitude test) there is a polygraph exam and a psychological interview. The polygraph and psychological exam contain questions concerning sexual abuse and sexual harassment. The polygraph questions are specific, "Have you ever been accused of or investigated for a sexual harassment complaint?" "Are you required by any court order in any jurisdiction to register as a sex offender?" "Have you ever committed any physical sex act with any person under the age of sixteen?" "Have you had sexual intercourse with one who expressly did not wish to do so?" "Have you ever had any kind of sexual contact with a child under your care or supervision?" The Psychologist interview includes specific questions related to sexual harassment.

There has been one (1) new employee hired within the past 12 months, all criminal background checks and child registry checks were completed appropriately.

Background checks are completed every year for current employees. The Auditor reviewed ten (10) employee files, both initial criminal background checks and yearly criminal background checks had been completed. Employees who fail to disclose information concerning misconduct can be terminated from

employment. The Administrative Officer confirmed that background checks are completed each year and that appropriate sanctions are available for staff members who fail to report misconduct. The Administrative Officer further indicated that when a former employee applies for work at another institution, upon request from that institution, the facility (in most cases Human Resource staff) provides information on substantiated allegations of sexual abuse or sexual harassment to the requesting agency.

The auditor notes that criminal background checks on employees are required every five years, this standard is clearly exceeded by Kitsap County Human Resources who conducts criminal background checks on each Detention Officer, once a year.

## Standard 115.318: Upgrades to facilities and technologies

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

#### 115.318 (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 residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

#### 115.318 (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 residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

In Fiscal Year 2016, Kitsap County Jail conducted a significant upgrade to the existing infrastructure that included an upgraded CCTV system, Touchscreen/PLC hardware and software, upgraded intercom/paging systems and additional UPS units. Prior to the end of this project a Juvenile Detention Center project was added that included new Touchscreen/PLC hardware and software and upgraded cameras to replace older cameras in the living units and intake area. The Auditor notes that the new cameras added to the Juvenile Detention facility did not include recording software and hardware. The analog monitors in the Juvenile Detention Control center were replaced with new flat screen computer monitors and the Control Center Officer does have clear unobstructed views of each housing unit and the intake area. All doors throughout the facility have cameras and the Control Center Officer is the only individual who controls access to these doors. The Auditor does recommend, as funding permits, that all cameras in the living areas and intake areas be added to a digital recording system. The Auditor further recommends that all cameras throughout the entire complex be added to a digital recording system. Each living unit at the KCJDC has a camera that provides an unobstructed view of the entire living area. There is a pan/tilt zoom camera with 360 degrees of coverage in the hallway outside of the housing units. There are two cameras in the intake area and cameras on the perimeter. There are cameras on all doors access points. Access to locked areas is provided by the Control Center officer.

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

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

#### 115.321 (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

#### 115.321 (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

#### 115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.321 (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

#### 115.321 (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

#### 115.321 (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

#### 115.321 (g)

- Auditor is not required to audit this provision.

### 115.321 (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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The agency is responsible for conducting administrative sexual abuse investigations. Criminal investigations are conducted by the Port Orchard Police Department (POPD). The POPD is responsible for investigating all allegations of criminal sexual abuse at the KCJDF. The POPD follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for both criminal prosecutions and administrative proceedings which take place after the criminal process is completed. The protocol is developmentally appropriate for youth and minimizes the trauma to the child victim. The Kitsap County Special Assault Investigation Protocol sets forth minimum standards and procedures to follow in the investigation of child death, child sexual and physical abuse and criminal neglect allegations... The protocol is reviewed on an annual basis by the Special Assault Investigations and Victim's Services Board. Pursuant to the protocols the mission of all key participants is to ensure the safety of all victims and the public at large; minimize the secondary trauma of all victims and witnesses who are interviewed during the course of an investigation; consistently follow a framework for coordination and communication among all participants and avoidance of conflicts among participants that may hinder the effectiveness of an investigation; constantly strive for improvement through training, communication and critical review of current investigative practices; increase the overall quality of the investigation; and protect the rights and interests of victims and their families, witnesses and suspects.

KCJDF Juvenile Detention offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility, without financial cost, pursuant to RCW 7.68.170 Examination costs of sexual assault victims paid by state. No costs incurred by a hospital or other emergency medical facility for the examination of the victim of a sexual assault, when such examination is performed for the

purposes of gathering evidence for possible prosecution, shall be billed or charged directly or indirectly to the victim of such assault. Examinations are performed by Sexual Assault Nurse Examiners (SANEs) at the Harrison Medical Center. The Auditor reviewed the Harrison Medical Center information concerning Sexual Assault crisis intervention. The information was provided to the PREA Coordinator and is available on line at <https://www.chifranciscan.org/harrison-foundation/current-initiatives/sane-program.html>.

KCJDF has established a Memorandum of Understanding (MOU) with the Kitsap County Sexual Assault Center (KCSAC). KCSAC is available to the victim throughout the entire investigation process. The Auditor interviewed the KCSAC Executive Assistant prior to the audit. During the interview KCSAC Staff indicated there was an excellent working relationship with KCJDF and that KCSAC staff would be available during the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals as necessary.

The Auditor reviewed the MOU and was provided a copy of the MOU. The PREA Coordinator established an appropriate Memorandum of Understanding that meets the requirements to provide services to victims of sexual abuse or harassment. Additionally, during the audit, the auditor met with and discussed advocacy services with an advocate who was present at the facility providing services to a resident. During this informal interview the advocate indicated she worked closely with Kitsap Mental Health when a resident was participating in services to ensure additional community services were made available to the residents upon release.

The Detention Manager and the PREA Coordinator indicated they would coordinate criminal investigations of alleged incidents of sexual misconduct in cooperation with POPD. The Detention Manager or the PREA Coordinator would coordinate staff interviews and give POPD unlimited access to the facility as needed to conduct a criminal investigation.

The Auditor notes that no incidents of sexual assault/harassment have occurred that the KCJDF in the past 12 months. There were no investigative files to review.

## **Standard 115.322: Policies to ensure referrals of allegations for investigations**

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

#### **115.322 (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

#### **115.322 (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

#### 115.322 (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 115.321(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.*

KCJDF Detention Manager ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Detention Manager coordinates administrative and criminal investigations of alleged incidents of sexual misconduct in cooperation with the PREA Coordinator and local law enforcement as needed. KCJDF has a policy 3.20 (Prison Rape Elimination Act) to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to the POPD. The POPD has the legal authority to conduct criminal investigations. KCJDF has published Policy 3.20 on its website. KCJDF documents all such referrals. The Auditor interviewed the PREA Coordinator who is one of the trained investigators at the KCJDF. During the interview the PREA Coordinator indicated he would coordinate the release of any documentation,

coordinate staff interviews and give POPD unlimited access to the facility as needed for conducting a criminal investigation.

All allegations of abuse are reported to Child Protective Services (CPS) a division of the Department of Social and Health Services. CPS is required to conduct their own investigation based on the information provided by KCJDF Staff members.

KCJDF administrative investigators conduct internal investigations of employee misconduct. The Detention Manager will assign the individual who conducts the internal investigation; all individuals conducting investigations have participated in the NIC Training Class “Investigating Sexual Abuse in a Confinement Setting”. Interviews with the Agency Director (Juvenile Court Administrator), the PREA Coordinator and the Detention Manger confirm referrals and investigations would be completed for any incident involving sexual assault or sexual harassment.

KCJDC reports no allegations of sexual abuse or sexual harassment have been received in the past 12 months. There have been no criminal or administrative investigations in the past 12 months related to sexual abuse or sexual harassment.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

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

#### 115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents’ right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents 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 residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No

- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  Yes  No

#### 115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  Yes  No
- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?  Yes  No

#### 115.331 (c)

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

#### 115.331 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

KCJDF trains all employees who may have contact with residents on: the zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under KCJDF sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; residents' right to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in juvenile facilities; the common reactions of juvenile victims of sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and laws related to mandatory reporting of sexual abuse and the age of consent. The training is specifically for the residents of juvenile facilities and covers both male and female residents. KCJDF provides employees with refresher training every two years.

All employees know KCJDF's current sexual abuse and sexual harassment policies and standard operating procedures. KCJDF documents that employees understand the training they have received. This is completed electronically and monitored by Kitsap County Human Resources and the PREA Coordinator. Kitsap County Human Resources Department utilizes Halogen Learning™ software. Halogen is a cloud-based integrated learning management system (LMS) that tracks all training activities of staff. The Auditor reviewed employee training records and the PREA Coordinator provided copies of training records for the employees. The Training document (Power Point) contains appropriate language concerning the employees understanding of the training received. Specifically, the Power Point training that all staff viewed contains the information listed above and a 10-question test embedded into the training. If the staff member answers the question correctly the next question is presented. At the end of the training the following statement is presented "Exiting this training electronically signifies your completion and understanding of the material".

The Auditor reviewed eight (8) staff training records. The training records indicate PREA training occurred in 2016 and 2017. The auditor was provided a copy of the Halogen training sheet for all the staff who participated in the Cross –Gender and Transgender Pat Searches. This training occurred in 2017. Staff member interviews indicate training on Cross-Gender and Transgender Pat Searches (Moss Group) was completed. All the staff members who were interviewed by the Auditor indicated a clear understanding of the Prison Rape Elimination Act. All employees have been trained, and the

auditor confirmed the training records of the employees. All staff interviewed confirmed their participation in PREA training and their knowledge of the training curriculum.

The PREA Coordinator electronically sends PREA Pointers to each of the staff at KCJDF. Although these e-mails are not specifically tracked there have been 22 such PREA Pointers since June of 2014. These PREA Pointers provide specific information about a variety of PREA Topics from first response to mental health follow up. A review of these PREA Pointers indicates all the information provided in the PREA Training Power Point is covered in the PREA Pointers. The auditor further notes that KCJDF staff members have also participated in training related to Policy 3.17 Detention: Non-Discriminatory LGBT policy. The auditor reviewed the training sign in sheet for this training. The training sheet clearly indicates correctional staff participated in this policy review.

The Auditor recommends that all training conducted be documented through employee signature or electronic verification, which clearly indicates the employees understand the training they have received. The Auditor notes that the two of the training's, Cross-Gender and Transgender Pat Searches, and the PREA Power point are both documented electronically and include the statement that the employees understand the training. However, the LGBT Policy training and the PREA Pointers are not appropriately documented as required by the audit standards.

Based on the review of the training provided (Cross-Gender and Transgender Pat Searches, and the PREA Power point), the review of the training records, nine random staff interviews and the PREA Coordinator interview the Auditor determines there is substantial compliance with this standard.

## Standard 115.332: Volunteer and contractor training

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

#### 115.332 (a)

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

#### 115.332 (b)

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

#### 115.332 (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.*

KCJDF has five (5) volunteer chaplains. Each of the chaplains has been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. Volunteers are informed of the resident's right to be free from sexual abuse and to be free from retaliation for reporting incidents of sexual abuse and harassment. KCJDF maintains documentation confirming that volunteers understand the training they have received.

KCJDF has two specific contracts for services. The Kitsap County Mental Health Services which provides mental health services to the residents at KCJDF and Correct Care Solutions which provides medical services to the residents at KCJDF. The staff members who represent both entities have participated in PREA Training. Specifically training records were provided which indicate staff members from Correct Care, seven in total, have participated PREA Training and their signature on the training form indicates they understand the training they received. The PREA training provided by KCJDF staff to Kitsap County Mental Health Staff, one in total, indicates PREA Training was conducted and the signature on the training form indicates the contract staff member understood the training provided. The training is well documented, and the facility maintains documentation confirming that contractors understand the training they have received. Both contractors who participated in interviews indicated their respective organizations provide training on PREA and more specifically responding to incidents of sexual assault. During those interviews the contractors clearly indicated an understanding of the KCJDF PREA policy and the appropriate protocols for dealing with incidents involving sexual assault and sexual harassment. School staff representing Educational Service District (ESD) 114 has also participated in KCJDF PREA training and the facility maintains documentation confirming that ESD 114 staff understands the training they have received. The Auditor notes that individuals, who enter KCJDF for repairs, IT, phone, physical plant, etc., are always supervised by staff and they do not have contact with residents.

Based on the review of the training provided, the review of the training records (18) and two contract staff interviews the Auditor determines there is substantial compliance with this standard.

## Standard 115.333: Resident education

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

**115.333 (a)**

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- Is this information presented in an age-appropriate fashion?  Yes  No

**115.333 (b)**

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

**115.333 (c)**

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

**115.333 (d)**

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?  Yes  No

- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?  Yes  No

#### 115.333 (e)

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

#### 115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?  Yes  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.*

Residents receive information on zero tolerance, how to report incidents of sexual abuse and harassment, their right to be free from sexual abuse and harassment and to be free from retaliation for reporting incidents. In addition, residents are informed about how KCJDF will respond to such incidents. Intake Staff interviews verify that residents receive the appropriate information. In addition to this information residents are provided a handbook that also provides information concerning Zero Tolerance and how to report sexual abuse and harassment. The auditor confirmed all residents receive this information. Interviews with residents also confirm that KCJDF Staff provide information on reporting incidents of sexual abuse. The agency documents the receipt of this information.

Throughout the facility there is information posted about PREA, Zero Tolerance and how to report incidents of sexual abuse. This information is presented in both Spanish and English. This information is visible and readily available. There is information provided to the residents concerning the services of the KCSAC. The Center provides counseling to victims of sexual assault and provides advocacy services. Telephone numbers and mailing address are provided to the residents. Resident interviews confirm this information is available although none of the residents interviewed had utilized the services of the KCSAC. The auditor notes that one resident was in the process of being connected to the services provided by KCSAC. Upon further investigation the auditor was informed that resident in question was already being provided services and the staff at KCSAC were aware of the situation and

KCSAC staff were in the process of developing a relationship with the resident in an effort to continue services.

Each resident participates in a comprehensive age-appropriate education class within 10 days of intake. Specifically, a video is shown concerning a resident's right to be free from sexual abuse and harassment. A staff member introduces the video which is approximately 18 minutes long and then a question and answer session is held with the residents. The staff member also reviews the KCJDF zero tolerance policy toward sexual abuse and how to report sexual abuse or harassment. Each resident who participates in this comprehensive education class signs a document indicating his or her participation. The auditor reviewed the video and was provided with documentation indicating residents had participated in the education session.

The Auditor also reviewed a random sample of resident files, each file reviewed contained documentation to support a resident's initial intake and the information concerning PREA that was provided during intake and information concerning the resident's participation in the comprehensive PREA education. If necessary the information contained in the video and the subsequent information provided to residents is available in formats accessible to residents who are deaf, blind, limited English proficient or who have limited reading skills.

## Standard 115.334: Specialized training: Investigations

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

#### 115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, 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 115.321(a).]  Yes  No  NA

#### 115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(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 115.321(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 115.321(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 115.321(a).]  Yes  No  NA

#### 115.334 (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 115.321(a).]  Yes  No  NA

#### 115.334 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

KCJDF may conduct administrative investigations involving sexual abuse and sexual harassment. The investigator has received training in conducting investigations in confinement settings. This training was on line and coordinated by the National Institute of Corrections. The title of the training is "Investigating Sexual Abuse in a confinement setting". That training includes the proper use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative action or criminal referral.

The auditor reviewed the training certificate for three investigators and interviewed one of those investigators. The Investigator was aware of his responsibilities during an investigation; he indicated that upon notification of an allegation the investigation would begin immediately. Any allegation that potentially involved criminal behavior would require police involvement. The training he took from NIC covered all areas of the investigative process, interviewing techniques, evidence collection, evidence protection and victim advocacy. Securing and processing the scene for evidence. Securing all evidence maintaining the integrity of the evidence. Seeing to the needs of the victim, providing advocacy support from KCSAC. The investigator stated he would review memorandums, collect as much data as possible, write a report, and consult with Detention Manager and Juvenile Court Administrator. The investigator noted that Anonymous

or third-party reports would be thoroughly investigated as soon as possible, the investigator indicated he would begin by talking to the alleged victim and then proceed with a normal investigation process. A third party or an anonymous tip would be treated the same as a direct report. The investigator indicated that if the incident was criminal in nature, he would not collect specific physical and DNA evidence, he would aid the investigating agency by providing victim and perpetrator information such as any pertinent central file information, information concerning prior complaints and reports of prior sexual abuse and he would provide any information on prior investigations involving either the victim or the perpetrator.

Based on the review of the training records (3) and one investigator interviews the auditor determines there is substantial compliance with this standard.

## Standard 115.335: Specialized training: Medical and mental health care

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

#### 115.335 (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 juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.335 (b)

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

#### 115.335 (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

#### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?  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 §115.332?  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.*

KCJDF provides PREA training to the medical and mental health practitioners who work in the facility. The training includes how to detect signs of sexual abuse/harassment, how to prevent destruction of evidence, how to respond to victims and how to report allegations or suspicions of sexual abuse and sexual harassment. Facility contract medical staff do not conduct forensic examinations. The auditor confirmed that training was provided to Medical and Mental Health staff. Interviews with the Registered Nurse and Mental Health staff confirmed the training. During the interview with the Correct Care Nurse the auditor was informed about Correct Care's standards for Health Care Staff. Specifically, Correct Care staff are required to: Provide timely first aid and treatment of visible injuries; preserve potential evidence (including evidence of sexual activity); provide access to forensic examinations, performed by a Sexual Assault Nurse Examiner (SANE), trained to examine the victim, collect and preserve evidence, and testify in court; provide access to victim advocate from a KCSAC for emotional support; remain with the victim until he or she is escorted outside the facility; ensure and coordinate necessary care such as emergency contraception, HIV testing and counseling and/or medications that might be given once more information is gathered based on initial screening results. The Nurse indicated the protocols established by Correct Care have been implemented at KCJDF and that she would work in conjunction with the SANE staff at Harrison Medical Center. The Nurse further indicated there had been no allegations of sexual assault in the facility during the time she has worked at KCJDF.

Both contractors who participated in interviews indicated their respective organizations provide training on PREA and more specifically responding to incidents of sexual assault. During those interviews the contractors clearly indicated an understanding of the KCJDF PREA policy and the appropriate protocols for dealing with incidents involving sexual assault and sexual harassment.

The auditor recommends that training documentation provided by Correct Care and KCMH to their staff that provides services to KCJDF are kept on file at the facility. The auditor notes that KCJDF does

maintain documentation that medical and mental health practitioners have received training referenced in this standard from the facility, but it does not maintain documentation for the training provided to these contractors by their parent organizations.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.341: Screening for risk of victimization and abusiveness

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

#### 115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?  Yes  No
- Does the agency also obtain this information periodically throughout a resident's confinement?  Yes  No

#### 115.341 (b)

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

#### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  Yes  No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?  Yes  No

#### 115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?  Yes  No
- Is this information ascertained: During classification assessments?  Yes  No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?  Yes  No

#### 115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?  Yes  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.*

All residents are provided Risk Assessments upon intake. The policy 3.20 (Prison Rape Elimination Act) pages 3-5, provides that assessments are conducted within the first 72 hours however the Auditor notes that these assessments are done almost immediately after the initial intake. The assessment includes an assessment of the mental, physical and developmental disability of the resident, the age of the resident, the physical build of the resident, previous incarcerations, criminal history, prior sex offenses, whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming, prior sexual victimization and the resident's perception of his or her vulnerability. Residents are not disciplined for failing to answer any questions. All information gathered during intake is shared with only those staff that has a need to know. Sensitive information is not shared unnecessarily. Resident interviews indicated the use of the assessment tool. Residents at KCJDF clearly indicated they had been queried on questions concerning whether they had been victims of sexual abuse or sexual harassment or if they had been arrested or charged with a sex offense. Residents further indicated that the Nurse also asked them the same questions. Interviews with Intake staff confirmed the use of the assessment tool. The Intake staff indicated their responsibilities included assessing all residents especially those with special needs or those who may be vulnerable or express feelings of vulnerability. The Intake officers indicated the need to provide safe housing, and program resources that ensured a safe environment for all residents. The Auditor reviewed the files of several residents. The files contained the appropriate Intake forms and they were signed by Intake Officers and the residents.

The Auditor observed the intake process for one resident that arrive on the Swing Shift October 2, 2017. The resident was brought into the facility through the sally port. She was provided verbal information about the intake process that included information as to how a pat search would be conducted. The pat search was conducted by a female staff member. Upon completion that resident sat at the intake desk and a lengthy question and answer period began. A Health Screening intake form was completed that included information previously provided by either the guardian or parent. The KCJDF utilizes a case management software program that requires input detailing the residents biographical information, behavior summary, prior victimization including sexual assault and whether or not the alleged crime was reported to Law Enforcement, a criminal history review, drug and alcohol usage summary, a medical summary, a security status determination (low, medium or high based on current offense) and a Mental Health Assessment (Mental Health Juvenile Detention Assessment Tool – MH-JDAT). The MH-JDAT was developed in 2000 and is a standardized 31 - item questionnaire. Results from this instrument are used to identify signs of mental/emotional disturbance or distress, including suicide risk. Scores from the MH-JDAT are used to inform decisions regarding access to programming, crisis intervention, and housing arrangements in detention. Upon completion of this process the resident was provided with a document specifically reviewing the Prison Rape Elimination Act. This document discusses KCJDF's zero-tolerance regarding sexual abuse and sexual harassment, how to report incidents of sexual assault or sexual harassment, whether or not the resident had any disabilities, whether or not the resident self-identified as lesbian, gay bisexual, transgender, questioning or intersex, whether or not the resident has been the victim or prior sexual abuse or sexual assault and whether or not the resident has ever sexually assaulted or sexually abused another person. Finally, the resident was asked if she had any issues or concerns about her safety in

detention, specifically did she feel vulnerable or unsafe. Upon completion of this interview/intake process the resident was seen by the Registered Nurse.

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

The Registered Nurse collected specific information from the resident concerning her health. Those questions included whether or not the resident was concerned about being sexually abused or assaulted while at the detention center, whether or not the resident had been the victim of sexual abuse, whether or not they would sexually abuse another resident while at the detention center and whether or not they had sexually abuse someone in the past. Finally, the resident was provided a form entitled "Sexual Assault Awareness for Offender", this form provides information about sexual assault, tips for avoiding sexual assault, and how to report sexual assault. The form also includes information on how to obtain medical services.

The auditor interviewed five staff members who conduct risk assessments. Each of the staff members interviewed was aware of their responsibilities in conducting risk assessments.

Based on the intake observation, the interviews conducted, a review of the intake documentation, and a review of resident records (12) the Auditor determines there is substantial compliance with this standard.

## Standard 115.342: Use of screening information

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

#### 115.342 (a)

- Does the agency use all the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?  Yes  No
- Does the agency use all the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?  Yes  No
- Does the agency use all the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?  Yes  No
- Does the agency use all the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?  Yes  No

- Does the agency use all the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?  Yes  No

#### 115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  Yes  No
- Do residents in isolation receive daily visits from a medical or mental health care clinician?  Yes  No
- Do residents also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?  Yes  No

#### 115.342 (d)

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

resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.342 (e)

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

#### 115.342 (f)

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

#### 115.342 (g)

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

#### 115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)  Yes  No  NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)  Yes  No  NA

#### 115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*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.*

KCJDF utilizes the intake information to make decisions on housing assignments. The needs of each resident are taken into consideration. Although no transgender or intersex offenders are currently in the population, Detention staff indicated they would determine housing on a case by case basis and have appropriate facilities available to ensure the safety of all residents. The PREA Coordinator stated during his interview that the Agency would consider a transgender or intersex resident's own views with respect to safety. Policy 3.20 PREA; and 3.17 Non-Discrimination LGBT are referenced for this standard. The Auditor notes that although there is a procedure for the use of isolation as a last resort and that placement requires documentation, this procedure has never been used at KCJDF. The Auditor was satisfied based on discussion with the Detention Manager that there are alternatives to using isolation. Specifically, at KCJDF there are four separate housing units and each housing unit has programming space that allows for residents to participate in programs. Residents can be kept separate as needed and still participate in daily activities without being confined to their cells. Additionally, Policy 3.17 Non-Discrimination LGBT, specifically states that LGBT youth may not be placed in isolation or separate housing based on their gender identity or sexual orientation and they cannot be excluded from programs or pod activities based on their gender identity or sexual orientation. Finally housing assignment is determined on a case by case basis with consideration of the youth's health and safety. For youth who identify as Lesbian, Gay, Transgender or Intersex their preference concerning housing assignment is always considered. Transgender or intersex residents are monitored by both Detention staff and Mental Health Staff. Any issues concerning residents who may be vulnerable due to their sexual orientation are documented so that Supervisors, if necessary, can make adjustments to assignments. All residents are provided the opportunity to shower separately from other residents.

A review of the policies and interviews with the PREA Coordinator, Agency Head, Detention Manager, Intake Officers and staff who conduct risk assessments confirm compliance with this standard.

## REPORTING

### Standard 115.351: Resident reporting

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

#### 115.351 (a)

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

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

#### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?  Yes  No

#### 115.351 (c)

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

#### 115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?  Yes  No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  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.*

Residents have multiple ways to report allegations of sexual abuse and sexual harassment. There is an external phone number to Child Protective Services that residents may use. The phone number for the Kitsap Sexual Assault Center is also provided and residents can call the Kitsap Sexual Assault Center and report issues concerning sexual assault or sexual harassment. The residents can dial #9 on any pod phone and be connected directly to the dispatch center. The dispatch center would forward a report immediately to the shift supervisor at KCJDF. Residents may write a note or a grievance and give the note or grievance to a staff member. Residents have access to paper and pencils. These multiple methods of reporting are posted throughout the facility, and they are reviewed with the resident during intake. Resident interviews confirm knowledge of the reporting procedures including the ability to have a third-party file a report.

Third party reports can be made to any staff including the Director. The KCJDF web site provides the following information concerning reporting: "If you have information regarding a juvenile who has been sexually assaulted while in detention, report this directly to the Detention Manager. You may also call the Kitsap County Sexual Assault Center. Please provide as many details as possible".

Staff can privately report to a supervisor, the Detention Manager or if necessary to Human Resources.

## **Standard 115.352: Exhaustion of administrative remedies**

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

#### **115.352 (a)**

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

#### **115.352 (b)**

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

### 115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  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

### 115.352 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA

- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)  Yes  No  NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (f)

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

### 115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  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.*

KCJDF has an administrative procedure to address sexual abuse grievances. KCJD does not impose a time limit; no informal grievance process is required. If an allegation is made against a staff member that staff member is not involved in the grievance process. There is an initial response within 48 hours and a final agency decision within 90 days. Third parties can submit and if necessary assist the resident in filing a grievance. There is an established procedure for emergency grievance and an initial response within 48 hours with a final decision within 5 days.

The auditor reviewed Policy 3.20 PREA pages 7-8 and Policy 3.17 Detention – Detainee Grievance Policy. The Detention Grievance Policy distinguishes between general grievances concerning conditions of confinement, procedures, or decisions made by staff and sexual misconduct or sexual abuse grievances. The policy provides guidance to residents concerning how to file a grievance for sexual abuse. The auditor notes that each pod has a large poster in color that defines the grievance procedures for residents. The poster provides information on how to submit a general grievance and the procedures related to internal grievances pertaining to any aspect of the resident's confinement. The poster also provides specific information on the procedures for filing a grievance pertaining to sexual misconduct, sexual assault or sexual harassment. Finally, the posters provide specific information concerning how to file an emergency grievance pertaining to sexual assault, sexual harassment or sexual misconduct. These posters are very visible and accessible to all residents in the facility.

The auditor notes the KCJDF follows exactly the codified language in the Code of Federal Regulations concerning the administrative procedure to address sexual abuse grievances. The auditor further notes that because there have been no grievances filed concerning sexual assault or sexual harassment it is difficult to determine if in fact the KCJDF will respond to an emergency grievance or a non-emergency grievance within the time frames allotted. However, during an informal discussion with the PREA Coordinator the grievance procedures were reviewed. The PREA Coordinator clearly indicated an investigation would immediately ensue if a resident filed a grievance concerning sexual assault or sexual harassment. The PREA coordinator stated at staff would refer to their first responder duties and effectively manage the situation. The PREA coordinator indicated a response to the grievance would be provided after the initial steps to ensure the safety of the resident had been taken.

Based on the information provided in Policies 3.20 PREA, and 3.17 Detention-Detainee Grievance Policy, the availability of color posters in each of the four pod living units describing the grievance procedures and discussions with the PREA Coordinator concerning the grievance procedures, there is substantial compliance with this standard.

## Standard 115.353: Resident access to outside confidential support services and legal representation

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

### 115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.353 (b)

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

### 115.353 (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 residents 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

### 115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?  Yes  No
- Does the facility provide residents with reasonable access to parents or legal guardians?  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.*

KCJDF has established a Memorandum of Understanding with the Kitsap County Sexual Assault Center. These advocates provide support related to sexual assault. KCSAC advocates are a component of the standard response to a report of sexual abuse/sexual harassment within the facility. They facilitate follow-up, whenever possible, between the resident and an advocate by mail, telephone, or in person while the victim is detained by KCJDF. KCJDF provides KCSAC contact information to all residents upon release. KCJDF provides residents with confidential, 24-hour access to the KCSAC crisis line. KCJDF respects the confidential nature of communication between the KCSAC advocates and clients. KCJDF provides KCSAC advocates with basic orientation on facility security and safety guidelines. KCSAC advocates are cleared to enter the KCJDF for meetings and training sessions, or to meet with clients. KCSAC advocates are provided private meeting space for counseling sessions. KCJDF facilitates the placement of information placards with instructions on how to access the KCSAC crisis line in areas visible to residents. KCSAC responds to requests from the KCJDF to provide advocacy and support to victims of sexual assault/sexual harassment. KCSAC responds to calls from the KCJDF residents received on the KCSAC crisis line. KCSAC provides advocacy based counseling and crisis intervention services. KCSAC provides follow-up services and crisis intervention contacts to victims of sexual assault at the KCJDF. KCSAC maintains confidentiality of communications with clients detained at the KCJDF. KCSAC provides relevant education/training regarding advocacy services to KCJDF staff as needed. Residents have access to the mailing address, telephone numbers including a toll-free number that provides confidential communication between residents and the center.

The auditor interviewed the KCSAC Executive Assistant prior to the on-site visit. During the interview the Executive Assistant indicated that an MOU was in place with the KCJDF and that Victim Advocates were available to assist victims at the facility. In addition, the Executive Assistant indicated residents could contact the KCSAC directly from the facility to report any victimization. The Executive Assistant indicated there are two full time Victim Advocates who work directly with Juveniles and that both Victim Advocates have received Sexual Assault Advocacy Training. In addition, a third staff member who is a designated Crime Victim Advocate is also trained in Sexual Assault Advocacy Training. The training included: How to detect and assess signs of sexual abuse and sexual harassment; How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The Executive Assistant stated that at the initiation of services to a resident, KCSAC Staff disclose the limitations of confidentiality and their duty to report. She indicated victims of sexual abuse would

receive timely and unimpeded access to emergency medical treatment and crisis intervention services and the nature and scope of the services would be determined according to the professional judgment of the SANE and Advocacy staff. Finally, the Executive Assistant stated that follow up services would be provided as necessary and that the level of care was consistent with community standards.

The auditor had a further discussion with a KCSAC advocate who was providing services to a resident during the audit. The advocate stated she was aware of the MOU and the content of the MOU. She indicated she had a close association with the Special Crime Victims Unit in the County Prosecutors office. The advocate stated she would provide additional training to staff as requested concerning advocacy services.

All eleven residents interviewed indicated they had confidential access to their attorneys prior to any hearings. Additionally, all eleven residents stated they are allowed the opportunity to visit with family. The auditor observed the attorney/client visiting areas located in the Court Room area and the visiting room located in the facility.

Based on the interviews with KCSAC staff, a review of the memorandum of understanding between the KCJDF and KCSAC, and the interviews with residents, there is substantial compliance with this standard.

## Standard 115.354: Third-party reporting

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

#### 115.354 (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 a resident?  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.*

KCJDF has established a method to receive third party reports of sexual abuse. This information is available on the Kitsap County Court website (<http://www.kitsapgov.com/juv/Detention/PREA.htm>).

Information is available to the public on how to report resident sexual abuse or sexual harassment on behalf of the residents. The KCJDF web site provides the following information concerning reporting: “If you have information regarding a juvenile who has been sexually assaulted while in detention, report this directly to the Detention Manager. (The telephone number is provided.) You may also call the Kitsap County Sexual Assault Center. (The telephone number is provided.) Please provide as many details as possible”. Such as: the name(s) and locations of persons involved; the name(s) or description of any witnesses to the incident; brief description of the incident(s); a brief description of where the event(s) occurred; the date(s), time and place of occurrence(s); names and contact information of others who might have additional information about the incident.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

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

#### 115.361 (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 residents 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

#### 115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?  Yes  No

#### 115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited 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

#### 115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?  Yes  No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?  Yes  No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?  Yes  No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)  Yes  No  NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?  Yes  No

#### 115.361 (f)

- 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

*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.*

KCJDF requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility. Staff members are also required to report any retaliation against residents or staff who has reported an incident of sexual assault or sexual harassment. Regardless of its source, KCJDF employees, contractors, and volunteers who receive information concerning resident on resident sexual misconduct at KCJDF, or who observe an incident of resident on resident sexual misconduct, or have reasonable cause to suspect a resident is a victim of sexual misconduct, must: Immediately report the information or incident directly to their immediate Supervisor. If necessary, (alleged criminal behavior) Law Enforcement will be notified by the Detention Manager, Supervisor or Acting Lead. Supervisory staff will report any incident of suspected child abuse or neglect to Child Protective Services.

Any KCJDF employee, contractor, or volunteer who fails to report an allegation, or coerces or threatens another person to submit inaccurate, incomplete, or untruthful information with the intent to alter a report, may face disciplinary action, up to and including termination of employment. All KCJDF staff, contractors, and volunteers have a duty to report any allegation of sexual abuse as required by mandatory reporting laws (RCW 26.44.030). Residents are informed of the limitations of confidentiality between residents and staff.

If KCJDF staff is informed of alleged sexual abuse at another confinement facility, the Detention Manager will notify the Director of the facility where the alleged abuse occurred and shall also notify the appropriate investigative agency. KCJDF provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. KCJDF documents that it has provided such notification within 72 hours of receiving the allegation. KCJDF facility policy 3.20 PREA requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. Although KCJDF has never been informed of an alleged incident at another facility, they do have a procedure in place to make notifications as necessary. KCJDF requires all staff to report immediately any retaliation against residents or staff who reported such an incident.

Apart from reporting to the designated supervisors or officials and designated State or local service agencies, KCJDF prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Medical and mental health practitioners are required to report sexual abuse to designated Supervisors, as well as to the designated State or local agencies.

Although no complaints have been received, a procedure has been established for third party reports to be sent to the Detention Manager. If an allegation is received the Detention Manager would inform the Juvenile Court Administrator and appoint an investigator. The allegation would be reported to the alleged victim's parents or legal guardians, and to the resident's attorney.

Finally, residents detained solely for civil immigration purposes will be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. Staff members are required to report any violation of responsibilities that may have contributed to an incident or retaliation. PREA Policy 3.20 documents the procedures for reporting to State or local service agencies, guardians and attorneys.

## Standard 115.362: Agency protection duties

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

#### 115.362 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The KCJDF reports that there have been no situations in the past 12 months where the staff determined a resident was subject to substantial risk of imminent sexual abuse. Review of policy and interviews with the PREA Coordinator and the Detention Manager demonstrated the protective measures that would be taken in the event it was found that a resident was at imminent risk of sexual abuse. Additionally, all staff interviewed indicated sufficient knowledge of the protective measures that should be taken in the event a resident was subject to substantial risk of imminent sexual abuse.

The auditor reviewed Policy 3.20 PREA, pages 9-10. This section of the PREA Policy outlines a staff member's response to any allegation of sexual misconduct. As stated in the procedures, Detention Officers who receive an initial report of sexual misconduct are required to promptly intervene on the alleged victim's behalf to ensure the victim receives prompt medical and psychological assistance, as appropriate to his or her needs, and the circumstances of the alleged offense.

Staff interviews revealed staff were formally trained on and understand how to ensure youth are kept safe in the event they are at risk for imminent sexual abuse. Upon receipt of information that a resident is subject to a substantial risk of imminent sexual abuse, the KCJDC staff all indicated immediate action would be taken. Specifically, at a minimum, housing and/or programming changes would be initiated to separate or limit a

threat between residents. All nine of the random staff interviewees indicated a similar answer. The Detention Manager stated during his interview, that staff has been directed to separate the residents and ensure the safety of the residents. Additionally, staff should protect the evidence, if any, and initiate the Coordinated Response plan. When asked how quickly staff should respond the Detention Manager stated that the action should be taken immediately.

## Standard 115.363: Reporting to other confinement facilities

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

#### 115.363 (a)

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

#### 115.363 (b)

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

#### 115.363 (c)

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

#### 115.363 (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

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

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

The KCJDF reports that in the past 12 months, the facility has received no allegations that a resident at KCJDF was abused while confined at another facility. The KCJDF policy 3.20 PREA indicates if KCJDF staff is informed of alleged sexual abuse at another confinement facility, the Detention Manager will notify the Director of the facility where the alleged abuse occurred and shall also notify the appropriate investigative agency. KCJDF provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. KCJDF documents that it has provided such notification within 72 hours of receiving the allegation. Facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. As noted above the KCJDF reports that in the past 12 months, the facility has received no notifications of sexual abuse from other facilities. Interviews with the Juvenile Court Administrator and Detention Manager and PREA Coordinator demonstrate compliance with this standard.

## **Standard 115.364: Staff first responder duties**

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

#### **115.364 (a)**

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

#### **115.364 (b)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

KCJDF staff members were interviewed concerning first responder responsibilities. Staff were aware of their responsibility in this area. Staff indicated a need to separate the victim from the abuser, preserve and protect the crime scene, advise the victim to not take any action that would compromise the evidence, and if possible ensure the alleged abuser did not take any action that would compromise any evidence. In addition, staff members were aware that they needed to contact the POPD and the KCSAC.

The staff interviewed indicated they had received training that included the duties of a first responder. Medical Staff and Mental Health staff members were also aware of their responsibilities as a first responder and the need to notify security staff.

The Auditor was provided with a copy of the Coordinated Response Sexual Abuse Incident Guide. This document provides specific instructions for Detention Officers, Shift Supervisors, Mental/Medical Health, PREA Compliance Manager, Detention Manager and Juvenile Court Administrator.

The KCJDF reports that in the past 12 months, there have been zero allegations that a resident was sexually abused. As result there, were no victims available for interview by the auditor. Nor were there any first responder staff (security or non-security staff) to interview.

The facility has posted large poster size documents detailing first responder duties indicating the steps to be taken if a staff member is the first responder to an allegation of sexual abuse. These quick reference guides are in areas where staff have general access, such as immediately outside the supervisor's offices, adjacent to the POD Officer's desk and in the Hallway leading to the PODS. The quick reference posters detail the first responder duties as noted in §115.364. A first responder is required to: Separate the alleged victim and abuser; Preserve and protect the crime scene; request the alleged victim to not destroy evidence and ensure the alleged abuser does not destroy evidence. A non-security staff first responder is required to request the victim to not destroy evidence and then notify a detention staff member.

Interviews with staff clearly indicate they understand the duties of a first responder. Based on the interviews and the availability of information available to staff concerning their duties as first responders, there is substantial compliance with this standard.

## Standard 115.365: Coordinated response

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

### 115.365 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

KCJDF has a facility plan to coordinate actions taken in response to a sexual assault incident among staff first responders, medical, and facility leadership. Interviews with the Detention Manager, the Juvenile Court Administrator, and other staff revealed they understand their duties in responding to allegations of sexual abuse. In addition, KCJDF has procedures in place for reviewing incidents with facility leadership. During this review process the team examines ways in which they could have prevented the incident, and/or intervened in a more effective way. This review process occurs within 30 days of any alleged incident.

The Detention Manager stated during his interview that staff members are trained to follow the Coordinated Response Plan. This document provides specific instructions for Detention Officers, Shift Supervisors, Mental/Medical Health, PREA Coordinator, Detention Manager and Juvenile Court Administrator. The Response plan that includes but is not limited to, separating the involved individuals, contacting law enforcement, maintaining evidence integrity, providing a victim advocate and ensuring appropriate medical care. The Coordinated Response plans indicates that victims may request the assistance of an outside advocate and the plan indicates an outside victim advocate will be contacted. As noted in Standard 115.321, victim advocacy services are available.

The Coordinated Response plan documents provide specific information regarding coordinating actions in response to sexual abuse. There is substantial compliance with this standard.

## Standard 115.366: Preservation of ability to protect residents from contact with abusers

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

### 115.366 (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 residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.366 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

KCJDF has no limit on its ability to remove alleged sexual abusers from contact with any residents pending the outcome of an investigation. There is no collective bargaining agreement that would prohibit immediate action to protect residents. The Juvenile Court Administrator and Detention Manger staff confirm there is no prohibition against removing alleged staff sexual abusers from contact with residents.

## Standard 115.367: Agency protection against retaliation

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

**115.367 (a)**

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

**115.367 (b)**

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

**115.367 (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 residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  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 resident 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: Resident 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: Resident 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

#### 115.367 (d)

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

#### 115.367 (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

#### 115.367 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

KCJDF prohibits retaliation against both residents and staff who report sexual abuse or sexual harassment or cooperate with investigations. The Detention Manager, Supervisors and acting Lead workers are the designated staff members who monitor retaliation. The Detention Manager and the PREA Coordinator are aware of their requirements for monitoring. Policy 3.20 PREA does not indicate that periodic checks will be conducted for up to 90 days to monitor any incidents of retaliation and to prevent incidents of retaliation. The auditor notes that that in the past 12 months there have been zero

incidents of retaliation reported, known or suspected at the KCJDF. The facility PREA policy clearly states the agency shall protect all residents and staff who report sexual abuse or cooperate with sexual abuse investigations from retaliation by other residents or staff and shall designate the Detention Manager, Supervisor, and Acting Lead Workers with monitoring retaliation. This monitoring includes providing mental health and medical assistance for the alleged victim and ensuring the alleged victim is separated from the alleged perpetrator. The PREA policy does not indicate any type of protection for cooperating in an investigation involving sexual harassment.

The facility policy does not detail any multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims. Further the facility policy does not indicate how long monitoring will be in effect under any circumstances.

### **Corrective Action Required**

The auditor in conjunction with the PREA Coordinator initiated the following policy additions to remedy the discrepancies between the facility policy 3.20 PREA and Standard 115.367.

Except in instances where the agency determines that a report of sexual abuse or sexual harassment is unfounded, for at least 90 days following a report of sexual abuse or sexual harassment, the facility will monitor the conduct and treatment of residents or staff who reported the sexual abuse or sexual harassment to see if there are changes that may suggest possible retaliation by residents or staff.

The facility will monitor the conduct and treatment of residents who were reported to have suffered sexual abuse or sexual harassment to see if there are changes that may suggest possible retaliation by residents or staff.

The facility will act promptly to remedy any such retaliation.

The facility will monitor any resident disciplinary reports, resident housing changes and resident program changes.

The facility will monitor any negative performance reviews of staff and reassignments of staff.

The facility will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The facility will conduct periodic status checks and 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.

Upon completion the PREA Coordinator will send a copy of the changes to the auditor.

### **Verification of Corrective Action since the Audit**

On December 28, 2017, The PREA Coordinator provided the auditor with an updated PREA Policy 3.20. This new policy includes appropriate language to satisfy the elements 115.367 (b), (c), (d) and (e). The auditor is satisfied that the elements of 115.367 (b), (c), (d) and (e) have been met; this standard is now in compliance.

## Standard 115.368: Post-allegation protective custody

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

### 115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?  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.*

KCJDF does not have a segregated housing unit. Information gathered during intake is utilized to make housing, bed, program, and education, assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

Residents may be isolated from others in the intake area for asserting suicidal ideations. Residents who indicate suicidal ideations are monitored and subsequently seen by a mental health practitioner to determine their level of safety. The evaluation by a mental health practitioner is conducted within hours of staff determination that a resident is expressing suicidal ideations and the resident is constantly monitored by a staff member until a staff member from Kitsap Mental Health arrives.

There have been no residents who were placed in isolation for alleging to have suffered sexual abuse. KCJDF does not have a segregated housing unit; all residents are housed in one of the available Pods except as noted above.

# INVESTIGATIONS

## Standard 115.371: Criminal and administrative agency investigations

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

### 115.371 (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 115.321(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 115.321(a).]  Yes  No  NA

### 115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?  Yes  No

### 115.371 (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

### 115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?  Yes  No

### 115.371 (e)

- 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

### 115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.371 (g)

- 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

#### 115.371 (h)

- 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

#### 115.371 (i)

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

#### 115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?  
 Yes  No

#### 115.371 (k)

- 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

#### 115.371 (l)

- Auditor is not required to audit this provision.

#### 115.371 (m)

- 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 115.321(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.*

The KCJDF conducts administrative facility investigations but does not conduct criminal investigations. Criminal investigations are conducted by the Port Orchard Police Department. The facility reports that in the last 12 months there have been no allegations of or subsequent investigations for sexual abuse or sexual harassment. The facility policy 3.20 PREA governs the conduct of administrative investigations.

The KCJDF has three individuals who have received the specialized training for conducting sexual abuse investigations as required by PREA standard 115.334. These individuals include the PREA Coordinator, and two other individuals who are supervisors.

KCJDF has procedural guidelines for administrative investigations. All allegations that appear to be criminal in nature are referred to the POPD. Upon the completion of a criminal investigation KCJDF will conduct a follow up investigation for Human Resource action if necessary. All allegations are investigated. The credibility of an alleged victim, suspect or witness is assessed on an individual basis; polygraph or other devices are not required to proceed with an investigation. KCJDF retains all investigations of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus 5 years.

Investigations are not terminated because the source of the allegation is unavailable or recants. The Investigative Officer indicated during his interview that administrative investigations will contain information concerning whether staff actions or failures to act contributed to the abuse and the written report will contain appropriate documentation of all evidence and detailed investigative facts and findings. If the POPD investigates sexual abuse, the facility investigator indicated he would cooperate with the investigators and that he would remain informed about the progress of the investigation. The Investigative Officer indicated he has not conducted an Administrative Investigation. There have been no allegations of sexual assault or sexual harassment at the KCJDF in the past 12 months.

The auditor recommends each of the designated investigators review the NIC Training “Investigating Sexual Abuse in a Confinement Setting” and that the PREA Coordinator provide all staff with information concerning which staff members are qualified to conduct administrative investigations at the KCJDF.

## Standard 115.372: Evidentiary standard for administrative investigations

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

### 115.372 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Investigative Officer was interviewed concerning the evidential standard for administrative investigation. His response to the standard of evidence was as follows: "The evidence standard for administrative investigation is a “preponderance of the evidence”. The Investigative Officer has received specialized training relevant to PREA. Specifically, “Investigating Sexual Abuse in a Confinement Setting”. The Investigative Officer was interviewed and explained to the auditor in detail the steps to be taken during a PREA related investigation.

## Standard 115.373: Reporting to residents

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

### 115.373 (a)

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

#### 115.373 (b)

- If the agency did not conduct the investigation into a resident'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 resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.373 (d)

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

#### 115.373 (e)

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

### 115.373 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Residents are informed of the results of the investigation. That information includes whether the staff member is no longer working in the resident's unit; the staff member is no longer employed; the staff member has been indicted and/or the staff member has been convicted. In addition, if the alleged abuser is a resident, the resident victim would be informed if the alleged abuser was indicted and or convicted. All notifications are documented. There have been no incidents or investigations at KCJDF during the past 12 months.

The facility policy 3.20 PREA indicates, the Detention Manager will inform residents whether the allegation has been substantiated, unsubstantiated, or unfounded. After an allegation of sexual abuse has been made between a resident and staff member, the Detention Manager will inform the resident whenever the staff member is no longer employed at the facility; and, whether the staff member has been charged or convicted on a charge of or related to sexual abuse within the facility.

After an allegation of sexual abuse has been made between a resident and another resident, the Detention Manager will inform the resident whenever the alleged abuser has been charged or convicted on a charge related to sexual abuse within the facility. The policy indicates all attempts to notify will be documented.

Because there have been neither allegations nor investigations, the auditor was unable to review any notification documentation for this standard. The facility PREA policy is consistent with this standard and interviews with investigative staff and the Detention Manager confirm a practice that demonstrates compliance.

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

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

#### 115.376 (a)

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

#### 115.376 (b)

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

#### 115.376 (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

#### 115.376 (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

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The KCJDF reports that in the past 12 months, there has been zero staff from the facility that have been terminated (or resigned prior to termination) for violating facility sexual abuse or sexual harassment policies and procedures. There has been zero staff in the past 12 months that have been disciplined for violations of the agency sexual abuse or sexual harassment policies. There has been zero staff that has been reported to law enforcement or licensing boards for violating agency policies.

The agency PREA policy requires that staff be subject to disciplinary action up to and including termination of employment for violations of sexual abuse, harassment or sexual misconduct. KCJDF staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Interviews with the Detention Manager and the Juvenile Court Administrator confirm that if necessary, appropriate sanctions are available for violations of KCJDF Policy relating to PREA. The entire process for staff discipline is coordinated through the Juvenile Court Administrator and the Detention Manager with oversight from Human Resources.

## Standard 115.377: Corrective action for contractors and volunteers

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

#### 115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  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

#### 115.377 (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 residents?  Yes  No

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

The KCJDF reports that there have been zero contractors/volunteers reported to law enforcement or relevant licensing bodies in the past 12 months for engaging in sexual abuse of residents. Interviews with the Detention Manager and PREA Coordinator indicate that the practice of the KCJDF conforms to this standard. KCJDF policy requires that contractors or volunteers who engage in sexual abuse or sexual harassment are reported to law enforcement and to relevant licensing bodies. In these cases, contractors or volunteers who have been found to have violated KCJDF's PREA Policies are not allowed contact with residents. The entire process for Volunteer discipline is coordinated through the Juvenile Court Administrator and the Detention Manager. All potential volunteers and contractors are vetted by the Detention Manager. There have been no incidents of contractors or volunteers violating KCJDF PREA policies within the past 12 months.

## Standard 115.378: Interventions and disciplinary sanctions for residents

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

### 115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  
 Yes  No

### 115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  Yes  No

- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  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 offer the offending resident participation in such interventions?  Yes  No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?  Yes  No

#### 115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.378 (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

#### 115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  
 Yes  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.*

Pursuant to the facility policy 3.20 PREA: The facility prohibits all sexual activity between residents and staff. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible. The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between residents and disciplines residents for such activity; the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

The facility relied on the specific language provided in the Code of Federal Regulations for this standard. However, as observed during the audit and verified during discussions with the PREA Coordinator and the Detention Manager, the KCJDF does not maintain an isolation unit. The Auditor notes that although there is a procedure for the use of isolation as a last resort and that placement requires documentation, this procedure has never been used at KCJDF. The Auditor was satisfied based on discussion with the Detention Manager that there are alternatives to using isolation. Specifically, at KCJDF there are four separate housing units and each housing unit has programming space that allows for residents to participate in programs. Residents can be kept separate as necessary (remain in the POD) and still participate in daily activities without being confined to their cells.

Discipline is coordinated by the POD officers and managed via a point system. A resident's good behavior earns points and more privileges within the facility. There are consequences for misbehavior and points can be taken away. Serious or Major behavior infractions can result in cell lock down for up to 48 hours. There is no sanction longer than 48 hours and during that time frame the resident must be reviewed (within a 24-hour period). However, if the resident continues to have disruptive behavior that review period can be delayed. Major infractions are referred to the county prosecutor for criminal prosecution. There is no formal disciplinary hearing process. Mental Health referrals are required when a resident is on POD/Cell restriction and during the interview with the Mental Health contractor she indicated that KCJDF does not have an isolation unit and that residents on POD/Cell restriction are referred to Mental Health and she visits the resident on the unit. The contract Registered Nurse also indicated that KCJDF did not have an isolation unit and that she is required to check on residents when they are on POD/Cell restriction.

The residents are provided the opportunity to work with Kitsap Mental Health to correct underlying reasons or motivations for the abuse. This was verified during an interview with Kitsap Mental Health staff. The Mental Health staff member indicated she would provide services to perpetrators if so desired and if necessary would connect the perpetrator with resources in the community.

The auditor recommends removing the codified language concerning isolation from Policy 3.20 PREA and replacing it with the actual procedures utilized for separation cases and disciplinary cases. There should also be language concerning program participation while on POD/Cell restriction. Finally, there should be specific documentation maintained for each resident on POD/Cell restriction and any subsequent review of their status while on POD/Cell restriction.

## MEDICAL AND MENTAL CARE

### Standard 115.381: Medical and mental health screenings; history of sexual abuse

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

#### 115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (c)

- 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

#### 115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

KCJDF provides a follow-up meeting with medical and mental health practitioner for residents who disclose any prior sexual victimization during screening. Residents who have previously perpetrated sexual abuse are offered a follow up meeting with a mental health practitioner. In addition to the Intake process, each resident is seen by a Registered Nurse.

The Mental Health staff member indicated during her interview that sexual predators are offered treatment both at the facility and if necessary appropriate arrangements are made for assistance in the community. Treatment plans, and information related to sexual victimization or abusiveness are limited to mental health practitioners as necessary. Appropriate rules concerning private medical information are strictly enforced. Residents are made aware of the reporting requirements and what is considered protected information.

In her interview the Mental Health practioners stated, "I will meet with residents who are sexual abusers. I will provide them with information concerning community services that are available. Kitsap Mental Health provides family counseling and individual counseling. If a resident wants to meet with me, I am available. Staff generally refer both victims and abusers to me and I follow up as the schedule permits generally within a day of the referral."

The Registered Nurse indicated during her interview that information (i.e. related to sexual victimization or abusiveness) is provided only to staff who have a need to know and is shared in a way that allows for the good decision making. The relevant information is used to inform mental health treatment plans, and security decisions, such as housing, education, and program assignments. Medical clinical notes are maintained separately from the resident files.

Based on interviews with both the Registered Nurse and the contract Mental Health professional there is substantial compliance with this standard.

## Standard 115.382: Access to emergency medical and mental health services

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

### 115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  Yes  No

### 115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?  Yes  No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.382 (c)

- Are resident 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

### 115.382 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

KCJDF procedure states that residents would be taken or referred to Harrison Medical Center for unimpeded access to emergency medical treatment and crisis intervention services. The Harrison

Medical Center Sane Program makes it possible for victims of sexual assault to receive prompt and compassionate emergency care from medical professionals who understand victimization; streamlines examination time and the medical evidence-gathering process and improves the quality of the examination.

Mental Health care is offered by the Kitsap County Sexual Assault Center and their advocate would be at the hospital with the resident victim. Additionally, the Mental Health contract staff at KCJDF is also available to assist KCSAC Staff. Treatment for these services is at no cost to the resident. Access to information about emergency contraception and sexually transmitted infections prophylaxis would be provided by Harrison Medical Staff and followed up by nursing staff at KCJDF.

Pursuant to RCW 7.68.170 Examination costs of sexual assault victims paid by state. No costs incurred by a hospital or other emergency medical facility for the examination of the victim of a sexual assault, when such examination is performed for the purposes of gathering evidence for possible prosecution, shall be billed or charged directly or indirectly to the victim of such assault. Such costs shall be paid by the state pursuant to this chapter.

The KCJDF reports no resident victims of sexual abuse in the past 12 months; there were no medical records for the auditor to review for resident victims. Facility policy requires that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. There is substantial compliance with this standard.

## **Standard 115.383: 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**

#### **115.383 (a)**

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

#### **115.383 (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

#### **115.383 (c)**

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

#### **115.383 (d)**

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

#### 115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(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

#### 115.383 (f)

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

#### 115.383 (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

#### 115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  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.*

KCJDF provides ongoing medical and mental health care for sexual abuse victims and abusers. Appropriate follow-up services, treatment plans and continuing care upon release from custody are available. All treatment is provided by facility contract staff or community providers, if necessary pregnancy tests and follow-up care would be provided. Appropriate STD tests as medically indicated

would be provided. There would be no cost to the resident for this care. Pursuant to RCW 7.68.170 Examination costs of sexual assault victims paid by state. No costs incurred by a hospital or other emergency medical facility for the examination of the victim of a sexual assault, when such examination is performed for the purposes of gathering evidence for possible prosecution, shall be billed or charged directly or indirectly to the victim of such assault. Such costs shall be paid by the state pursuant to this chapter. The KCJDF PREA policy and appropriate MOU's are in place to meet the needs of the victim. KCJDF does offer to provide a mental health evaluation for abusers and offer treatment when deemed appropriate by a mental health practitioner. Interviews with Medical and Mental Health staff confirm compliance with this standard.

During her interview the Registered Nurse indicated that medical staff would offer appropriate treatment services to residents victimized by sexual abuse including but not limited to tests and education pertaining to pregnancy and sexually transmitted diseases. Although there have been no reports of sexual abuse that required medical attention, those residents that have been victims of sexual abuse not related to incidents within the facility are provided appropriate medical advice and are seen by the Mental Health staff member.

Based on the procedures outlined in Policy 3.20 PREA, and interviews with the facility contract Registered Nurse and contract Mental Health staff, there is substantial compliance with this standard.

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

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

#### 115.386 (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

#### 115.386 (b)

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

#### 115.386 (c)

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

#### 115.386 (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 §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.386 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In the event of a sexual assault incident and after the investigative process was concluded, KCJDF staff and the JCA would review the incident. The review would be scheduled within 30 days of the conclusion of the investigation. The review team consists of the JCA, the Detention Manager, the PREA Coordinator and relevant staff involved in the investigation. The review team would determine if a change in procedure was necessary and if the incident was motivated by any class affiliation, sexual orientation, or other group dynamic. A review of the monitoring technology would be conducted to

assess its effectiveness. The physical barriers of the facility and the staffing pattern would also be evaluated. There would be a final report of the incident with appropriate recommendations. As noted throughout this report there has been no incident of sexual abuse at the KCJDF in the past 12 months. Therefore, the auditor could not examine any incident review documents.

The Detention Manager indicated during his interview, the review team, based on the incident documentation, would make changes to policy or procedure as necessary. Additionally, the team would consider whether the incident or allegation was motivated by race; ethnicity; gender identity; or sexual preference. The review team would examine the area in the facility where the incident occurred to assess whether physical barriers enabled the abuse to occur and finally, staffing levels and camera placement would be reviewed.

The Juvenile Court Administrator stated that while no incidents had occurred at the facility, he would work with the review team to find out “how can we do better, how can we improve our performance” and the team would specifically look at whether staff were negligent in their duties.

Based on the information provided in the facility Policy 3.20 PREA page 21 and 22 and the interviews with the Detention Manager, the Juvenile Court Administrator and the PREA Coordinator, there is substantial compliance with this standard.

## Standard 115.387: Data collection

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

#### 115.387 (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

#### 115.387 (b)

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

#### 115.387 (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

#### 115.387 (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

#### 115.387 (e)

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

#### 115.387 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, the following documentation was reviewed: 2014 and 2015 Survey of Sexual Victimization, USDOJ, and Bureau of Justice Statistics.

In order to make a determination of compliance the following people were interviewed: PREA Coordinator who indicated he collects the data and completes the survey.

In order to make a determination of compliance the following observations were made during the on-site tour of the facility: The auditor observed the PREA Coordinator's file cabinet and the contents of the cabinet which included documents related to the compilation of the Survey of Sexual Victimization, USDOJ, and Bureau of Justice Statistics.

Uniform data is collected which accurately tracks allegations of sexual victimization. The data is aggregated annually. The PREA Coordinator is responsible for collecting the data necessary to answer all questions from the U.S. Department of Justice Bureau of Justice Statistics Survey of Sexual Victimization. The annual review is posted on line and was reviewed by the Auditor. The Auditor was also provided with a copy of the 2014 and 2015 Survey of Sexual Victimization. The KCJDF submitted a completed survey to the Department of Justice in 2014 and 2015.

#### Standard 115.388: Data review for corrective action

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

#### 115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 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 § 115.387 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 § 115.387 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

#### 115.388 (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

#### 115.388 (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

#### 115.388 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, the following documentation was reviewed: 2017 Kitsap County Youth and Family Services PREA Annual Report and Action Plans. Located at <https://www.kitsapgov.com/juv/Detention/PREA.htm>

In order to make a determination of compliance the following people were interviewed: Juvenile Court Administrator and PREA Coordinator who indicated they review the data and identify problem areas and take corrective action as necessary.

In order to make a determination of compliance the following observations were made during the on-site tour of the facility: The auditor observed the PREA Coordinator's file cabinet and the contents of the cabinet which included documents related to the compilation of the Annual Report.

KCJDF staff members review the data and identify problem areas, take corrective action and prepare a final report. The report provides an assessment of the agency's progress in addressing sexual abuse. The Agency Head reviews the report. The report is available on line at <http://www.kitsapgov.com/juv/Detention/PREA.htm>.

## Standard 115.389: Data storage, publication, and destruction

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

#### 115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
 Yes  No

#### 115.389 (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

#### 115.389 (c)

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

#### 115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

**Instructions for Overall Compliance Determination Narrative**

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

In order to make a determination of compliance, the following documentation was reviewed: 2017 Kitsap County Youth and Family Services PREA Annual Report and Action Plans.

In order to make a determination of compliance the following people were interviewed: Juvenile Court Administrator and PREA Coordinator.

In order to make a determination of compliance the following observations were made during the on-site tour of the facility: The auditor observed the PREA Coordinator’s file cabinet and the contents of the cabinet which included documents related to the compilation of the Annual Report.

The agency’s PREA Coordinator reports that he organizes the information in the annual report and he completes the Annual Survey on Sexual Victimization. Interviews with the Juvenile Court Administrator and PREA Coordinator demonstrate compliance with this standard. Required data is collected, maintained and is available on line. KCJDF maintains this data for 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 residents 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 KCJDF first PREA audit. There was no audit conducted during the initial three-year auditing cycle.

This is the only facility operated by Kitsap County Juvenile Court Services. There was no audit conducted during the initial three-year auditing cycle.

The auditor was provided access to, and was permitted to observe, all areas of the facility. The auditor was permitted to request and receive copies of all relevant documents (including electronically stored information). The auditor permitted to conduct private interviews with residents. Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Not Applicable. There has never been a Final Audit Report issued. This is the facilities first PREA audit.

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert J. Palmquist

January 2, 2018

**Auditor Signature**

**Date**

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

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