

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

Interim      Final

**Date of Report**    June 4, 2019

**Auditor Information**

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<b>Company Name:</b> New Mexico Corrections Department	
<b>Mailing Address:</b> P.O. Box 639	<b>City, State, Zip:</b> Las Cruces, New Mexico 88004
<b>Telephone:</b> 1-575-523-3303	<b>Date of Facility Visit:</b> October 15-19, 2018

**Agency Information**

<b>Name of Agency:</b> Washington State Department of Corrections	<b>Governing Authority or Parent Agency (If Applicable):</b> Washington State Governor's Office		
<b>Physical Address:</b> 7345 Linderson Way SW	<b>City, State, Zip:</b> Tumwater, Washington 98501-11		
<b>Mailing Address:</b> PO Box 41100	<b>City, State, Zip:</b> Olympia, Washington 98504		
<b>Telephone:</b> 360-725-8213	<b>Is Agency accredited by any organization?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

**Agency mission:** Working together for safe communities

**Agency Website with PREA Information:** www.doc.wa.gov

**Agency Chief Executive Officer**

<b>Name:</b> Stephen Sinclair	<b>Title:</b> WADOC Secretary
<b>Email:</b> sdsinclair@doc1.wa.gov	<b>Telephone:</b> 360-725-8810

**Agency-Wide PREA Coordinator**

<b>Name:</b> Beth L. Schubach	<b>Title:</b> WADOC PREA Coordinator
<b>Email:</b> blschubach1@doc1.wa.gov	<b>Telephone:</b> 360-725-8789

<b>PREA Coordinator Reports to:</b> Deputy Director of Prisons Command A	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 24
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**Facility Information**

<b>Name of Facility:</b> Larch Corrections Center	
<b>Physical Address:</b> 15314 East Dole Valley Road, Yacolt, Washington 98675-9531	
<b>Mailing Address (if different than above):</b> Same	
<b>Telephone Number:</b> 360-260-6300	
<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 type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison
<b>Facility Mission:</b> Working together for safe communities	
<b>Facility Website with PREA Information:</b> www.doc.wa.gov/corrections/prea	
<b>Warden/Superintendent</b>	
<b>Name:</b> Lisa Oliver-Estes	<b>Title:</b> Superintendent
<b>Email:</b> ljoliver-estes@doc1.wa.go	<b>Telephone:</b> 360-260-6300
<b>Facility PREA Compliance Manager</b>	
<b>Name:</b> James C. Miller Jr.	<b>Title:</b> Corrections Program Manager
<b>Email:</b> jcmiller@doc1.wa.gov	<b>Telephone:</b> 360-260-6300
<b>Facility Health Service Administrator</b>	
<b>Name:</b> N/A	<b>Title:</b> N/A
<b>Email:</b> Click or tap here to enter text.	<b>Telephone:</b> Click or tap here to enter text.
<b>Facility Characteristics</b>	
<b>Designated Facility Capacity:</b> 480	<b>Current Population of Facility:</b> 467
<b>Number of inmates admitted to facility during the past 12 months</b>	650
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	617
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	650
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>	0
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> 0 <b>Adults:</b> 19 years of age to 78 years of age
<b>Are youthful inmates housed separately from the adult population?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
<b>Number of youthful inmates housed at this facility during the past 12 months:</b>	0
<b>Average length of stay or time under supervision:</b>	0
<b>Facility security level/inmate custody levels:</b>	MI1/MI2

<b>Number of staff currently employed by the facility who may have contact with inmates:</b>	133
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>	15
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>	0
<b>Physical Plant</b>	
<b>Number of Buildings:</b> 14	<b>Number of Single Cell Housing Units:</b> 0
<b>Number of Multiple Occupancy Cell Housing Units:</b>	3
<b>Number of Open Bay/Dorm Housing Units:</b>	2
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>	7
<b>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.):</b>	
Secured housing hallway cameras feed to control. Recreation in the handball court and basketball court fee to the recreation office. Cameras in the upper tiers and stairwells of Silver Star and Elkhorn Units feed to the IT Office.	
<b>Medical</b>	
<b>Type of Medical Facility:</b>	Outpatient Clinic, Monday – Friday 8:00 am to 4:30 pm
<b>Forensic sexual assault medical exams are conducted at:</b>	Piece Health Southwest Medical Center, Vancouver, WA
<b>Other</b>	
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>	111 Volunteers and 10 Contractors
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	764

## 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.*

### NARRATIVE

The Prison Rape Elimination Act (PREA) site review of Larch Corrections Center (LCC), located in Yacolt, Washington was conducted on October 17-19, 2018 by Robin M. Bruck, U.S. Department of Justice Certified PREA Auditor for adult facilities and author of this report. In July 2018 an Intergovernmental Agreement was entered into between the State of New Mexico Corrections Department (NMCD) and the Washington Corrections Department (WADOC), both parties are members of the Western Consortium. The purpose of the audit is to determine the facility's compliance with the Federal Prison Rape Elimination Act standards. The auditor was assisted by support staff John Chavez (NMCD Captain) and Jodi Upshaw (NMCD Compliance Officer).

As the reader, continues to read this audit report, please note the following definitions, acronyms and systems currently utilized by facility, as they will be referenced throughout the report.

#### **Department of Natural Resource (DNR)**

**IDOC-** is the internal website for the WADOC staff.

**Learning Management System (LMS)-**is an internet-hosted tool that centralizes and automates the learning management process, making administrative of learning and development both effective and efficient.

**Offender Management Network Information (OMNI)-**The Offender Management Network Information system is the system used by Washington Department Corrections. The system is the effective management of facilities, treatment, sentencing, movement, discipline, PREA Assessments and other important data on offenders.

#### **PREA Risk Assessment (PRA)**

**Revised Code of Washington (RCW) -** is the compilation of all permanent laws now in force. It is a collection of Session Laws (enacted by the Legislature, and signed by the Governor, or enacted via the imitative process), arranged by topic, with amendments added and repealed laws removed.

**Sexual Assault Nurse Examiner (SANE)** is a qualification for forensic nurses who have received special training to conduct sexual assault evidentiary exams for rape victims. Not all, but many SANE programs are coordinated by rape crisis centers rather than hospitals.

**Staff-** includes Department employees, contract staff and volunteers, and any other person providing services in Department Facilities or offices.

**Superintendent-** is the head of the facility also known as the Appointing Authority.

**Washington Administrative Code (WAC)** - Also known as “rules” or “administrative rules.” Agency rules are designed to help the public comply with state laws, processes and other requirements.

### Pre-On-site Audit Phase

The auditor did not conduct a formal kick off meeting with the facility as much of the administrative staff had participated in a previous PREA audit in November 2015 and were familiar with all aspects of the audit process, to include the purpose, role of the auditor and purpose of corrective action. The auditor and the LCC staff coordinated logistics such as travel, meals and dress code, via email.

The WADOC PREA Coordinator was the established point of contact for Washington Department of Corrections and the PREA Compliance Manager was the established point of contract for Larch Correctional Center. A discussion was had with the WADOC PREA Coordinator regarding use of laptops and cell phones while on-site. All necessary forms were completed by the auditor and her support staff. WADOC completed a background check on the auditor and her team and the audit team signed PREA Acknowledgments, prior to entering the facility.

On August 1, 2018, the Auditor sent an introduction email to WADOC Deputy Director Prison Command A, LCC Superintendent, WADOC PREA Coordinator, LCC PREA Compliance Manager, LCC PREA Compliance Specialist. The email included the auditor’s goals, expectations and time frames for the upcoming audit. A letter regarding the Auditor’s probation status and slight changes to the interim report timeline was attached to this email.

On August 14, 2018 the Auditor sent LCC a PREA Audit Notice with instructions that the notice should be printed in color or on colored paper and posted abundantly in all areas of the facility that is visible to offenders, staff and visitors, to include medical/mental health areas, cafeteria, staff break rooms, intake area, program areas and visitation areas. The instructions stated that the notice should be hand-delivered to all offenders currently housed in the Restricted Housing Unit. The posting was in large bold red font and read as follows:

“During the following period, this facility will be undergoing an audit for compliance with the U.S. Department of Justice’s National PREA Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) Standards for Prisons and Jails: October 15-19, 2018. Any persons with information relevant to this compliance audit may confidentially\* correspond with the auditor by writing to:

Robin Bruck  
P.O. Box 639  
Las Cruces, NM 88004

\*CONFIDENTIALITY: All written and verbal correspondence and disclosures provided to the auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentially must legally be breached. Exceptions include, but are not limited to:

- 1) If a person is in immediate danger to her/himself or others (e.g., suicide, homicide)
- 2) Allegations of suspected child abuse, neglect or mistreatment
- 3) In legal proceedings where information has been subpoenaed by a court in the proper jurisdiction.

Any correspondence shall be clearly identified as "Legal Mail" and handled per DOC 450.100 Mail for Prison Offenders/ DOC 450.110 Mail for Work Release Offenders."

WADOC defines "Legal Mail" as follows:

- Any Court or opposing attorney/party, the Washington State Bar Association, the Board, the Washington State Department of Enterprise Services Office of Risk Management, PREA auditors certified by the United States Department of Justice, the Headquarters PREA Coordinator, and/or the Headquarters Ombudsman.
- PREA auditor leads certified by the United States Department of Justice when related to an audit in process at the offender's facility.

Outgoing Legal Mail is placed into an envelope and sealed in a staff members presence, who will sign or initial over the sealed flap of the envelope and logged as out-going mail in the offender's presence. The contents are not read by the staff member. The process was verified by the auditor through informal offender and staff interviews.

The auditor instructed the audit notice to be posted no later than September 3, 2018 (six weeks prior to the site review) and remain posted up through close of business on October 29, 2018, (two weeks after the site review). On August 19, 2018, the auditor received time stamped photographs, documenting that the notice had been posted in all area required by the auditor. To date the auditor has not received any letters from LCC offenders, staff or visitors.

A discussion was had with the WADOC PREA Coordinator regarding the use of the Online Audit System. The WADOC network setup does not allow for this, therefore the decision was made not to use the online system. A deadline of September 4, 2018 was established for the facility to complete the Pre Audit Questionnaire (PAQ). On September 4, 2018, an encrypted jump drive was hand-delivered to the auditor, which contained LCC's completed Pre-Audit Questionnaire (PAQ), documentation and materials to demonstrate compliance for each standard. The auditor did receive an updated PAQ from the facility while on-site.

During this time period, the auditor began an Internet search regarding the facility. No relevant articles could be found regarding the sexual safety of offenders. The auditor reviewed the

WADOC official website, which included a review of LCC's past PREA Audit, completed by Heather Kimura in November 2015 and the 2016, 2017 annual reports. The internet search also included a review of Washington State's mandatory reporting laws. The auditor is a mandated reporter in the State of Washington regarding any form of abuse on a child or a vulnerable adult. The auditor reviewed the Revised Code of Washington 72-02-410, as it relates to the law regarding a child under the age of eighteen convicted of a felony.

On September 14, 2018, the auditor began a thorough review of the PAQ, documentation and materials provided by the facility. The documentation and materials included agency policies and procedures, memos outlining the facility's processes as it relates to each PREA standard, education material, training curriculum, organizational charts, mission Statements, posters, offender handbook, website information, staff and offender rosters and other PREA related material provided to demonstrate compliance with the PREA Standards.

This review prompted a series of questions, which were sent via email to a "Larch Corrections Center" distribution list. Those included on the distribution list were WADOC Deputy Director, LCC Superintendent, WADOC PREA Coordinator, LCC PREA Compliance Manager and LCC PREA Compliance Specialist. The auditor did not use an "issue log" but chose to communicate with the facility through email. There were a total of thirteen (13) email exchanges. As the auditor identified gaps, missing information or had questions regarding the process, an email containing a series of questions or requests for additional information was sent to the facility. The facility was very responsive and responded quickly and efficiently to each request.

On Friday, September 15, 2018, while reviewing the agency website, the auditor filed a report of an allegation, utilizing the "report" function on the website. It was requested that the agency complete the process of the report, as they would for any PREA allegation, received via the website. This was completed as a test to determine if reports of an allegation are received and appropriate steps taken in a timely manner. On Monday, September 17, 2018, the auditor received an email stating the report had been received.

WADOC has an MOU in place with the Colorado Department of Corrections for an external reporting agency. Utilizing the sample form provided by the facility, a letter was sent to the address on the form, on September 15, 2018. On September 18, 2018, the auditor received an email from the WADOC PREA Coordinator, stating that WADOC recently learned that the form provided in the documentation did not reflect the correct address. The letter sent by the auditor was returned as "undeliverable". The PREA Coordinator explained when the Colorado Department of Corrections had an address change the MOU was not amended, however all the forms on the agency's internal website and all forms provided to residents, along with pre-addressed stamped envelopes were updated and contain the correct address. This was confirmed while on site. A second letter was sent to the correct address and on September 25, the auditor received notification that the letter had been received by the WADOC PREA triage.

Just Detention International (JDI) is a health and human rights organization that seeks to end sexual abuse in all forms of detention. Founded in 1980, JDI is the only organization in the world dedicated exclusively to ending sexual abuse behind bars. On September 18, 2018, the auditor sent an email to JDI inquiring about any/all reports that had been received from or regarding the Larch Correctional Center. A response was received on September 20, 2018, indicating that a

search had been completed on the JDI database and no correspondence had been received regarding the facility during the reporting period.

Office of Crime Victim Advocacy (OCVA) serves as a voice within government for the needs of crime victims in Washington State. Established in 1990, OCVA serves the state by advocating on behalf of victims obtaining needed services and resources. On October 9, 2018, the auditor spoke to an advocate with OCVA. Contact was made utilizing the same number that is provided in the brochures to offenders at the facility. The advocate stated that there is an interagency agreement in place with the WADOC to provide a hotline for offenders to obtain advocacy services. It was stated that there have been very few calls from the Larch Corrections Center. The advocate felt the two parties had a very good working relationship with no issues.

OCVA sub-grants dollars to the YMCA Clark County Sexual Assault Program to provide 24 hour legal, medical and emotional support to victims of sexual assault and their families. On October 9, 2018, the auditor spoke with an advocate from the YWCA Clark County. The advocate talked in length regarding the services that are provided to all offenders within the WADOC care. The services include but are not limited to providing emotional support during a SANE exam, investigative interviews, court appearances, phone advocacy and in-person advocacy. The advocate discussed with the auditor that the relationship with WADOC and LCC has been a good one. Although in the past twelve (12) months their services have not been needed due to an incident of sexual assault, the facility has included them in drills conducted, to teach staff how to respond if an incident was to occur. They have also been included in question and answer meetings, which gives each side an opportunity to ask the other questions, creating a better understanding of each person's role, if a sexual assault was to take place within the facility.

If the need for a SANE exam were to occur the facility would transport the victim to the Piece Health Southwest Medical Center in Vancouver, Washington. The auditor did leave several messages for the SANE unit at the local hospital. However at the time of writing this report, the auditor had not received a response.

On October 10, 2018, LCC sent the auditor the below identification lists. Prior to the site review, the auditor randomly chose offender files and employee files from each list. On the first day of the site review, the facility had the files placed in the conference room, all required review documentation to include but not limited to: offender dates of arrival, initial assessment, follow up assessment, offender education, mental health referrals, staff dates of hire, background checks, self-disclosure, forms, training transcripts etc. This made the review of the files, effective and efficient. The auditor reviewed all investigations prior to arrival for the site review. The lists provided to the auditor were as follows:

- Inmate Roster- all inmates received into the facility since May 2018
- Investigations
- Complete list of Staff
- All contractors
- All volunteers



The facility provided updated lists above and others, during the site review in order to randomly select staff and offenders for interviews. This will be discussed in further detail in the interview section.

### **On-Site Audit Phase**

The auditor and the audit team arrived at the Larch Corrections Center at approximately 0830 hours on the morning of October 17, 2018. The auditors were instructed to report to the front control center, where we signed into the facility and received visitor badges and a key to the administration building and conference room. Once completed, we were escorted into a large conference room. The conference room door had a sign stating the room would be off-limits to all staff and would serve as home base to the audit team, during the site review.

An entrance meeting began at approximately 0900 hour. Members of the facility administrative staff, including PREA staff were introduced to the auditors. The auditor and her support staff were present as were staff from each department to include but not limited to the Superintendent, PREA Coordinator, PREA Compliance Manager, Custody Unit Supervisors, Health Service Manager, Human Resource Staff and the Plant Manager.

After opening remarks and introductions, the auditor was given an opportunity to discuss the logistics and an overview of the audit process. Timelines and milestones were discussed regarding the completion of the post-audit phase, the interim report and the final report. The auditor briefly discussed the purpose of corrective action and if warranted would enhance the current procedures and create a safer environment for offenders and staff. Each participant was given an opportunity to ask questions regarding the audit.

Prior to arriving at the facility, the auditor had sent the facility an agenda, discussing each day of the audit and what to expect. After arriving at the facility, a discussion was had regarding the site review of the facility. Originally the auditor scheduled the site review to begin after the in-brief; however, it was postponed for the afternoon due to the outside temperature.

The audit team began file reviews, which included offender files, staff, contractor and volunteer files, which will be discussed in detail in the "file review" section.

### **Site Review**

The facility is made up of fourteen (14) buildings to include the kitchen, visitation, Silver Star Unit, Elk Horn Unit, Administration, Gym, Education, Automotive, Boot Room, Warehouse, Wood shop, wastewater, paint storage room, and the Turtle Building. The auditor visited these areas as well as medical and mental health, food service and the laundry.

LCC has the capacity to house 480 residents, using two living units; Elkhorn and Silver Star; each unit is primarily set up the same way, two stories with A, B, C, D, E, F, G, and H tiers. The B, C, D, F, G, and H tiers are dorm style with bunk beds, a total of 33 beds in each unit. The A and E tiers are two-man rooms. Those with the most seniority, good behavior, and/or assignment of the Larch Animal Program (LAP-Silver Star Unit only) residents will be assigned to the two-man rooms. If a resident is found guilty of an infraction, they would lose the privilege of the two-man

rooms and would be reassigned back to the dorm style beds. The living units have six (6) day rooms and one (1) multipurpose room. Each dorm is managed by a Correctional Unit Supervisor (CUS). On the first day of the audit, Larch Corrections Center's daily count of the offenders was four-hundred and sixty-seven (467).

At approximately 1400 hour, the audit team and several LCC staff members, including the PREA Compliance Manager and the Plant Manager conducted the site review of the facility. The auditor used a facility map to mark each area visited, to ensure all areas were seen during the site review.

The audit team visited all areas to include but not limited to Elk Horn and Silver Star housing units, administrative segregation, intake, food service, education, laundry, medical/mental health, visitation, gymnasium, recreation yard, programs and control center.

As we entered the housing units, announcements were made that "females" were entering the unit. The announcement was made utilizing a PA system, as well as a member of the site review team called it out loudly enough to be heard, as we entered the housing unit. Staff members were visible and were monitoring key areas of the facility. Areas where offenders were not allowed to enter, had locked doors and clearly marked off limits. Areas observed that presented a sexual safety concern; "blind spots" were addressed with the staff and were immediately rectified with the placement of mirrors or offender off-limit signs and are noted in the Summary of Audit Finding section below. Once the issue was rectified a photograph was sent via email to the auditor, depicting the corrections made. In areas that were secluded, within the buildings, there were signs that required a 2 for 1 ratio, as well as radio control. This means that there must be two (2) officers present to one (1) offender or vice versa two (2) offenders to one (1) officer and the officer must radio the control center when entering the area and when leaving the area. All corrections and modifications suggested by the auditor are noted in the corrective action section.

The audit team noted video camera placement throughout the facility and reviewed the video monitoring setup in the control area, to verify that the cameras were positioned in such a way as to provide adequate coverage of the housing units, yet afford the offenders privacy in the bathroom/shower areas of the facility. No shower or bathroom areas could be seen with the camera placement. The placements of the cameras are as follows: Offender Visitation has four (4) cameras, one in each corner of the room. There are cameras located in each wing of the housing unit hallways, upstairs and downstairs, for a total of eight (8) cameras. There are no cameras located in the bathroom or shower areas. There are four (4) cameras in the recreation building. There are seven (7) cameras located in the program area and seven (7) cameras in the dining area.

PREA information was abundantly posted throughout the facility, both in English and Spanish. The signs were seen in the housing units, program areas, intake, and the library. The information included the agency's zero tolerance policy, how to report sexual abuse, sexual harassment and provided the PREA Hotline number. The PREA Hotline number could be seen painted by the offender phones; these phones were utilized by the audit team, to test the PREA Hotline number. The audit team called the PREA Hotline and left messages on the receiving end. Within a few hours, the lead auditor was informed that each message had been received by the WADOC PREA Triage.

Along with the PREA posters, OCVA posters were also seen. Calls were made utilizing the offender phones to call the number on the posters, from several locations within the facility. A victim advocate answered each call. No calls to the PREA Hotline or the OCVA required the auditor to use an inmate personal identification number (PIN). The auditor observed the "Auditor Notice" hanging in all areas of the facility, to include but not limited administration, housing units, program areas, visitation, hallways and the library. The notice had been posted in bright red large font, as instructed by the auditor and could easily be seen from a distance.

No cells, with the exception of the segregation unit, had toilets within the cell. Each housing unit had a bathroom that contained several toilets, urinals and showers. The shower stalls had etched shower doors, which appeared to provide ample privacy while showering. However, during informal interviews offenders asked the auditor to review the showers as it was stated you can see them fully naked. During random inmate interviews, eight (8) offenders reported that the showers did not provide privacy and if an offender was in the shower, his entire body was viewable through the etching on the door. Due to the amount of offender complaints, the auditor had an offender stand inside the shower with the door closed. The auditor could clearly see the offender and concluded that the etching on the shower door was inadequate and will be discussed in standard 115.15 of this report.

The audit team observed the arrival of a transport bus with incoming offenders. The offenders were taken off the bus, and each offender was handed a PREA Brochure as the initial offender PREA education. One member of the audit team boarded the bus, and was able to view the PREA video that is played during transport. It was confirmed that the video can be played in English or Spanish and also has closed caption.

The auditor observed the Multi-Disciplinary Team (MTD) review. The review looks at any safety or security concerns, prior PREA risks assessments, predatory violence or predatory sexual violence, history of medical/mental health needs, which would impact housing or programming and appropriateness of specific work assignments for the incoming offender. The review is completed a few days prior to the offender's arrival at the facility.

Prior to arriving at the facility, the auditor had received a list of all grievances received in the past twelve (12) months. There were three (3) grievances, initially received as "PREA" related grievances. The auditor reviewed all three of them. Two (2) were deemed as "NOT PREA" and returned to the facility for further investigation and one (1) was determined to be additional information on an allegation that was in the investigation process. The grievance was incorporated in the opened investigation. Prior to being on site, the auditor had filled out two (2) emergency PREA grievances. An offender grievance box was located in the housing unit; the auditor placed one (1) grievance in the box, while the second grievance was placed in the "kite" box located in the program area. The grievance in the housing unit was discovered immediately and the auditor was notified. The grievance officer explained that with an emergency grievance, he would notify the Shift Commander immediately and the grievance would be processed through the reporting procedures of an allegation of sexual assault or abuse. The grievance placed in the "kite" box was discovered eight (8) days later and is addressed in standard 115.52 of this report.

The auditor received a list of all allegations of sexual abuse and sexual harassment received by the facility in the past twelve (12) months. There were nineteen (19) allegations and nineteen (19)

were investigated. The investigation review will be discussed in the investigation section of this report.

## Interviews

On the first day of the site review the facility provided the following lists, for the auditor to use in selecting random offenders, specialty staff and random staff, for interviews.

- Youthful Offenders
- Complete Offender Roster
- Offenders with disabilities
- Offenders who are Limited English Proficient (LEP)
- Lesbian, gay, bisexual, transgender, intersex (LGBTI) offenders
- Offenders in segregated housing
- Offenders who reported sexual abuse
- Offender who reported sexual victimization during risk screening
- Complete Staff Roster
- Specialized Staff
- Contractors who have contact with offenders
- Volunteers who have contact with offenders

## Offender Interviews

Based upon the offender population of four hundred and sixty-seven (467) on the first day of the site review, the PREA Auditor Handbook requires a minimum of at least twenty-six (26) offender interviews be conducted. This includes a minimum of thirteen (13) random offender interviews and thirteen (13) targeted offender interviews. A total of thirty-two (32) random offenders were interviewed. There was one (1) LEP offender. The auditor did access and complete the interview, utilizing the language line. There were six (6) targeted offender interviews conducted during the site review. This was due to no reported offenders from specific categories were housed at the facility, at the time of the site review. The auditor instructed the members of the audit team to be mindful of the categories and note if they interviewed an offender that could be considered a targeted offender for each category and adjust the interview protocols if necessary. No adjustments were needed. The auditor confirmed during formal and informal staff and offender interviews, LCC is a work camp, each offender must be physically capable of strenuous work, and as such there were no offenders with physical disabilities, no offenders identified with a cognitive disability. The auditor also confirmed that there were no offenders that identified as with being a transgender or intersex offender. There was one (1) offender that had reported sexual abuse still housed at the facility, however he was assigned to the “fire crew” and could not be interviewed as he was out with the crew, fighting a fire. The breakdown of the interviews is as follows:

Inmate Category	Number of Inmates
Random Inmates	32
Targeted Inmates	6
Total Inmates Interviewed	39
Targeted Inmate Categories	
▪ Youthful Inmates	0
▪ Inmates with a Physical Disability	0
▪ Inmates who are Blind, Deaf, or Hard of Hearing	1
▪ Inmates who are LEP	1
▪ Inmates with a Cognitive Disability	0
▪ Inmate who identify LGBTI	1
▪ Inmates who reported victimization during risk screening	3

Due to the facility being a work camp, the auditor could not follow normal protocol of selecting offenders for interviews based on the rosters provided. Many offenders are assigned to the fire crews, and as such were in and out of the facility at different times, performing work functions, such as fighting fires. A decision was made by the auditor to randomly choose the offenders based on availability. A member of the audit team went to the Elk Horn Unit and the second member of the audit team went to the Silver Star Unit to conduct interviews. Offenders were randomly selected by their availability. As each work crew returned to the unit, the auditors selected the next offenders to interview. The audit team was careful to select, offenders from different age groups and different lengths of stay at the facility, in order to have a good representative sample of offenders.

The auditors were provided an office within the unit to conduct the interviews in private. The offenders were asked specific questions, derived from the PREA Resource Center's Interview Guide. The questions are designed to determine their knowledge of PREA protections and specifically their knowledge of reporting sexual abuse and sexual harassment. Everyone interviewed participated willingly in the process and indicated that they had received PREA training at this facility as well as other facilities. All thirty-two (32) of the random offenders reported that they had received some sort of PREA educational material, such as a pamphlet or they watched the video. It varied if they received the material as soon as they got off the transport bus or within a few days at orientation. They were very knowledgeable regarding the agency's zero tolerance policy and how to report an incident. The offenders reported that they felt safe at the facility and stated that they were encouraged to go to any staff member if they ever needed to report an incident of sexual violence. Two (2) offenders reported that they had anonymously made reports to help another offender that they believed was being sexually harassed by another.

## Staff Interviews

LCC reported one-hundred and thirty-four (134) staff members are employed at the facility. There are three shifts:

- 1<sup>st</sup> shift: 10:00 p.m. to 6:00 a.m.
- 2<sup>nd</sup> shift: 6:00 a.m. to 2:00 p.m.
- 3<sup>rd</sup> shift: 2:00 p.m. to 10:00 p.m.

LCC reported there are ten (10) contract staff that work at the facility. The list of contractors was provided to the auditor prior to arriving on site and an updated list provided on the first day of the site review.

The facility reported that there are one hundred and eleven (111) volunteers. The list of volunteers was provided to the auditor prior to arriving on site and an updated version was provided to the auditor on the first day of the site review. Many of the volunteers do not come to the facility a daily basis. Therefore there was only one (1) available for an interview.

While on-site, seventeen (17) random staff and twenty-three (23) specialized staff was interviewed, for a total of forty (40) staff interviews. The auditor chose the specialized staff from the list of specialty staff provided by the facility. The random staff members were randomly chosen from the lists provided by the facility and were from all shifts to include both male and female officers from all areas of the facility, administration staff, classification staff, and education. They are broken down as follows:

Staff Category	Number of Interviews Conducted
Random staff (Total)	17
Specialized Staff (Total)	23
Total Staff Interviewed	40
<b>Administration and Agency Leadership Categories</b>	
▪ Agency head or designee	1
▪ Warden/facility director/superintendent	1
▪ PREA coordinator	1
▪ PREA compliance manager	1
<b>Specialized Staff Categories</b>	
▪ Agency contract administrator	1
▪ Investigative Staff	2
▪ Supervisor who supervises inmates in segregation	1
▪ Medical staff	1
▪ Mental health staff	1
▪ Volunteer who have contact with inmates	1
▪ Contractor who have contact with inmates	1
▪ Intake staff	2
▪ Staff who perform risk screening	1
▪ Administrative (human resources) staff (manager)	1
▪ Incident review team	1
▪ Intermediate or higher-level facility staff	2
▪ First responder (non-security staff)	1
▪ Education and Program staff	1
▪ Segregation Staff	1
▪ Retaliation Monitor	1

All staff interviews were conducted in a private office. The staff members were asked specific questions, derived from the PREA Resource Center's Interview Guide. The questions are designed to determine their knowledge of the agency's zero tolerance policy, reporting mechanisms that are available to offenders and their level of understanding of the PREA standards. All random staff was knowledgeable and stated that they understood all of the PREA training they had received.

### File Review

The audit team reviewed twenty-two (22) employee personnel files, which included training documentation, five (5) contract staff files, fifty (50) offender files, nineteen (19) Investigation files and three (3) grievances. The files were randomly chosen from specific lists provided to the auditor prior to arriving at the facility. The auditor did not review medical or mental health files, as the information needed such as referrals to mental health were located in the offender file. The auditor reviewed the files, utilizing the PREA Resource Employee, Inmate Files/Record and Investigation Documentation Review forms.

### Investigations

The facility reported nineteen (19) allegations were received during the reporting period. All allegations were administratively investigated. None of the allegations contained a criminal nexus and therefore did not require a criminal investigation. The auditor reviewed all nineteen (19) investigations, three (3) were not completed at the time; however the auditor reviewed the documentation that was available. At the conclusion of the corrective action period all three (3) cases have been closed and are reflected below. The auditor was provided a list of hotline calls made during the reporting period and during the review of the investigations was able to confirm that each hotline call was triaged and either sent to the Appointing Authority for investigation, determined not be PREA related or added to an existing PREA investigation.

Total Cases					
Cases	Substantiated	Unsubstantiated	Unfounded	Administratively Closed	Pending
19	0	7	10	2	0

Case Number	Date Opened	Date Closed	Category	Finding
18-17782	4-30-2018	6-20-2018	Staff on Inmate –Sexual Harassment	Unsubstantiated
18-17853	5-17-2018	6-26-2018	Staff on Inmate-Sexual Harassment	Unfounded
18-17670	3-27-2018	6-6-2018	Staff on Inmate-Sexual Abuse	Unfounded
18-17636	3-18-2018	5-11-2018	Staff on Inmate-Sexual Abuse	Unfounded
18-17635	3-20-2018	5-11-2018	Inmate on Inmate –Sexual Harassment	Unfounded
18-17456	1-8-2018	2-22-2018	Inmate on Inmate –Sexual Abuse	Unfounded
17-17338	12-2-2017	1-26-2018	Inmate on Inmate –Sexual Abuse	Unsubstantiated
17-17021	8-10-2017	10-27-2018	Staff on Inmate-Sexual Abuse	Unsubstantiated
17-16980	7-28-2017	1-26-2018	Inmate on Inmate-Sexual Harassment	Unsubstantiated
17-16979	7-28-2017	1-26-2018	Inmate on Inmate-Sexual Harassment	Unsubstantiated
18-18223	9-28-2018	1-8-2019	Staff on Inmate-Sexual Abuse	Unfounded
18-18092	8-18-2018	10-11-2018	Staff on Inmate-Sexual Abuse	Unfounded
18-18048	7-27-2018	10-11-2018	Inmate on Inmate-Sexual Harassment	Unfounded
18-17954	7-2-2018	10-11-2018	Staff on Inmate-Sexual Abuse	Unfounded

18-17640	3-20-2108	9-18-2018	Staff on Inmate-Sexual Abuse	Administratively closed – included in another report
18-17570	3-5-2018	9-18-2018	Staff on Inmate-Sexual Abuse	Administratively closed – included in another report
18-17558	2-21-2018	9-18-2018	Staff on Inmate-Sexual Abuse	Unfounded
18-17520	2-2-2018	11-28-2018	Inmate on Inmate –Sexual Abuse	Unsubstantiated
18-18145	9-4-2018	18-18145	Staff on Inmate-Sexual Abuse	Unsubstantiated

### Closeout

A decision was made to have a group close out on Friday, October 19, 2018 at 10:00 a.m. As the Superintendent had to leave the facility and wanted to be part of the closeout. It was also decided that we would not go into details with the staff, as the auditor did not have decisions of compliance or non-compliance until a review of all documents and interviews could be assessed. Along with the audit team the following dignitaries were in attendance:

- Lisa Oliver-Estes, Superintendent
- J.C.Miller, Corrections Program Manager (PCM)
- Norman Goodenough, Health Service Manager
- Roland Lau, Lieutenant
- Jason Richer, Custody Unit Supervisor
- Daniel Scheetz, Human Resource
- Michelle Merrill, Therapeutic Program Manager
- Heather Williams, Administrative Assistant
- Michael Imel, Electrician Supervisor
- Terry Hetlinger, Plant Manager
- Elsa Isaac, Secretary Senior
- Lance Backman, Secretary Supervisor
- Beth Schubach, WADOC PREA Coordinator

The Superintendent thanked the audit team for coming and appreciated all comments and suggestions the team had made. The audit team thanked the facility and officers were complimented on the how the audit team did not have to wait for staff or offenders for the interviews, which sped up the process. The auditor did express that there would be some corrective action and explained that corrective action is not a bad thing. Any processes put into place would be a benefit and would only increase the sexual safety and security of all staff and offenders. The close-out meeting ended at approximate 10:20 a.m.

The auditor met privately with the Superintendent and the PREA Compliance Manager. There was some discussion on the duties of the PREA Compliance Manager and available time he has.

### Post On-site Audit Phase

After the site review, Larch Corrections Center and the auditor, continued to communicate with each other. The facility remained cooperative throughout the audit process, with answering additional questions, and additional requests for documentation, from the auditor.



On November 7, 2018, a conference call was held with the facility administration, to include the PREA Compliance Manager and the WADOC PREA Coordinator. The purpose of the call was to discuss issues of non-compliance and to develop a plan of corrective action, in order to bring the facility into compliance with all of the standards. On December 7, 2018, the auditor issued the facility Interim Report, which outlined eleven (11) standards in corrective action. Over the course of the following months, LCC was very cooperative and completed each milestone set in place by the corrective action plan and has satisfactorily met the auditor's requirements to demonstrate proof of practice. There were no barriers in completing this audit.

## 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.*

### Facility Type:

Larch Corrections Center (LCC) is located approximately 20 miles northeast of Vancouver Washington and maintains an all-male minimum custody population of 480 residents. The Department of natural Resources (DNR) also maintains a facility on the site and provides work for approximate 120 residents. The site is leased from DNR and consists of approximately forty (40) acres of state land. Seventeen (17) acres are currently in use, with the remaining land surrounded by the state forest.

LCC was originally named Larch Mountain Honor Camp. The Camp opened in 1956 and housed approximately ninety (90) residents who were primarily assigned to DNR. All residents were expected to be healthy and capable of relatively strenuous physical labor. Staffing levels were minimal; with very few support staff and no counseling staff. Residents had very limited recreational opportunities and there were no provision for basic education. Since 1956, LCC has undergone numerous remodeling and expansion projects. The most significant project began in 1996 and was completed in 1998. During that time, LCC expanded the resident population from approximately 164 to 480 and the number of staff increased from 48 to 126.



Larch Corrections Center

All offenders who reside at LCC must have four (4) years or less remaining on their sentence and must qualify for minimum custody status.

Larch utilizes two living units to house the residents, Elkhorn and Silver Star which both have the ability to house 240 residents. Each unit is primarily set up the same way, two stories with A, B, C, D, E, F, G, and H tiers. The B, C, D, F, G, and H tiers are dorm style with 33 beds each and the A and E tiers are two-man rooms. Larch also has a Secured Housing Unit for disciplinary rule violators and protective custody concerns. There are eight (8) cells, with double occupancy. The maximum stay in this unit is primarily 14 days, but can be extended based on special circumstances through Headquarters.

**Staff:**

Larch has 132 staff that is employed at the facility.

- 1 Superintendent
- 1 Plant Manager
- 1 Correctional Lieutenant
- 54 Correctional Officers
- 8 Classification Counselor 2
- 8 Cooks
- 8 Corrections Specialists
- 1 Waste Water Treatment Operator
- 1 Dental Assistant
- 4 Fiscal Analyst's
- 1 Psych Ass.
- 1 RN
- 5 Warehouse Operators
- 1 Recreation Specialist
- 1 Correctional Program Manager
- 2 Custody Unit Supervisors
- 11 Correctional Sgt's
- 1 Chaplain
- 2 Classification Counselor 3
- 1 Food Manager
- 4 Maintenance Staff
- 2 HR Consultants
- 1 Dentist
- 1 Mail Process Driver
- 1 Medical Assistant
- 1 PA/ARNP Lead
- 7 Admin Staff

**Offenders:**

The rated capacity for Larch Corrections Center is four hundred and eighty (480) offenders. The average daily population is four hundred and sixty-nine (469). The age of the offenders range between nineteen (19) years old to seventy-eight (78) years old. LCC houses a diverse population of offenders; the following breakdown is as of September 17, 2018.

- 13.59% Black = 64 Offenders
- 4.25% Asian = 20 Offenders
- 6.37% Native American = 30 Offenders
- 7.64% Hispanic = 36 Offenders
- 68.15% White = 319 Offenders

**Medical/Dental/Psychology**

Medical and Dental services at LCC are provided by a full-time Physician's Assistant (PA), an Advanced Registered Nurse Practitioner (ARNP), a full-time Dentist (DDS) and a dental assistant. There is also a medical provider on call after hours and on weekends. Local providers are available for specialty referrals such as laboratory and x-ray services. Emergency services are available through North County EMS from Yacolt, Washington and through Peace Health

Southwest Washington Medical Center in Vancouver. In order to fulfill work requirements with the Department of Natural Resources and to maintain the institution, most offenders must be medically healthy to maintain a full time job.

### **Offender Programming/Activities:**

LCC offender programs focus on education and skills in preparation for release as all offenders are within four years from completing their incarceration. LCC has basic education programs for attaining GED's and vocational skill development through Clark College in Vancouver, WA. Additionally, the following programs are available:

- Small engine repair and basic automotive maintenance
- Small Business certification
- Waste Water Treatment Operator
- Beekeeping
- Western Pond Turtle Rehabilitation
- Plantain Cultivation for Oregon Zoo Butterflies
- Roots of Success/Environmental Literacy
- Substance Abuse Residential Housing Program
- Individual Case Management
- Group Counseling
- CD Treatment
- "Thinking for a Change"

### **Work Programs**

Employment at LCC provides every aspect of running a small town from barbers to custodians, automotive repair to grounds keeping, food service to warehousing, teaching assistants to maintenance helpers, and every area in between.

### **Recreation**

LCC has a full gym with a cardio room and weight room, as well as outside recreation, which includes a racquetball court.

### **Community Work Crews**

LCC Community Work Crew Program was re-established in January of 2011 into a larger program with more crews and community partners. Residents are thoroughly screened by a Multi-Disciplinary Team, made up of Managers from Custody, Classification and Medical staff to ensure offenders who are assigned to the community work crews meet the criteria as directed by WADOC Policy. There is one crew that maintains the landscape throughout the facility while other crews work with numerous community partners in different capacities. The crews maintain trails and hiking areas, clear brush and debris, build log jams for fish habitat, perform clean up and general maintenance tasks. At the Clark County Food bank the crews have planted, maintained, harvested, cleaned and loaded thousands of pounds of carrots and squash that were delivered to families throughout the county.

## **Department of Natural Resources (DNR)**

DNR Camp crews train the offender workforce for forestry related public projects around the state. This workforce saves taxpayers millions of dollars a year and teaches positive work habits to the incarcerated residents.

Offenders receive the DNR 101 orientation on how their part plays a major role for the states trust lands in the forestry work they do and how it relates to forest health and productivity.

Offenders learn all aspects of safety training; from walking in the woods, running power saws safely and productively. They receive and must pass both field and classroom examinations before they are allowed to be placed on a fire crew. This is the same training that all firefighters receive for wild land firefighting. They must pass a work capacity test carry 45 pounds three miles under 45 minutes. Once they are trained, they certify them as Firefighter 2's. The training they receive is acknowledged nationally and can often lead to good paying jobs after incarceration.

A large portion of the work is directly related to conservation, either salmon or water quality enhancement. The skills gained from working these types of projects makes the resident more employable once released. The crew supervisors that lead the resident work crews are professionals at instructing, teaching, coaching and hold residents accountable to WADOC's rules.

## **Summary of Audit Findings**

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

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

**Number of Standards Exceeded:** 0

**Number of Standards Met:** 43

- 115.11 Zero Tolerance of sexual abuse and sexual harassment; PREA Coordinator
- 115.12 Contracting with other entities for the confinement of inmates
- 115.13 Supervision and monitoring
- 115.14 Youthful offenders
- 115.15 Limits to cross gender viewing and searches
- 115.16 Inmates with disabilities and inmates who are limited English proficient
- 115.17 Hiring and promotion decisions
- 115.18 Upgrades to facilities and technology

- 115.21 Evidence protocol and forensic medical examinations
- 115.22 Policies to ensure referrals of allegations for investigations
- 115.31 Employee training
- 115.32 Volunteer and contractor training
- 115.33 Inmate education
- 115.34 Specialized training: investigations
- 115.35 Specialized training: Medical and mental health
- 115.41 Screening for risk of victimization and abusiveness
- 115.42 Use of screening information
- 115.43 Protective custody
- 115.51 Inmate Reporting
- 115.52 Exhaustion of administrative remedies
- 115.53 Inmate access to outside confidential support service
- 115.54 Third party reporting
- 115.61 Staff and agency reporting duties
- 115.62 Agency protection duties
- 115.63 Reporting to other confinement facilities
- 115.64 Staff first responder duties
- 115.65 Coordinated response
- 115.66 Preservation of ability to protect inmates from contact with abusers
- 115.68 Post-allegation protective custody
- 115.67 Agency protection against retaliation
- 115.71 Criminal and administrative agency investigations
- 115.72 Evidentiary standard for administrative investigation
- 115.73 Reporting to inmates
- 115.76 Disciplinary sanctions for staff
- 115.77 Corrective action for contractors and volunteers
- 115.78 Disciplinary sanctions for inmates
- 115.81 Medical and mental health screenings; history of sexual abuse
- 115.82 Access to emergency medical and mental health services
- 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers
- 115.86 Sexual abuse incident reviews
- 115.87 Data collection
- 115.88 Data review for corrective action
- 115.89 Data storage, publication and destruction

**Number of Standards Not Met:** 0

## Summary of Corrective Action (if any)

### Issues determined during the site review.

- 1) Paint Shop- is a trailer with windows. When the light is on the entire area can be seen from the door and the windows. However when the light is off, even with the windows, there is blind spots within the room.

**Corrections made-** the facility placed a motion sensor light in the room. The lights come on whenever there is movement in the room.

- 2) Food Service Dry Storage Room- there was a mirror in the room. However the placement of the mirror did not allow for the blind spot to be seen with the mirror.

**Corrections made-**the mirror was removed and replaced in the corner of the room allowing for viewing of the entire room.

- 3) Silver Star Unit Day Room- the mirror was pointed downward, which created blind spots in the room.

**Corrections made-** the mirror was adjusted allowing the whole room to be visible by someone passing by.

- 4) Laundry (Upstairs Room) - this room is utilized as an office by one (1) female staff member. There is also working space for two (2) offenders. When asked if there is ever one on one in this area, it was stated that it is possible that only one (1) inmate comes to work on a given day.

**Corrections made-** a directive was sent out by the Superintendent requiring a 2 to 1 ration in the room. A sign was placed on the door which states "Entering in an area that requires a 2:1 Ratio of Workers & Radio Control". This means that there must be two (2) offenders to one (1) staff and the person(s) entering the room must radio the control center when entering and exiting the area.

## Corrective Action

115.11

(c)

**Corrective Action:** The facility will develop a process, where the PCM can be more engaging with the PREA program within the facility. The PCM should take the lead on much of the directions coming to the staff and offenders regarding PREA compliance.

115.13

(a)

**Corrective Action:** The staffing plan will be reviewed, ensuring all required elements identified in the standard are included. The facility shall provide documentation to the auditor of the development of the staffing plan.

(c)

**Corrective action:** The current staffing plan shall be assessed and documented to include the addition of video monitoring systems.

(d)

**Corrective action:** The Superintendent shall facilitate training of all intermediate and high-level staff. The training shall incorporate the reasoning behind the unannounced rounds, when rounds shall occur, how often and how to document the rounds.

115.15

**Corrective actions-** The facility shall develop a process of review to ensure that all strip logs are being documented. The facility shall facilitate and document training of the staff, to ensure that they are aware and understand the process. The auditor will monitor strip logs to ensure compliance.

The facility shall install the double etching on the shower doors. The facility shall put curtains in place of the doors until the project can be completed. Photographs will be sent to the auditor once completed.

115.16

**Corrective Action:** The superintendent shall send out a directive to all staff regarding the use of inmate interpreters.

115.17

**Corrective Action:** The facility shall begin the process of performing a criminal background check on all employees and shall implement a process moving forward to maintain compliance with this provision.

115.32

**Corrective action:** The agency shall revise DOC 03-478 to include the agency's zero tolerance policy.

115.41

(c)

**Corrective Action:** Assistant Secretary issued a memo stating staff completing assessments will ask all inmates if they perceive themselves as bisexual. The assessment will be updated to include bisexual.

(f)

**Corrective action:** The facility shall implement a process that would require the staff member to insert a note when completing the assessment, to ensure the assessment is completed with the offender. This will be tracked and sent to the auditor with the “call out” (a document showing the movement of the offender) of the offender attached.

115.61

**Corrective action:** The facility shall develop a process to ensure that the proper notifications are made when applicable. The staff will be trained on the new process.

115.64

**Corrective Action:** A directive will be sent out to all staff, indicating that the alleged victim will be asked not to destroy evidence and staff will ensure that the perpetrator does not destroy evidence. The Aggravated Sexual Assault Checklist will be revised.

115.67

**Corrective Action:** The facility shall develop a process to ensure that all alleged victims of sexual abuse are monitored for at least 90 days. The facility shall train staff on the process moving forward.

115.73

**Corrective Action:** The facility shall develop and implement a process, where the offender is notified of the movement of the alleged perpetrator. The facility will conduct training with the staff to ensure they understand the process.



## PREVENTION PLANNING

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

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

##### 115.11 (a)

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

##### 115.11 (b)

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

##### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents, interviews, site review):

- 1) Larch Corrections Center (LCC) completed Pre-Audit Questionnaire
- 2) Memo to Auditor
- 3) Policy:
  - a. Washington Department of Corrections (WADOC) *490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
  - b. WADOC 490.850 *Prison Rape Elimination Act Response* (11 pages)
  - c. WADOC 490-860 *Prison Rape Elimination Act Investigation* (14 pages)
- 4) WADOC Organizational Chart and LCC Organizational Chart
- 5) Position Description for the Agency PREA Coordinator
- 6) Interviews with the following:
  - a. PREA Coordinator
  - b. PREA Compliance Manager

### Additional Documents Reviewed:

1. 2018-2019 PCM Progress Report
2. Interview with the PREA Compliance Manager

### Findings (by Subsection):

**Subsection (a):** In review LCC's Pre-Audit Questionnaire, the facility reported it has a written policy that contains the following: mandates zero tolerance towards all forms of sexual abuse and sexual harassment; outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment; includes the definitions of prohibited behaviors regarding sexual abuse and sexual harassment; includes sanctions for those found to have participated in prohibited behaviors; and includes a description of the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of all inmates.

WADOC 490.800, *Prison Rape Elimination Act (PREA) Prevention and Report*, Section 1 (A), (p. 2) states "The Department has zero tolerance for all forms of sexual misconduct. The department will impose disciplinary sanctions for such conduct, up to and including dismissal for staff"

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Report Attachment 1, Prison Rape Elimination Act (PREA) Definitions* of the policy includes all the definitions of sexual misconduct as well as the definitions described in §115.6 of the PREA Standards. The policy

outlines how it will implement the agency's approach to prevent and detect sexual abuse and sexual harassment. Prevention is evident in the following ways:

- Appointing a department wide PREA Coordinator
- Appointing PREA Compliance Managers for all facilities
- Background checks on all staff and contracted staff prior to employment
- Employee, contractor and volunteer education
- Offender education, to include those with disabilities
- Reviewing all incidents of sexual abuse to determine ways to prevent in the future.

Detection is evident in the following ways:

- Supervision of Staff and Offenders
- Screening offenders for risk of sexual victimization and abusiveness
- Providing multiple ways for offenders to report

WADOC 490.850, *Prison Rape Elimination Act (PREA) Response*, outlines the agency's approach to reporting and responding to all allegations. This is evident in the following ways:

- The facility's Coordinated Response Plan
- Staff, Contractor and Volunteers duty to report
- Prohibition of Retaliation
- Referrals to Law Enforcement when there is a criminal nexus.
- Contract with Victim Advocacy

All policies are readily available on the department's website, and can be accessed by all staff and the general public. Policies can be accessed by offenders in the legal library. In addition, posters could be seen around the facility stating, "Washington State Department of Corrections has a zero tolerance policy regarding prison, rape, sexual misconduct and victimization."

**The facility is in compliance with this provision of the standard.**

**Subsection (b):** WADOC employs a full time upper-level agency-wide PREA Coordinator. In review of the position description and the agency's organizational chart, the PREA Coordinator position reports directly to a Deputy Director of Prisons. It is evident that the PREA Coordinator position falls into the upper level hierarchy within the Department and has the authority to develop, implement and oversee the agency's efforts to comply with the PREA standards at all of its facilities. The responsibilities of the PREA Coordinator can be found listed in WADOC 490.800, *Prison Rape Elimination Act (PREA) Prevention and Reporting*, (p. 3 and 4).

During an interview with the PREA Coordinator she confirmed she has the authority and time to oversee the agency's efforts to comply with the PREA standards. She stated that Washington State put in place a statewide implementation team, made up of all participants from all facilities. This team is charged with implementing the standards and impact culture in the state. Although she reports to the Deputy Director of Prisons, she can approach the Secretary of Corrections for any issues she may have, and he is very responsive.

**The facility is in compliance of this provision of the standard.**

**Subsection (c):** At LCC, the Compliance Program Manager (CPM) has been appointed as the PREA Compliance Manager. This position falls as second in command on the facility organizational chart, reporting directly to the Superintendent. It is evident based on the hierarchy on the organizational chart that the PREA Compliance Manager has the authority to develop, implement and oversee the facility's efforts to comply with the PREA standards. All responsibilities of the PREA Compliance Manager can be found listed in WADOC 490.800, *Prison Rape Elimination Act (PREA) Prevention and Reporting*, (p. 4 and 5).

A temporary PREA Compliance Specialist was put in place for assistance in for preparation of this audit. During an interview with the CPM, he stated that he does not feel that he has the time to complete all the duties without the assistance of the specialist. While conducting the documentation review, in the pre-audit phase, many emails were sent back and forth between the auditor and the Superintendent, the CPM and the specialist. The auditor noticed a lack of participation from the PREA Compliance Manager in responding to questions from the auditor. All communications were with the specialist. The lack of participation in this audit process is of concern to the auditor. The PREA Compliance Manager as second in command appears to have many duties, with PREA being only one. The specialist was available, answered questions, retrieved documents and fully participated in the audit process. While the PCM has the authority, he lacks the time to oversee the facility's efforts to comply with the PREA Standards. The specialist has the time but lacks the authority needed to oversee the program. During informal interviews with staff and offender, when asked who the facility PCM is, many stated the temporary specialist was. A process needs to be put in place to ensure that all the facility's efforts to develop, implement and oversee that the standards are being complied with.

**Corrective Action:** The facility will develop a process, where the PCM can be more engaging with the PREA process. The PCM should take the lead on much of the directions coming to the staff and offenders regarding PREA compliance.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision and agreed upon a plan with assigned dates for completion. On June 1, 2019, the facility sent the auditor documentation in the form of the LCC 2018-2019 PCM Progress Report. The report indicates the PCM's role in developing the report, conducting meetings, and trainings both within the facility, as well as outside the facility. The ongoing development of LCC's PREA Program is documented in the report. On June 3, 2019, the auditor conducted a phone interview with the PCM. The PCM stated that since the onsite review he has a better understanding regarding his role as the facility PCM. The PCM participated in the development of the 2019 Staffing Plan and has taken a more active role in PREA trainings for staff at the facility. The facility has effectively demonstrated compliance during the corrective action and has provided supporting documentation.

**The facility is in compliance with this provision of the standard.**

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

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

### 115.12 (a)

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

### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to Auditor
- 3) WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
- 4) Contract shell for all applicable facilities demonstrating the language included in all applicable contracts
- 5) Email from DOJ with Ruling regarding Pioneer Human Services Residential Treatment Centers not falling under the standards
- 6) Revised Code of Washington (RCW) 72.02.410 providing statutory authority for the housing of youthful offenders

- 7) Contracts with the following:
  - a. American Behavioral Health System Contract K8254- Amendment #12- effective August 1, 2013.
  - b. Clark County Contract K8583-Amendment #3-effective July 1, 2013.
  - c. Yakima County Contract K10470-Amendment #1-effective February 1, 2014
  - d. Department of Social Health Services Contract K10491-effective January 26, 2015
  - e. GEO Group Contract K10825-effective May 1, 2015
  - f. Department of Social and Health Services- effective 1-29-2015
  - g. Memo from the PREA Coordinator-documentation of DOJ PREA Audits for each contract
- 8) Interview with the Contract Administrator

### Findings (by Subsection):

**Subsection (a):** In review LCC’s Pre-Audit Questionnaire, the facility reported that the agency has entered into or renewed a contract for the confinement of inmates on or after August 20, 2012.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting*, (page 9), states “Any new or renewed contracts for the confinement of offenders will include the requirement that the contracted facility comply with federal PREA standards and allow the Department to monitor PREA Compliance.”

In a memo to the auditor, LCC stated WADOC currently has contracts with multiple agencies for the housing of offenders. All contracts include the requirement to comply with PREA Standards along with the ability of WADOC to monitor for compliance.

The agency reported that there have not been any new contracts for confinement of inmates since August 20, 2012. However, the agency does contract with the below five (5) agencies:

#### 1. American Behavior Health Systems

- The Organization operates three (3) facilities for residential substance abuse treatment. Offenders in the community can be sanctioned to participate in this program and failure to complete the program will result in field supervision violation with possible incarceration as a sanction for the violation.
- The current contract expires June 2019.
- Information about PREA is included in the organization’s public website at <https://www.americanbehaviorhealth.net/prea>. The information includes background, reporting, investigation, annual report and audit report information.
- The organization has completed DOJ audits in all three facilities. Final reports document 100% compliance has been received and is posted to the organizational public website.
  - Chehalis Facility- last audit January 2018 with a final report issued July 18, 2018.
  - Mission Facility-last audit September 2015 with a final report issued November 1, 2015. (Audit scheduled for fall of 2018)
  - Cozza Facility-last audit January 2016 with a final report issued February 21, 2016. (Audit scheduled in Spring of 2019)

- Regular visits to the facility by the WADOC Contract Administrator along with discussion to collaboratively address any PREA-related issues continue.

## 2) Clark County Department of Corrections

- The agency operates a work release center and contracts with WADOC for placement of offenders transitioning out of prison into some of these beds.
- The agency completed a self-assessment and WADOC worked with the agency to bring it into compliance with the PREA Standards. However the facility failed to secure an audit. As a result, all WADOC offenders were removed from the facility (effective December 31, 2017) and suspended all contract related placement until such time as the facility has completed a successful DOJ PREA audit. WADOC will continue assisting and advising Clark County staff on PREA compliance and development of a program, if requested. WADOC's hope is to resume operations with the Clark County Jail Work Center once the scheduled audit is completed and the Clark County Work Release is certified as compliant.

## 3) GEO Group

- WADOC had a contract with GEO Group that expired August 2018. The contract is to house residents in and out of state facilities privately operated by GEO Group. During the life of the contract, no residents from WADOC were placed in beds within GEO Group facilities. The contract specified placement in the North Lake Correctional Facility in Michigan, which was scheduled for a formal PREA audit in 2017, but the facility was closed prior to that time period and has been and is still closed. No audit will be scheduled until the facility reopens.
- The GEO Group has achieved PREA certification through audits in 57 corrections and detention facilities, 46 residential reentry facilities, and 8 of the youth facilities. All audit reports demonstrating 100% compliance.
- WADOC is currently exploring options for emergency capacity in the event a critical incident or significant event requires offenders to be housed in secure facilities outside the jurisdiction, including out of state.

## 4) Rehabilitation Administration

- The state agency operates multiple facilities for housing juveniles who have been adjudicated as delinquent. The agency also houses those offenders under the age of 18 who have been sentenced as adults under an interagency agreement with WADOC that currently has no expiration date. Additionally housing of these youthful offenders is driven by the Revised Code of Washington (RCW) 72.01.410 *Children under eighteen convicted of crime amounting to felony*.
- These youthful offenders may be housed in any facility operated by or contracted for operation by the Rehabilitation Administration.
- The agency maintains PREA-related information on their public website, to include agency policy, data review, reporting procedures, contact information, and audit reports. <https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance>
- The agency has completed audits by DOJ certified PREA auditors in all of its facilities.
  - Camp Outlook- final report issued May 26, 2015, facility closed in May 2015.
  - Canyon View Community Facility- final report issued January 21, 2018
  - Echo Glen Children's Center- final report issued July 12, 2017

- Green Hill School- final report issued August 31, 2016
- The facility was found to be non-compliant on one (1) standard. An appeal was submitted to DOJ. The WADOC PREA Coordinated conducted several on-site visits and the facility remained in non-compliance. A new process was implemented and a new tracking document established. A new audit was conducted in August 2018, and following corrective action the facility was found to remain in non-compliance, an appeal was submitted to the DOJ.
- Naselle Youth Camp- final report issued August 12, 2018  
The facility was found to be in non-compliance of several standards. WADOC currently has one (1) youthful offender housed at this facility. Due to state law, WADOC has no authority regarding the placement until his 21<sup>st</sup> birthday. An informal agreement with the agencies has been made, and there will be no placements at this facility for the next 90 days, until a plan can be made moving forward.
- Oakridge Community Facility- final report issued July 12, 2017
- Park Creek Community Facility- final report issued August 27, 2016
- Pioneer Reentry Skills Center- final report issued November 5, 2015
- Ridgeview Community Facility- final report issued July 12, 2017
- Sunrise Community Facility- final report issued January 21, 2018
- Touchstone Community Facility – final report issued January 21, 2018
- Twin Rivers Community Facility- final report issued July 6, 2016
- Woodinville Community Facility- final report issued November 30, 2015

## 5) Yakima County Jail

- The agency currently houses female offenders transferred from the Washington Corrections Center for Women in an overflow bed capacity. The contract expired in June 2018, but has since been amended to continue through December 2018.
- The agency maintains PREA-related information on their public website, to include reporting contact information, and the 2015 final audit report; <http://yakimacounty.us/1141/Prison-Rape-Elimination-Act> .
- The agency recently had a DOJ audit and is currently in corrective action on several standards. It is anticipated that the agency will be brought into full compliance during the corrective action period. WADOC has been provided with information upon request regarding this plan.
- Regular visits to the facilities along with discussion to collaboratively address a PREA-related allegation continue.

WADOC contracts with Pioneer Human Services to provide residential substance treatment services to offenders on supervision in the community. Pioneer Center North is a one hundred and thirty-four (134) bed residential substance treatment program and which includes thirteen (13) WADOC contract beds. Pioneer Center East is a forty-four (44) bed residential substance treatment program that includes seven (7) WADOC contract beds. Previous inquiries made to the Department of Justice stated that such a facility must house a population of more than 50% percent before the standard applies. WADOC monitors the population and is aware that if the population rises above 50%, the contract will need to be modified to require Pioneer Human Services be compliant with the PREA standards.



The auditor reviewed all contracts and verified that they contain language that requires the contractors to adopt and comply with the federal PREA standards.

**The facility is in compliance with this provision of the standard.**

**Subsection (b):** WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting*, (page 9), states “Any new or renewed contracts for the confinement of offenders will include the requirement that the contracted facility comply with federal PREA standards and allow the Department to monitor PREA Compliance.”

In a memo to the auditor, LCC stated a process of self-evaluation and on-site visits coupled with the review of the Department of Justice audit results have been established to monitor these facilities during this audit cycle.

During an interview with the Contract Administrator, she stated that there have been no new contracts and all of the contracts currently in place contain the required PREA language. The contract facilities are required to adhere to all PREA standards. If non-compliance is determined the contract administrator will complete on-site visits until compliance has been achieved. If the facility were to remain in non-compliance status, the state offenders would be immediately removed from the facility. The auditor did confirm with the Contract Administrator that all state offenders were removed from the Clark County Work Release until they have become PREA compliant.

**The facility is in compliance with this provision of the standard.**

### Standard 115.13: Supervision and monitoring

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

##### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? X Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? X Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? X Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? X Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? X Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? X Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? X Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? X Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? X Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? X Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? X Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? X Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? X Yes  No

### 115.13 (b)

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

### 115.13 (c)

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

### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? X Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts? X Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? X Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## **Evidence Reviewed (documents, interviews, site review):**

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to Auditor
- 3) WADOC Policy
  - a. WADOC 110.110 *Work Release Management Expectations* (5 pages)
  - b. WADOC 300.500 *Work Release Screening* (6 pages)
  - c. WADOC 400.210 *Custody Roster Management* (7 pages)
  - d. WADOC 490.210 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
  - e. WADOC 110.100 *Prison Management Expectations* (5 pages)
  - f. WADOC 400.200 *Post Orders/Operations Manuals and Post Logs* (7 pages)
  - g. WADOC 420.370 *Security Inspections* (6 pages)
- 4) 2017 Vulnerability Assessment (11 pages)
- 5) DOC Custody Staffing Model (draft)
- 6) DOC Non-Custody Staffing Model
- 7) LCC 2018 Staffing Plan
- 8) LCC 2017 Staffing Plan
- 9) LCC Daily Staff Roster
- 10) Memo from Lt. Lau (No deviations)
- 11) Memo from WADOC Secretary (Hiring Freeze)
- 12) Memo from All Assistant Secretaries to all Correction Department Supervisors
- 13) Memo from Superintendent to all Staff
- 14) Interviews Conducted
  - a. Superintendent
  - b. PREA Compliance Manager
  - c. Intermediate-level or- Higher level staff

## **Additional Documentation Reviewed:**

1. LCC 2019 Staffing Plan
2. LCC-Joint Operations Meeting held on March 27, 2019
3. Logs of unannounced rounds for December 2018, January 2019, February 2019, and March 2019

## **Findings (by Subsection):**

**Subsection (a):** LCC reported in the PAQ the WADOC requires each facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan. In the past twelve (12) months the average daily number of offender was four hundred and sixty-nine (469).

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting*, (page 7) states “Each Superintendent and Work Release Community Corrections Supervisor (CCS) will use the PREA Compliant Staffing Plan template maintained on the PREA Audit SharePoint site to develop, maintain, and annually review a staffing plan that includes an objective analysis of the

facility's staffing needs and established staffing model." The policy also states that the annual review of the Staffing Plan should be in conjunction with the post audit conducted in WADOC 400.210 Custody Roster Management.

In a memo to the auditor, LCC stated "WADOC maintains staffing models for both custody and non-custody. The Washington Legislature approves the staffing model for all the prison facilities. The custody staffing model was approved by the Legislature following an extensive review of national correctional practice. It details staffing levels based on facility design, and the make-up of the offender population housed at the facility. It has been in place since 1988 and has had revisions when needed. The plan does have an exception process with review and approval elements for use as needed for the prison facility management."

During an interview with the Superintendent, she stated that the facility did have a staffing plan in place. She stated that elements required for consideration were reviewed. At the time that the staffing plan was completed video monitoring was not included. Video monitoring was recently implemented into the facility. All video monitoring will be included in the revision of the staffing plan. The PCM stated that the facility does have a staffing plan in place, however he could not remember if he participated in developing the plan and did not go into specific elements contained within the plan.

The auditor reviewed the facility Staffing Plan, which contained all the elements required for this standard, to include:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any findings of inadequacy from Federal investigative agencies;
- Any findings of inadequacy from internal or external oversight bodies;
- All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);
- The composition of the inmate population;
- The number and placement of supervisory staff; Institution programs occurring on a particular shift;
- Any applicable State or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse;
- Any other relevant factors.

However, best practice for a staffing plan should:

- Be a written document
- Be facility specific
- Contain a narrative reflecting development of the plan and strategic considerations
- Contain a narrative describing whether or not each enumerated element is applicable, how are the elements reflected in the plan
- Contains diagrams of staff positions and where needed to provide adequate coverage
- Includes post orders or other descriptions of the supervisory duties for each post position
- Days and operation of each post

- Provide contingencies when a post would otherwise not be met.
- Provide samples staff schedules by shift
- Provide a list of staff positions
- Include consideration of relief factors, such as an expected level of absenteeism, unexpected transports etc.
- Indicates who was involved in the development of the staffing plan

In order for the auditor to determine compliance with this provision, a review of written evidence that an informed analysis of all required elements was conducted, written evidence that an annual review of the staffing plan takes place and that relevant parties are involved in the review. The facility has not provided the auditor with any documentation regarding the development of the staffing plan.

**Corrective Action:** The staffing plan will be reviewed, ensuring all required elements identified in the standard are included. The facility shall provide documentation to the auditor of the development of the staffing plan.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision and agreed upon a plan with assigned dates for completion. On May 18, 2019, the facility provided the auditor with the facility's 2019 Staffing Plan. The Staffing Plan includes the development process, as the facility executive leadership held weekly meetings to discuss the staffing needs of the facility, and a discussion of each of the elements required by the standard. The Staffing Plan is in compliance. The facility has effectively demonstrated compliance during the corrective action with supporting documentation.

**The facility is in compliance with this provision of the standard.**

**Subsection (b):** In review of the LCC's PAQ states that there have been no deviations from the staffing plan in the reporting time frame.

In a memo to the auditor, LCC stated that quality assurance audits are conducted annually to ensure custody staff are deployed in accordance with the model and to ensure that no modifications or exceptions to the model are indicated.

The Superintendent and the PREA Compliance Manager stated that during the reporting period there have been no deviations to the staffing plan. Both were knowledgeable in their responsibilities if a deviation was to occur and would ensure that it was documented with the reasons for the deviation.

The Superintendent works daily with Roster Management and receives daily reports. It was reported that the facility has what is called "on call" or "intermittent" employees. There are nine (9) positions that are not funded by the Legislature. If staff members are scheduled for annual leave, an "on call" officer can be called in to cover the shift and work up to forty (40) hours a week or if there is unscheduled transports or unscheduled events that calls for additional staff, the "on call" officers can be called in. For a person to be considered for hire in a permanent position, they must have worked as an "on call" officer prior. The "on call" officers are considered staff and as such, were included on the staff roster in which employee files were randomly selected for review.

The auditor reviewed samples of rosters in which no deviations could be seen.

**The facility is in compliance with this provision of the standard.**

**Subsection (c):** WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 7) states “Each Superintendent and Work Release Community Corrections Supervisor (CCS) will use the PREA Compliant Staffing Plan template maintained on the PREA Audit SharePoint site to develop, maintain and annually review a staffing plan that includes an objective analysis of the facility’s staffing needs and established staffing model. (2) Reviews will document consultation with the PREA Coordinator, who will be provided a copy of the completed PREA Compliant Staffing Plan.”

During an interview with the Superintendent, she stated the facility recently installed video monitoring. The current staffing plan did not include video monitoring, however the staffing plan is reviewed and updated annually and as such will include the use of video monitoring in the updated plan.

The agency PREA Coordinator stated that she is included in a formal review process of the staffing plan.

This provision requires the facility to assess, determine and document whether adjustments are needed “whenever necessary but no less frequently than once a year” or whether adjustments are needed to “the facility’s deployment of video monitoring systems and other monitoring technologies”. In the past six (6) months the facility installed over thirty (30) cameras within the facility, however there was no review or adjustments made to the staff plan.

**Corrective action:** The current staffing plan shall be assessed and documented to include the addition of video monitoring systems.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision and agreed upon a plan with assigned dates for completion. On May 18, 2019, the facility provided the auditor with the facility’s 2019 Staffing Plan. The facility has effectively demonstrated compliance with this provision of the standard.

**The facility is in compliance with this provision of the standard.**

**Subsection (d):** WADOC 110.100 *Prison Management Expectations* (page 5) states “Superintendents will ensure that each member of the facility executive management team make unannounced tours of selected areas of the facility at least weekly. (1) Employees are prohibited from alerting one another that these tours are occurring, except when necessary for the legitimate operational functions of the facility. (3) Facility Executive management team members will routinely modify their work schedules to conduct tours and interact with employees on all shifts. The policy does not require that these rounds be documented.

In a memo to the auditor, LCC stated that “during an audit of another facility, it was discovered that intermediate-level and high-level supervisors conduct weekly unannounced area visits throughout the facility however they were not being documented. To address the issue, the

WADOC Assistant Secretaries collectively issued a directive effective May 4, 2017 to all supervisors within the corrections department, which stated Duty Officers will be randomly assigned specific shifts that must be visited during their duty week. These rounds were to be documented by signing the logbook, noting the time of arrival, departure time and the purpose of the visit.

During a mock audit, LCC discovered that unannounced rounds were occurring on the 2<sup>nd</sup> and 3<sup>rd</sup> shift but were not consistently being documented and a directive was issued by the Superintendent on March 19, 2018. The directive instructed all supervisory and management staff, which includes the duty officer, conduct weekly rounds and document those rounds in red ink in the log books.

As the facility prepared for this audit it was discovered the rounds were not being documented and a directive was sent out August 15, 2018, which stated that all undocumented visits on all shifts will be logged by each staff member making the visits in the appropriate log.”

During interviews with intermediate-level and high-level supervisors it was stated that all supervisory rounds are unannounced. In review of sample logs there were entries made in red, that contained the date and time and entries such as:

- Lt. on post- to review log
- 2<sup>nd</sup> shift post- SGT- tools accounted for and pass down received
- Lt. on post with C/O zone check
- CPM in unit
- Sgt. walk through and log review
- CUS observed count
- Superintendent and CPM in unit
- CUS on post

The auditor was only able to located two (2) entries into the log book that were made during the 1<sup>st</sup> shift. During random discussions with higher level staff, they stated that they have not been completing rounds during this shift.

The supervisors were asked what they look for when conducting unannounced rounds, and the auditor received answers such as cleanliness, the mood of the facility, security issues etc. It was evident to the auditor that the staff did not know the intended purpose of this provision of the standard.

**Corrective action:** The Superintendent shall facilitate training of all intermediate and high-level staff. The training shall incorporate the reasoning behind the unannounced rounds, when rounds shall occur, how often and how to document the rounds.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision and agreed upon a plan with assigned dates of completion. The facility provided the auditor samples of logs depicting the unannounced rounds. The auditor monitored the logs for a period of four (4) months. The unannounced rounds are conducted by different supervisors and at different times, ensuring all shifts and areas within the



facility are being covered. On May 8, 2019, the facility provided the auditor with minutes from a joint operation meeting, in which the purpose of the unannounced rounds were discussed, as well as the need to document the rounds. The facility has effectively demonstrated compliance with this provision of the standard.

**The facility is in compliance with this provision of the standard.**

### **Standard 115.14: Youthful inmates**

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

##### **115.14 (a)**

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

##### **115.14 (b)**

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

##### **115.14 (c)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) RCW 72.01.410 *Child under eighteen convicted of a crime amounting to felony-Placement*
- 4) Interagency Agreement WADOC and Department of Social and Health Services
- 5) WADOC 320.500 *Youthful Offender Program*

## Findings (by Subsection):

**Subsection (a) (b) (c):** LCC reported on the PAQ the facility only houses adult male offenders and does not house youthful offenders.

RCW 72.01410 *Child under eighteen convicted of a crime amounting to felony – placement* (page 1) states “Whenever any child under the age of eighteen is convicted as an adult in the courts of this state of a crime amounting to a felon, and is committed for a term of confinement, that child shall be initially placed in a facility operated by the department of corrections to determine the child’s earned release date.

WADOC 320.500 *Youthful Offender Program* (page 1) states “A youthful offender is any person under the age of 18 who is tried, convicted and sentenced as an adult. Youthful offenders under the Department jurisdiction will be housed at a Department of Social and Health Services’ Juvenile Rehabilitation Administration (JRA) facility to ensure their medical, mental health and developmental needs are addressed, and they are provided a safe and secure environment.”

WADOC 320.500 *Youthful Offender Program* (page 1) states “Youthful Offenders sentenced to the Department will be received at the Washington Corrections Center (WCC) or Washington Corrections Center for Women (WCCW) Reception Diagnostic Center.

In a memo to the auditor, LCC stated that the facility houses adult male offenders. WADOC has an Interagency Agreement with the Department of Social and Health Services to house youthful offenders. If a youthful offender arrived at the facility, it would be based on exigent circumstances and the offender would be placed where his safety would be maintained and a transfer to an appropriate reception center would be immediately requested.

The above procedure was confirmed during an interview with the agency PREA Coordinator. WADOC does have policies in place should the need ever rise for the facility to house a youthful offender.

**The facility is in compliance with this provision of the standard.**

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

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

##### **115.15 (a)**

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

##### **115.15 (b)**

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

##### **115.15 (c)**

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

##### **115.15 (d)**

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender

viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? X Yes  No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? X Yes  No

#### 115.15 (e)

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

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

### **Evidence Reviewed (documents, interviews, site review):**

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
  - b. WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (12 pages)
  - c. WADOC 420.310 *Searches of Offenders* (page 5)
  - d. WADOC 420.312 *Body Cavity Search* (6 pages)
  - e. WADOC 420.325 *Searches and Contraband for Work Release* (4 pages)
  - f. WADOC 320.265 *Close Observation Areas* ( 7 pages)
- 4) Memo from Assistant Secretary regarding Strip log, dated 8-16-2016
- 5) Examples of Strip Logs
- 6) Memo from Lt.
- 7) LCC process for strip search logs
- 8) Photographs of signage in Living Units
- 9) Pat Search Training Curriculum
- 10) Facility Training Compliance Log
- 11) Site Review Observations
- 12) Interviews with the following:
  - a. Random Inmate
  - b. Random Staff

### **Additional Documents Reviewed:**

1. Strip logs from December 2018, January 2019, February 2019, March 2019, April 2019 and May 2019
2. Directive regarding the Offender Strip Log process, issued by the Superintendent

### **Findings (by Subsection):**

**Subsection (a):** LCC reported in the PAQ that the facility does not conduct cross-gender strip searches of offenders. There have not been any cross-gender strip searches or cross-gender visual body cavity searches in the past twelve (12) months.

WADOC 420.310 *Searches of Offender* (page 4-5) states “A strip search must be conducted by 2 trained employees. Staffing will meet the following gender requirements, unless waiting for an employee of the designated gender may result in serious bodily injury to the offender, the employee, or others. (a) Strip searches of female offenders will be conducted by female employees. (b) Strip searches of male offenders require that one of the employees conducting the search be male. If the second person conducting the strip search is female, she will position

herself to observe the employee during the strip search, but will not be in direct line of sight of the offender.”

WADOC 420.312 *Body Cavity Search* (page 3) states “All participants in a body cavity search will be the same gender as the offender.”

Currently WADOC does not have a policy that governs strip searches or visual body cavity searches of transgender offenders. The WADOC PREA Coordinator did state that WADOC is in the process of developing agency policy specific to transgender, intersex, and gender non-conforming offenders. The auditor would recommend that as the policy is developed, the agency consider including asking the transgender offenders to identify the gender of the staff with which they would feel most comfortable conducting the strip search or visual body cavity search.

During interviews all of the custody staff stated that they are aware that strip searches and cross-gender visual body cavity searches shall be conducted by the same gender as the offender and documented. All of the non-custody staff indicated that they are aware of the policy but does not conduct strip searches.

The auditor did not interview a non-medical staff member, who participated in cross-gender strip search or a visual body cavity search, as there has been no cross-gender strip searches or visual body cavity searches performed, based on logs that were reviewed. However a female officer was interviewed and she stated that cross gender searches or cross-gender visual body cavity searches are not conducted. She stated that a female officer can participate in strip search by standing with her back facing the offender with only the officer completing the strip search, in her view.

**The facility is in compliance with this provision of the standard.**

**Subsection (b):** This provision of the standard is not applicable to LCC as only adult male offenders are housed in the facility and the facility exceeds fifty (50) offenders. However the auditor would recommend that as the agency develops a policy specific to transgender, intersex or gender non-conforming, the agency should consider including asking the transgender offenders to identify the gender of the staff with which they would feel most comfortable conducting a pat down search.

**The facility is in compliance with this provision of the standard.**

**Subsection (c):** WADOC 420.310 *Searches of Offender* (page 4-5) states “A strip search must be conducted by 2 trained employees. Staffing will meet the following gender requirements, unless waiting for an employee of the designated gender may result in serious bodily injury to the offender, the employee, or others. (a) Strip searches of female offenders will be conducted by female employees. (b) Strip searches of male offenders require that one of the employees conducting the search be male. If the second person conducting the strip search is female, she will position herself to observe the employee during the strip search, but will not be in direct line of sight of the offender.”

WADOC 420.310 *Searches of Offender* (page 4) “All Strip Searches will be documented before the search, or as soon as possible after the completion of an emergent strip search. This

documentation must contain, at a minimum: date of search, name of offender, DOC number, reasons for search, and names and genders of the employees conducting the search.”

The auditor reviewed a directive issued in August 2016, to all WADOC staff to modify logs, adding that each entry must contain the gender and the role of each officer conducting the strip search. During the pre-audit phase of the audit, samples of strip logs were provided to the auditor for review. All of the logs contain the required information. The officer conducting the search enters his name as the “searching officer”. The second officer enters his/her name as the “observing officer”.

During informal and formal interviews with staff, it was confirmed that cross gender strip searches and cross gender visual cavity body searches are not conducted at the facility.

In a memo to the auditor, LCC stated that during the audit preparation it was discovered that strip searches were not being documented correctly and consistently. To ensure compliance a directive was issued on August 15, 2018, that required the search logs to be reviewed by the Sergeant to review for completeness and forwarded to the Lieutenant for review and signature.

During the site review, the auditor randomly viewed strip logs from areas within the facility. As the auditor was reviewing the strip logs from the “control” area, it was discovered that on August 3, 2018, strip searches were conducted on fourteen (14) offenders. The log had not been completed; it is unknown who performed the strip search or their gender, as well as it is unknown who observed the strip search or their gender. There had been no review and signature by the Sergeant or the Lieutenant, as per the directive.

Based on the discovery during the site review the PCM stated that they would begin the process of reviews by the Lieutenant and himself immediately.

**Corrective actions-** The facility has implemented a process of review to ensure that all strip logs are being documented. The auditor will monitor strip logs to ensure compliance.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision and agreed upon a plan with assigned dates of completion. During the site review, a directive was issued by the Superintendent that outlined the process for the completion, review, and archiving, of the strip logs. The facility forwarded a copy of all strip logs to the auditor for a total of six (6) months, beginning with December 2018. The newly implemented process had been followed and the strip logs were complete and a review by the Lieutenant and the CPM/PREA Compliance Manager was documented.

The facility’s newly implemented process provides an effective way for the CPM/PREA Compliance Manager to monitor the practice. It appears that the practice has been fully institutionalized.

The facility has effectively demonstrated compliance during the correction action period and has provided sufficient documentation.

**The facility is in compliance with this provision of the standard.**

**Subsection (d):** WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 8) states “Offenders will be provided the opportunity to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such view is incidental to routine checks. This includes viewing via surveillance systems.”

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 8) states “An announcement will be made indicating “man on the unit or “woman on the unit”, by anyone who does not identify with the facility’s gender designation, loud enough and often enough to reasonable be heard by the occupants of a housing unit, including the living area (e.g., where incarcerated individuals sleep), or any common area designated for offenders to disrobe or change their clothing (e.g., bathrooms, showers).

In a memo to the auditor, LCC stated at Larch Correctional Center staff of the opposite gender may be assigned to work in Master Control which is connected to the Secured Housing Unit. Officers assigned to Master Control are responsible for monitoring surveillance camera in the Secured Housing Unit. These cameras are placed only in the main corridor of the housing unit and do not monitor the cells, preventing the Master Control officer from viewing offenders in an unclosed state or while using the toilet. The surveillance system monitor is always viewable by assigned officers however the system is designed to only record when a door is opened or there is movement in the hallway. Only during an emergent extraction would the offender be in an unclothed state when these surveillance systems would be activated. Whenever possible, the offender is provided with a jump suit which covers private body parts. However based on the offender’s risk, the offender may be placed in the closed observation cell without any form of clothing. The agency considers this exigent circumstance.

During an interview with female officer she stated that if the offender’s risk, required the offender to be placed in closed observation without clothing, a female officer would be replaced with a male officer, if the offender needed to use the restroom or to take a shower.

The facility provided photographs of the signs posted at each housing unit. The sign states “Attention Offender’s” “be advised that personnel of both gender may be present in this area” The Department of Justice has determined that posting a notice on the housing unit informing the inmates that they may be subject to cross-gender supervision is NOT sufficient to comply with this provision of the standard.

The policy also states Staff assigned to the unit is required to announce when entering the living area of the unit for the first time during a shift. Repeat announcements are not required if the individuals move in and out of the living unit during the course of the shift. The Department of Justice has determined that making a single announcement at the beginning of a shift indicating that an opposite gender staff is assigned to the unit for that particular shift is NOT sufficient to comply with this standard.

During the site review the auditor did confirm that the announcement is made when female staff enters the unit. The announcement is made with a PA system as well as the female staff call out that a female is entering, when they enter the doorway of the unit. Twenty-eight (28) offenders indicated that this is the practice and they are aware when a female enters the unit, four (4) offenders stated sometimes they do not announce, when asked if it is possible if they did but you



couldn't hear them, they stated yes that is possible. All staff reported that the female officers must announce their presence when entering the unit.

Each housing unit had a fairly large bathroom that contained several toilets, urinals and showers. The shower stalls had etched shower doors, which appeared to provide ample privacy while showering. However, during informal and formal interviews eight (8) offenders stated that the showers did not provide privacy. If an offender was in the shower, his entire body was viewable through the etching on the door. Due to the amount of offender complaints, the auditor had an offender stand inside the shower with the door closed. The auditor could view the offender and concluded that the etching on the shower door was inadequate.

The facility had replaced the shower curtains with sixty-four (64) shower doors. Thirty-two (32) of the doors were double etched however the facility ran out of the etching material before all of the doors could be completed. Offenders cannot be viewed in the doors with the double etching. The facility did provide documentation that a purchase order was completed on October 15, 2018 for the purchase of Armour Etch. The doors will be completed once the material is received. The auditor learned from the Plant Manager that the order could take three to four weeks to arrive. The plant manager indicated that shower curtains would be used in those showers, until the material arrived.

**Corrective action:** The facility shall install the double etching on the shower doors. The facility shall put curtains in place of the doors until the project can be completed. Photographs will be sent to the auditor once completed.

Prior to the issuance of the Interim Audit Report, the facility completed the double etching on the shower doors and on November 7, 2018 provided the auditor with documentation of completion. The facility has effectively demonstrates compliance with supporting documentation.

**The facility is in compliance with this provision of the standard.**

**Subsection (e):** WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 8) states Employees/contact staff will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it will be determined by health care providers during conversations with the offender, by review medical records or, if necessary, as part of a broader medical examination conducted in private by a health care practitioner.

In a memo to the auditor, LCC stated that the facility does not physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. Generally, the offender's disclosure of status is the determining factor which would then imitate a housing review protocol as outline in standard 115.42. However, this is only when the information is shared with non-medical staff. Policy requires that all medical, mental health and substance use disorder practitioners obtain the offender's consent before disclosing an offender's transgender status.

During random staff interviews it was clear that staff knew they could not conduct a search or examine a transgender offender for the sole purpose of determining the offender's genitalia status. During informal interviews with staff, it was reported that there has never been a transgender offender housed at the facility.

The auditor did not interview a transgender/intersex offender as the facility had no offenders who reported that they identified with as a transgender/intersex offender.

**The facility is in compliance with this provision of the standard.**

**Subsection (f):** WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting*, (page 11) states “Employees/contract staff who may conduct pat searches will be trained in cross-gender searches and searches of transgender and intersex offenders.”

In a memo to the auditor, LCC reported that all staff who perform searches at the Larch Corrections Center has received pat search training, which includes information about conducting cross-gender pat-searches, searches of transgender and intersex offenders, and searches of both male and female offenders. The training was provided to all staff via the on-line training system in February 2014, all new staff receive the training in Correctional Worker CORE or applicable academy classes. In July 2018, the in-class curriculum was updated.

The pat-search training curriculum was provided and reviewed by the auditor. The training contained a statement “All pat searches should be conducted professional and thoroughly”. The curriculum does cover information regarding conducting cross gender pat searches, searches of transgender and intersex inmates and searches of both male and female offenders.

The auditor reviewed a tracking list of all staff and the date they completed the training. It was also confirmed during the review of the employee files that the training was depicted on the training transcript indicating that the staff member had completed the training. During random staff interviews the staff indicated that they had received the training, however two (2) staff could not remember if they did or not.

**The facility is in compliance with this provision of the standard.**

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

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

#### **115.16 (a)**

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? X Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? X Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? X Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? X Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? X 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? X Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? X Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? X Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? X Yes  No

#### 115.16 (b)

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

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

### 115.16 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 310.000 *Orientation for Offenders* (8 pages)
  - b. WADOC 450.500 *Language Services for Limited English Proficient (LEP) Offenders* (7 pages)
  - c. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 Pages)
  - d. WADOC 690.400 *Offenders with Disabilities* (8 pages)
  - e. WADOC 310.000 *Orientation for Offenders* (8 pages)
  - f. WADOC 450.500 *Language Services for Limited English Proficient (LEP) Offenders* (7 pages)

- g. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
- 4) List of DOC Sign Language Contract Interpreters
- 5) Position Description for Deaf Services Coordinator
- 6) PREA Informational posters and brochures in Spanish
- 7) Memo from Assistant Secretaries regarding access to interpreters
- 8) Memo regarding use of Interpreters
- 9) ADA PowerPoint Training
- 10) Facilitator Guide (for limited intellectual capabilities)
- 11) Interviews with the following:
  - a. Agency Head
  - b. Inmates with Disabilities
  - c. Random Staff

#### **Additional Documents Reviewed:**

1. Email sent to all staff from the Superintendent regarding the use of inmate interpreters

#### **Findings (by Subsection):**

**Subsection (a):** LCC reported in the PAQ that the agency has established procedures to provide disabled inmates an equal opportunity to participate in or benefit from all aspects of the agency's effort to prevent, detect, and respond to sexual abuse and sexual harassment.

WADOC 310.000 *Orientation for Offenders* (page 3-4) states "Offenders will receive orientation information, both orally and in writing, in a manner that is clearly understood by offenders. The orientation will, at a minimum, include:..... (5) Information on the Prison Rape Elimination Act (PREA), including (a) DOC 490.800 Prevention and Reporting of Sexual Misconduct, DOC 490.850 Response to Investigation of Sexual Misconduct, related operational memorandums, the Prison Rape Elimination Act of 2003, and other applicable state or federal laws, including potential criminal penalties (b) Department zero tolerance (c) Definitions and examples of prohibited and/or illegal behaviors that might constitute sexual misconduct (d) Self protections strategies (e) Prevention and intervention (f) Offender sexual misconduct (g) Examples of conduct, circumstances, and behaviors that may be precursors to sexual misconduct (h) Various ways sexual misconduct may be reported (i) That all allegations of sexual misconduct are taken seriously and investigated thoroughly (j) Confidentiality in cases of sexual misconduct (k) Treatment and counseling (l) Staff requirement to report allegations (m) Protection against retaliation and (n) Disciplinary actions for making false allegations"

WADOC 310.000 *Orientation for Offenders* (page 4-5) (F) states "When a literacy or language problem exist. Staff will assist the offender in understanding the material per DOC 450.500 Language Services for Limited Proficient (LEP) Offenders. (G) Spanish speaking offenders will attend a Spanish version of the orientation program. The Spanish orientation will notify offenders of the Spanish translated materials and services that are available. (H) Each facility will develop processes for non-Spanish speaking Limited English Proficiency offenders, including those requiring sign language interpretations, to receive orientation in a language they understand per

DOC 450.000 Language Services for Limited English Proficient (LEP) Offenders. This orientation will include information on: (5) PREA.”

WADOC 690.400 *Offenders with Disabilities* (page 2) states “Offenders with disabilities will be provided reasonable accommodations that allow participation in services, programs, and activities, which include (1) Modifying policies, practices, or procedures, when reasonable (2) removing barriers to access, and (3) Providing auxiliary aids and services.”

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 5) states “Professional interpreter or translation services, including sign language, are available to assist offenders in understanding this policy, reporting allegations, and/or participating in investigations of sexual misconduct per DOC 450.500 Language Services for Limited English Proficient (LEP) Offenders.

In a memo to the auditor, LCC stated offenders coming into the facility are shown a PREA Video while in transport. The video is in both English and Spanish and is also closed captioned for the deaf and hard of hearing. During orientation the offenders are given an orientation packet. Included in the packet is a Notice of Rights for Offenders with Disabilities, which explains how to access services at the facility if you are deaf and hard of hearing, how to request reasonable accommodations and how to file a grievance.

LCC reported that during the audit documentation period, there were no instances of the use of sign language interpreters, language interpreters or special services provided for low comprehensive offenders at the Larch Corrections Center with regard to orientation, reporting and/or investigatory functions. If a special orientation for low comprehensive is found to be needed a “chrono” entry in OMNI would be generated. Medical/mental health staff will identify the needs and in what way the orientation needs to be presented.

During the site review, the audit team reviewed the intake process. Once all the offenders had been removed from the transport bus, a member of the team boarded the bus and viewed the video. The video did have closed captioning and could be played in both English and Spanish. Prior to the site review, the auditor reviewed the video and also confirmed it plays in both English and Spanish with closed captioning.

During an interview with the WADOC Secretary, he stated that the agency provides all PREA information in both English and Spanish. There are also contracts in place for interpreters, including the language line.

An offender who is legally blind was interviewed. He stated that when he arrived at the facility he was told about the services offered but he declined to use them. He also stated that someone read his rights to him. He was aware that he could request the services at any time.

**The facility is in compliance with this provision of the standard.**

**Subsection (b):** WADOC 450.500 *Language Services for Limited English Proficient (LEP) Offenders* (page 2) states “The Department will provide interpretation (i.e., oral) and translation (i.e., written) services through Department and/or contract services at all Department facilities and

Field Office. The Department will also provide guidelines for interpretation and translation services for Limited English Proficiency (LEP) offenders under Department jurisdiction.

(page 3) states “Services will only be provided through Department certified interpreters/translators and/or available state contracted vendors listed under the Translation/Interpretation on the Inside DOC. LEP Coordinators will document all services on DOC 16-340 Limited English Proficiency (LEP) Coordinator Monthly Report.”

WADOC has two separate contracts with the Washington Department of Enterprise Systems that is utilized by state agencies to provide language interpreting services.

- Contract 10306- provides offenders that are limited English proficient with access to in-person language interpretation conducted by the court certified and non-court certified interpreters.
- Contract 03508- provides offenders with access to telephone-based services on an “as needed” basis.

In a memo the auditor, LCC stated the services are available to all staff to assist limited English offenders in reporting allegations and participating in the investigatory process. These services can be accessed through the Interpretation Vendors Portal located on the department’s network. The agency contracts with Sign Language Interpreters, as well as having a Deaf Services Coordinator on Staff. There are PREA signs posted throughout the facility both in English and in Spanish. Offenders are able to view the PREA Orientation Video in English, Spanish and has closed caption for the offenders hard of hearing. Any Inmates visually impaired are able to listen to the video.

LCC indicated that during the documentation period for this audit there has been no usage of the Language Line or staff interpreters to assist (LEP) offenders, no requests for Orientation to be presented in Spanish or use of PREA Orientation materials for offenders with low comprehensive levels. The auditor verified this through the monthly logs provided.

The auditor did interview an LEP Offender. The offender had been at the facility for five (5) weeks, spoke Chinese and had very limited English skills. With the assistance of staff, the auditor utilized the language line to complete the interview. Staff was aware how to access the line but reported it was the first time they have had to use it. The offender indicated that he remembered using the line at least once before. When asked if he knew how to report an allegation of sexual violence, he stated “workers, family or friends”. He was also asked how he learned information about reporting and his rights he stated “friends.”

With all of the above referenced policy, procedures and services, relating to this standard, the facility takes 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.

**The facility is in compliance with this provision of the standard.**

**Subsection (c):** WADOC 490.800 *Prison Rape Elimination Act (PREA) Preventing and Reporting*, (page 5) states “Professional interpreter or translation services, including sign language, are available to assist the offender in understand this policy, reporting allegations, and/or participating

in investigations of sexual misconduct per DOC 450.500 Language Services for Limited English Proficient (LEP) Offenders. (1) Offenders are not authorized to use interpretation/translation services from other offenders, family members, or friends for these purposes.”

In a memo to the auditor, LCC reported that OM (operational memorandum) 450.500 states in part that “Services will only be provided through Department certified interpreters/translators and/or available state contracted vendors listed under the translation/Interpretation on the InsideDOC (internal internet web site). LEP Coordinators will document all services on the DOC 16-340 Limited English Proficiency (LEP) Coordinator Monthly Report. Employees using telephone interpretation services will document the call on LCC 20.007 Telephone Translation Log and submit the form to the LEP Coordinator before the last working day of the month.”

During the random interviews with staff, thirteen (13) stated they would not use an offender to interpret, while four (4) staff reported that they could use an offender. The facility should retrain the staff regarding inmate interpreters.

**Corrective Action:** The superintendent shall send out a directive to all staff regarding the use of inmate interpreters.

Prior to the issuance of the Interim Audit Report, the Superintendent sent out a directive to staff regarding the use of the inmate interpreters and provided the auditor with documentation to verify compliance. The facility has effectively demonstrated compliance with this provision.

**The facility is in compliance with this provision of the standard.**

## **Standard 115.17: Hiring and promotion decisions**

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

#### **115.17 (a)**

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



- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? X Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? X Yes  No

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? X Yes  No

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

### 115.17 (g)

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

### 115.17 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to Auditor
- 3) Policy:
  - a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 Pages)
  - b. WADOC 810.015 *Criminal Record Disclosure and Fingerprinting* (5 pages)

- c. WADOC 810.800 *Recruitment, Selection and Promotion* (8 Pages)
- d. WADOC 400.320 *Terrorism Activity* (4 Pages)
- 4) Spreadsheet with all employees hired or promoted within the audit documentation period
- 5) Samples of Sexual Misconduct and Institutional Employment
- 6) Samples of New Employee Background Check
- 7) Contract Shell Language
- 8) Master Interpreter List – Contractor
- 9) Sign Language Interpreter (depicts training, background check and sexual Misconduct Disclosure)
- 10) List of Contractors
- 11) Contract with Community College
- 12) Contract with Treatment Services
- 13) Clark College Background Check Requests-Volunteer
- 14) Pages from E-Learning – Sexual Misconduct Disclosure
- 15) List of all facility employees with dates of last NCIC
- 16) List of all Contractors with dates of last NCIC
- 17) Interview with the following: Administrative (Human Resources)

**Additional Documentation Reviewed:**

- 1. 2019 LCC Criminal History Check Log

**Findings (by Subsection):**

**Subsection (a)(b):** WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 6) states “(A) The Department has established staffing practices as follows: (1) to the extent permitted by law, the Department will not knowingly hire, promote, or enlist the services of anyone who: (a) has engaged in sexual misconduct in a Prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 U.S. C. 1997 (b) has engaged in sexual misconduct with an offender on supervision (c) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or (d) has been civilly or administratively adjudicated to have engaged in the activity described above.

WADOC 810.015 *Criminal Record Disclosure and Fingerprinting* (page 4) states “Failure to fully divulge criminal information on the part of an individual subsequently employed, promoted, or authorized to provide services for the Department may be cause for disciplinary action, up to and including dismissal or termination of services.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 6) states (B) The Department will consider any incidents of sexual harassment in determining whether to hire, promote, or enlist the services of anyone who may have contact with offenders.”

In a memo to the auditor, LCC stated that the WADOC requires that each individual who is hired or promoted and each contractor who may have contact with offenders complete form DOC 03-506 *Sexual Misconduct and Institutional Employment/Service Disclosure*. In addition, the PREA database maintained with OMNI is reviewed before an individual is hired or promoted to ensure there are no investigations or allegations requiring review.

WADOC incorporated the self-disclosure questions of this provision into its annual PREA Training which is administered to all employees via the electronic Learning Management System. By incorporating the questions into the training, WADOC has the ability to ensure a higher participation and compliance rate and more reliable information.

LCC reported that while preparing for this audit, it was discovered that contractors were not asked about prior sexual misconduct via the completion of the DOC 03-506 form. As a result, the facility forwarded the form to all contractors with the requirement to submit the required information no later than July 31, 2018. The facility stated that any individual that fails to provide the information will be suspended from service until completion. Several of the contractors failed to return the form by the deadline. Their access to the facility was terminated until the form was returned. All forms have since been completed and provided to the auditor for review.

The auditor reviewed the DOC 03-506 form. The form contained the following questions:

- Have you ever engaged in sexual abuse in a prison, jail lockup, community confinement facility, juvenile facility, or instructional setting?
- Have you ever been civilly or administratively adjudicated (there was formal finding and a judgment or decision was rendered in a civil or administrative proceeding) or otherwise found to have engaged or attempted to engage in sexual abuse/assault in any setting?
- Have you ever been accused of or investigated for sexual harassment or sexual involvement of any type in any place you have worked or volunteered?
- Have you been the subject of substantiated allegations of sexual abuse or sexual harassment or resigned during a pending investigation or alleged sexual abuse or sexual harassment?
- Have you ever engaged in any other incident of sexual harassment or sexual misconduct not already addressed above?

During an interview with the Human Resource Manager, he stated that the DOC 03-0506 is included in the “new hirer” packet, and is reviewed prior to the individual being hired. All contractors are also required to complete the form prior to entering the facility.

The auditor selected and reviewed twenty-two (22) employee files, four (4) of which were hired in the past eighteen (18) months. All files contained the completed DOC 03-506 form which had been completed prior to the date of higher.

The auditor also selected and reviewed five (5) contracted staff files, three (3) of the files did not contain the DOC 03-506 form; however the facility did provide them to the auditor via email, after the site review.

**The facility is in compliance with these provisions of the standard.**

**Subsection (c)(d):** WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 6) states “The Department will obtain information through one or more of the following: 1) Washington Crime Information Center (WACIC)/National Crime Information Center (NCIC) records checks 2) Employment/volunteer application 3) reference checks 4) Personnel file review 5) Contract disclosure statements

WADOC 810.800 *Recruitment, Selection, and Promotion* (page 5) states “The Appointing Authority will ensure the following is conducted on the preferred candidate before appointment (2) Completion of DOC 03-506 Sexual Misconduct and Institutional Employment/Services Disclosure (a) to the extent possible for external candidates, including former employees/contract staff/volunteers, all previous institutional employers will be contracted for information on substantiated allegations of sexual misconduct or any resignation pending investigation of alleged sexual misconduct.

In a memo to the auditor, LCC stated a background check is completed for all new hires prior to making a job offer and prior to any promotion or transfer. This can result in non-custody employees being checked more than once in a five-year period. New employees that do not have a clear background will be reviewed by the Appointing Authority and the check will be maintained. Custody staff background checks are done annually in conjunction with weapons training.

During an interview with the Human Resource Manager, he stated that background checks are completed prior to an employee/contractor being hired with the facility. Background checks are also completed with officer during the annual weapons training. WADOC policy prohibits placing the NCIC return in an employee’s file.

The auditor selected and reviewed twenty-two (22) employee files, four (4) of which were hired in the past eighteen (18) months. Each file contained a background check that was performed prior to the employee’s date of hire. There were two (2) files that the employee had prior correctional experience, both files contained the application completed by the prospective employee. The application has a section called “Institutional Employment/Disclosure History” in which the person fills out if he/she had prior institutional experience. The section was filled out and it is documented that a telephone call was made, who they called and what they replied during the call, indicated that the facility does consider prior correctional employment prior to employing the individual.

**The facility is compliant on this provision of the standard.**

**Subsection (d):** WADOC 810.800 *Recruitment, Selection, and Promotion* (page 5) states “The Appointing Authority will ensure the following is conducted on the preferred candidate before appointment (2) Completion of DOC 03-506 Sexual Misconduct and Institutional Employment/Services Disclosure (a) to the extent possible for external candidates, including former employees/contract staff/volunteers, all previous institutional employers will be contracted for information on substantiated allegations of sexual misconduct or any resignation pending investigation of alleged sexual misconduct.

In a memo to the auditor, LCC stated WADOC requires the completion of a thorough criminal background check for every individual entering the facility who may have contact with offenders.

During the audit period there were no new facility level contracts for agency or individual providers who may have contact with offenders. However following contracts were amended.

- Contract K11580 Community College Contract was amended in December 2017 and May 2018. The required PREA language is located on page 18 of the original contract.
- Contract K11391 was amended in November 2017, December 2017 and July 2018. The required PREA language is located on page 4.

The auditor reviewed both of the current contracts. Contractor requirements include but are not limited to:

- Zero Tolerance toward all forms of sexual abuse and sexual harassment
- Familiarization and compliance with PREA law, relevant Washington State Laws and DOC policies regarding PREA and sexual misconduct.
- Ensuring that anyone who may have contact with DOC offenders complete DOC PREA/Sexual Misconduct training and comply with all PREA standards.
- Require all personnel with access to DOC offenders under this agreement certify the three provisions in standard 115.17 (a).

During an interview with the Human Resource Manager, he stated that background checks are completed prior to a contractor being hired with the facility.

The auditor was provided a list of contract staff currently working in the facility. There are ten (10) employees. The auditor selected five (5) files for review. Background checks were completed in each file with the exception of one (1) file the background check was completed eight (8) days after the employees start date.

**The facility is in compliance with this provision of the standard.**

**Subsection (e):** WADOC 810.015 *Criminal Record Disclosure and Fingerprinting* (page 3) states “The designation unit/employee will establish a process to ensure that criminal background checks are run for all current volunteers, contract staff, and unarmed employees at least every 5 years.

In a memo to the auditor, LCC stated that at Larch Corrections Center the Correctional Records Supervisor/Terminal Agency Coordinator is responsible for conducting employee and contractor criminal background checks and oversight. The Training and Grievance QA3 is responsible for conducting custody background checks in advance of annual weapons qualifications.

During an interview, the Human Resource Manager stated that background checks are completed every year for officers, during their annual weapons training. Background checks are completed every five (5) years for other staff.

The auditor selected and reviewed twenty-two (22) employee files, ten (10) of which were hired over ten (10) years ago. All files had a background check in the file that was dated September 28, 2018 or October 10, 2018. The auditor requested a background check prior to those dates, to show compliance with this provision. In speaking with the PREA Specialist, he stated that while

preparing for the audit, no background check was found in the file, so the background was completed at that time.

**Corrective Action:** The facility shall begin the process of performing a criminal background check on all non-custody staff and shall implement a process moving forward to maintain compliance with this provision. The facility shall provide the auditor with documentation of completion of an background check completed within the last two (2) years.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision and agreed upon a plan with assigned dates of completion. On May 4, 2019, the facility provided the auditor with the 2019 LCC Criminal History Check Log. The facility reported on the Pre-Audit Questionnaire, a total of one hundred and thirty-three (133) employees at the facility. The log indicates that one hundred and thirty-three (133) criminal history checks were completed in the month of April 2019. The facility has effectively demonstrated compliance during the corrective action period with supporting documentation.

**The facility is in compliance with this provision of the standard.**

**Subsection (f) (g):** WADOC 810.015 *Criminal Record Disclosure and Fingerprinting* (page 4) states "Failure to fully divulge criminal information on the part of an individual subsequently employed, promoted, or authorized to provide services for the Department may be cause for disciplinary action, up to and including dismissal or termination of services.

WADOC 03-0506 form which asks the employees the questions defined in this provision of the standard was added to the annual PREA Training which is administered to all employees via the electronic Learning Management System (LMS). An excerpt from this system was reviewed. The first question states "I acknowledge and understand that I have a continuing affirmative duty to disclose and immediately report to my Appointing Authority my involvement in any form of sexual misconduct. Therefore, I confirm the following:

- I have not engaged in sexual abuse in a prison, jail lockup, community confinement facility, juvenile facility, or instructional setting.
- I have never been convicted of or otherwise (civilly or administratively) to have engaged in sexual abuse/assault in any setting.
- I have not engaged in any incident of sexual harassment or sexual misconduct not addressed above.
- All answers and statements are true and complete to the best of my knowledge. I understand that untruthful answers or deliberate omissions may be cause for disciplinary action (for employees) or termination of services (for contractors and volunteers)

During an interview with the Human Resource Manager, he stated that there is a policy and staff must confirm that have a duty to disclose and report, during their annual training.

The agency does consider the material omissions regarding misconduct grounds for termination.

**The facility is in compliance with this provision of the standard.**

**Subsection (h):** WADOC 800.005 *Personnel Files* (page 4) states “To the extent possible, institutional employers seeking employment verification will be provided all available information on substantiated allegations of sexual misconduct or harassment. (1) Employment verification requests from institutional employers will be directed to the Appointing Authority, who will coordinate the review and response.

In a memo to the Auditor, LCC stated that WADOC provides upon request all available information regarding substantiated allegations of sexual misconduct or harassment to institutional employers seeking employment verification upon receipt of a release for the former employee. Generally this information is provided verbally in response to telephone inquiries from potential employers. Neither agency policy nor protocols require maintenance of logs documenting the responses provided.

LCC reports that although they are in compliance with this standard, the verifications are completed via phone; however it is not always documented.

During an interview with the Human Resource Manager, he stated that although they do not have any documentation, they do cooperate with agencies outside of Washington and will provide documentation when asked.

**The facility is in compliance with this provision of the standard.**

### **Standard 115.18: Upgrades to facilities and technologies**

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

##### **115.18 (a)**

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

##### **115.18 (b)**

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) X 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.*

## Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to Auditor
- 3) Policy: 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
- 4) Photographs
- 5) Interviews with the following:
  - a. Agency Head
  - b. Plant Manager
  - c. Superintendent

## Findings (by Subsection):

**Subsection (a)(b):** WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 7) states "The Department will consider possible effects on its ability to protect offenders from sexual misconduct when: (1) Designing or acquiring a new facility (2) Planning substantial expansions or modification of existing facilities, and (3) installing or updating video monitoring systems, electronic surveillance systems, or other monitoring technology.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 7) states "The Department will consider possible effects on its ability to protect offenders from sexual misconduct when: (1) Designing or acquiring a new facility (2) Planning substantial expansions or modification of existing facilities, and (3) installing or updating video monitoring systems, electronic surveillance systems, or other monitoring technology.

In a memo to the auditor, LCC stated in planning a substantial expansion or modification of existing facilities, the WADOC hires a consultant who has expertise in the design of correctional facilities and understands the importance of offender and staff safety. The agency provides

instructions to consultants based upon the owner's approved program and/or predesigned documents.

LCC reported that since the date of the last PREA Audit in 2015, there have been expansions/modifications.

- A pole building in the maintenance area was converted to a turtle care building. The plans included windows on three (3) sides of the building to allow ample viewing of the entire area inside.
- A wall was built in the Family Room in the Program area to separate the family room and art area for meeting privacy. The room already had ample window viewing which includes the windows in the doors entering the room.
- In the Elk Horn Building, a partial wall was extended to the ceiling and across the rooms to make two separate rooms. Mirrors were added to allow viewing of the blind spots from the door entry. One room has a window to the outside for view into the room.
- The facility installed a total of thirty (30) cameras in several areas to include housing units, kitchen, visitation, program buildings. In review of emails provided to the auditor there was discussion that the cameras would be used for staff safety and accountability and PREA requirements.

During an interview with the WADOC Secretary, he stated that one thing they consider when acquiring or planning substantial modifications is the line of site one has of the offenders. The agency will make every effort to not build in locations where abuse is likely to happen. Cameras and lighting of the area would also be assessed.

During an interview with the Superintendent she stated that in the planning for the Turtle Care building the facility's ability to protect offenders were considered. Window needed to be added on one side of the building so that there was visual from all sides. While determining the placement of new camera system, there was discussion on how to maximize the use of the cameras to protect offenders from sexual abuse.

During the site review, the auditor did visit the Turtle Care building, the building which consists of one large room, had windows around all four walls. During an informal discussion with the Plant Manager he stated the windows were put into the plans to ensure that there was sight into all areas of the building. He stated that sexual safety of offenders was discussed when deciding where to install the camera system.

**The facility is in compliance with this provision of the standard.**

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

##### 115.21 (a)

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

##### 115.21 (b)

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

##### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? X Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? X 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)? X Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs? X Yes  No

##### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? X 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? X Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers? X Yes  No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? X Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? X Yes  No

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to Auditor
- 3) Policy:
  - a. WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
  - b. WADOC 490.850 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
  - c. WADOC 600.000 *Health Services Management* (10 pages)
  - d. WADOC 600.025 *Health Care Co-Payment* (3 pages)
  - e. WADOC 610.025 *Health Services Management of Offenders in Cases of Alleged Sexual Misconduct* (8 pages)
- 4) Facility Case Datasheet of all investigations during reporting period
- 5) Excerpt from *National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents*
- 6) Excerpt from *Recommendations for Administrative Prisons, Jails and Community Confinement Facilities for Adapting the U.S. Department of Justice National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents*
- 7) Sexual Assault Evidence Collection: Uniform Evidence Protocol
- 8) Forensic Medical Exam Procedure for DOC Health Care Staff
- 9) Forensic Medical Exam Procedures-Transport Staff
- 10) List of Hospitals and designated advocate partnered with the facility
- 11) Meeting minutes that detail responsibilities of outside medical and mental health practitioners
- 12) Memo from Health Services Assistant Secretary, date 2/3/2017 providing direction to all Health Services staff regarding documentation of attempts to secure SAFE/SANE when needed
- 13) Interagency agreement with the Department of Commerce, Office of Victim Advocacy detailing advocacy access for offenders
- 14) Brochure and Posters detailing offender access to community victim advocacy
- 15) In-Person victim advocacy services guide
- 16) Document detailing pre-assignment and ongoing training requirements for community-based victim advocates

- 17) Document detailing selection criteria for Community Sexual Assault Programs partnered with the WADOC
- 18) Course curriculum for training provided to designated PREA victim advocates
- 19) Facility Protocol for legal advocacy
- 20) Agreement with the Washington State Patrol
- 21) Interviews with the following:
  - a. Director of Sexual Assault Program
  - b. Superintendent
  - c. PREA Compliance Manager
  - d. Random Staff

### **Findings (by Subsection):**

**Subsection (a)(b):** WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 1), states “The Department will respond to allegations of sexual misconduct to support and provide assistance to the alleged victim, enhance security and maximize the ability to obtain evidence to use in investigations and criminal prosecutions where applicable.”

In a memo to the auditor, LCC stated the agencies to which criminal allegations are referred is based on the location of the facility, the Clark County Sheriff’s Department is the first law enforcement agency contacted for any and all criminal investigations. If they are unable to respond to the facility, they will call the Washington State Patrol. Protocol was developed using excerpts from the *National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents* and *U.S. Department of Justice National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents*.

LCC is responsible for conducting administrative investigation. Local law enforcement would be called for any allegation with a criminal nexus. The auditor reviewed the Uniform Evidence Protocol that was developed for the officers in the event that there is a sexual assault. The protocol is comprehensive and appropriate for youth. The protocol contains sufficient technical detail to aid responders in obtaining usable physical evidence.

During interviews with random staff, all staff reported that they understood the agency’s protocol for obtaining usable evidence in a sexual abuse. To test this knowledge the audit team asked how would you collect blood or DNA evidence and all stated they would use the paper bag in the PREA Kit. All stated that they would immediately report to the shift commander.

**The facility is in compliance with this provision of the standard.**

**Subsection (c)(d)(e):** WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 6) states “Forensic exams will be performed only at designated health care facilities in the community by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner

(SANE) where possible. If SAFE/SANE is not available, the examination can be performed by a qualified medical practitioner.”

The statewide Offender Handbook states, “Offenders will not be charged for any immediate or ongoing medical and mental health care related to a PREA allegation. Medical care will address any injuries that happened as a result of abuse or assault and may also include emergency contraception and tests for and/or treatment of sexually transmitted infections. Mental Health providers will help you address trauma, stress, and any other issues you may have experienced as a result of sexual misconduct.”

In a memo to the auditor, LCC stated WADOC has developed partnerships with identified community health care facilities and sexual assault programs for the provision of designated services and support. Administrators from LCC have met with community hospital administrators to develop procedures and agreements in advance of the need for any forensic medical examination. The agency has also issued directives to the Health Services staff regarding actions to be taken in the event a SAFE/SANE is not available at the designated facilities. LCC is partnered with Peace Health Vancouver to provide forensic exams.

WADOC has established an Interagency Agreement with the Department of Commerce Office of Crime Victims Advocacy. The purpose of this agreement is to provide advocacy services in furtherance of the DOC’s compliance with the Prison Rape Elimination Act (PREA). The services provided include crisis intervention, assessment of needs, referrals to additional resources, medical advocacy and legal advocacy. Medical advocacy includes accompaniment to medical forensic exam, explanation of the exam proceeding, presence and support for incarcerated individuals who have undergone a sexual assault forensic medical exam during investigatory interviews, depositions and other legal proceedings. OCVA sub-grants to the YMCA of Clark County to provide advocacy services to LCC.

During an interview with the YWCA Director of Sexual Assault Program she stated there is a partnership between YWCA and LCC for advocacy services. The services include but are not limited to providing emotional support through a SANE exam, investigative interviews, court appearances, phone advocacy and in-person advocacy. The Director confirmed that their services have not been needed due to an incident of sexual assault in the past twelve months.

An offender who reported sexual abuse was not interviewed, as all inmates that had reported, were either unknown, previously transferred to another facility or had been discharged from the corrections department.

LCC reported that during the documentation period there has been no instance that indicated or required a forensic medical exam or the need for an advocate’s presence at an investigatory interview, and therefore did not have documentation of the facilities efforts to provide a SAFE/SANE.

**The facility is in compliance with this provision of the standard.**

**Subsection (f)(g):** In a memo to the auditor, LCC is responsible for conducting administrative investigations. LCC staff does not have law enforcement/arresting authority or certification and are not authorized to investigate cases involving criminal activity. Any cases with a criminal

aspect will be referred for investigation to the Clark County Sheriff's Office. If the agency declines to investigate, the Corrections Department has a Mutual Aid Agreement with the Washington State Patrol. This agreement was reviewed by the auditor.

WADOC 490.850 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 5), states "Meetings with Local Law Enforcement" A. Each Superintendent and the Work Release Administrator will meet at least annually with applicable law enforcement officials to: 1) Review investigation requirements detailed in Federal PREA standards 2) Establish procedures for conducting criminal investigations related to PREA allegations and 3) Establish points of contact and agree upon investigatory update procedures.

LCC provided the meeting minutes from the Law Enforcement Council for the meeting held on July 19, 2018. The Superintendent gave a presentation about the PREA standards. The WADOC Prison Rape Elimination Act (PREA) Prevention and Reporting was shared with the council, which illustrates the requirements for the investigating agency.

During an interview with the Superintendent she indicated that she had a good relationship with Law Enforcement. She attends a yearly meeting with the Law Enforcement Counsel. At the last meeting she attended she educated them in the PREA standards and why they are so important for the sexual safety of the offenders.

LCC reports that there have been no Department of Justice entity has conducted PREA investigation within WADOC.

**The facility is in compliance with this provision of the standard.**

**Subsection (h):** LCC has indicated that they would utilize the services of the Peace Health of Vancouver who meet the qualifications to serve in this role.

The auditor reviewed the PREA Advocate qualifications employed with the OCVA, which states "Advocates providing sexual assault support services follow the Washington Sexual Assault Service Standards, which include services definitions, activities, and advocate qualifications. Qualified advocates are required to have thirty hours of initial sexual assault/abuse training and twelve hours of ongoing training annually. Advocated providing sexual assault support services to inmates are specifically identified with the organization as PREA Advocates and receive additional specialized training on supporting incarcerated survivors of sexual assault."

**The facility is in compliance with this provision of the standard.**

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

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



### 115.22 (a)

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

### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? X 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? X Yes  No
- Does the agency document all such referrals? X Yes  No

### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  
X 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*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (17 Pages)
  - b. WADOC 490.850 Prison Rape Elimination Act (PREA) Response (11 pages)
  - c. WADOC 490.860 Prison Rape Elimination Act (PREA) Investigation (14 pages)
- 4) Agreement with the Washington State Patrol
- 5) WAC 137-28-190 Referral to Law Enforcement
- 6) Screen Prints from the Agency's external website
- 7) Facility Log of allegations received
- 8) Documentation of annual meeting with law enforcement
- 9) Form 03-505 Referral to Law Enforcement
- 10) Interviews with the following:
  - a. Agency Head
  - b. Investigator

### Findings (by Subsection):

**Subsection (a):** LCC reported in the PAQ that the facility ensures that administrative investigations are completed for all allegations of sexual abuse and sexual harassment. In the past twelve (12) months, LCC has had nineteen (19) allegations reported. The facility conducted nineteen (19) investigations.

Although thirteen (13) allegations are defined as "sexual abuse" they do not fall under the sexual abuse definitions in standard §115.06. Therefore there were no referrals made to law enforcement.

<b>Inmate on Inmate –Sexual Abuse</b>	<b>3</b>
<b>Inmate on Inmate-Sexual Harassment</b>	<b>4</b>
<b>Staff on Inmate-Sexual Abuse</b>	<b>10</b>
<b>Staff on Inmate-Sexual Harassment</b>	<b>2</b>

WADOC 490.850 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 2) states “The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department.”

WADOC official website states “All allegations naming as victims any inmate under the jurisdiction of the DOC in an Institutional setting or the community are thoroughly investigated”

In a memo to the auditor, LCC stated WADOC has established a process whereby all allegations are triaged by the Headquarters PREA Unit to determine if the allegation falls within the established PREA Definitions. Allegations resulting in the initiation of an investigation are returned to the applicable Appointing Authority for investigation. LCC has investigated all allegations referred.

During an interview with the WADOC Secretary, he confirmed the process in which cases are referred to the PREA Unit. The Headquarters PREA Unit is an agency unit. All calls made to the PREA Hotline, are received by this unit. All reported allegations from the facilities within the Corrections Department are referred to this unit. The allegation is triaged by the PREA Unit. If the allegation meets the PREA definition and has not already been reported, the PREA Unit will send notification to the Appointing Authority, who is the facility head, i.e. Superintendent, Warden, or Director of the facility. The Appointing Authority will assign the allegation to a trained investigator to conduct an administrative investigation. The facility investigators do not have law enforcement authority and therefore cannot conduct criminal investigations. Any case with a criminal nexus is referred to law enforcement.

The auditor reviewed the LCC Offender Complaint Log. A total of nineteen (19) referrals were made. All allegations received by LCC were investigated. If there is a criminal aspect to the allegation, the Appointing Authority will make decision to request law enforcement out to the facility. The auditor reviewed and confirmed there were no cases that indicated a need to make a referral to law enforcement.

**The facility is in compliance with this provision of the standard.**

**Subsection (b):** WADOC 490.850 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 5 and 6) states “Meeting with Local Law enforcement A. Each Superintendent and the Work Release Administrator will meet at least annually with applicable law enforcement officials to: 1) Review investigation and requirements detailed in federal PREA Standards, 2) Establish procedures for conducting criminal investigations related to PREA allegations and 3) Establish points of contact and agree upon investigatory update procedures. B. Meetings with law enforcement will be documented in meeting minutes.”

WADOC 490.850 *Prison Rape Elimination Act (PREA) Investigations* (page 3) states “All allegations that appear to be criminal in nature will be referred to law enforcement for investigation by the Appointing Authority/designee. Referrals may be made using the DOC 03-505 Law Enforcement Referral of PREA Allegation.

Both policies listed about can be found on the agency public website at <http://www.doc.wa.gov/corrections/prea/resources.htm#policies>. Any person (general public or staff) can access the policies. Offenders can access the policies in the legal library.

WAC 137.28.190 Referral to Law Enforcement (1) The Superintendent should report any felony under state or federal law committed in a facility to law enforcement.....”

During an interview with an investigator, he confirmed LCC documents all referrals made regarding PREA allegations. If there is a criminal aspect to the allegations, law enforcement is notified utilizing form DOC 03-505. All referrals made to law enforcement are documented. There have not been any referrals to law enforcement during this reporting period. The auditor reviewed all allegations reported; and they did not appear to have criminal aspect that should have been referred to law enforcement.

**The facility is in compliance with this provision of the standard.**

**Subsection (c):** In a memo to the auditor, LCC stated WADOC is responsible for conducting all administrative investigations related to PREA. WADOC staff does not have law enforcement powers or certification and, as such, are not authorized to conduct any type of criminal investigation. The local Sheriff’s Office is the primary investigator for a crime committed within a facility. If the local agency refuses to investigate, the Washington State Patrol could conduct a criminal investigation at the request of the facility.

WADOC website, details how the investigation process and referral process work. The frequently asked questions (FAQ), both administrative investigations and criminal investigations are described. “Criminal Investigations-when the quality of evidence appears to support criminal activity, the Department will conduct compelled interview only after consulting with law enforcement. All sexual abuse cases will be referred for investigation by a Washington State certified law enforcement officer as defined in WAC 139.05-210 and RCW 9.46.210. Law enforcement agencies will document their findings in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attach copies of all documentary evidence where feasible. Law enforcement agencies will refer all applicable investigation to the Prosecutor’s Office for review.

Although thirteen (13) allegations are defined as “sexual abuse” they did not have evidence to support criminal activity nor did the allegations did fall under the sexual abuse definitions in standard §115.06. Therefore there were no referrals made to law enforcement. The auditor confirmed this during the review of the investigations.

In addition, minutes from the Law Enforcement Council meeting held on July 19, 2018 were provided to the auditor, in which the Superintendent did a presentation regarding the PREA policy and outlined the consequences of actions and the referral process.

**The facility is in compliance with this provision of the standard.**

**Subsection (d):** The agency has a policy WADOC 490.850 *Prison Rape Elimination Act (PREA) Investigation* which governs the conduct of all PREA related investigation.

**The facility is in compliance with this provision of the standard.**

**Subsection (e):** The provision of the standard is not applicable, as currently, no investigations have been conducted by a Department of Justice entity.

**The facility is in compliance with this provision of the standard.**

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

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

### 115.31 (b)

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

### 115.31 (c)

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

### 115.31 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## **Evidence Reviewed (documents, interviews, site review):**

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy: WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
- 4) Curriculum PREA 101
- 5) Curriculum PREA 102
- 6) Volunteer Training Schedule
- 7) PREA training tracker
- 8) Interview with the following: Random Staff

## **Findings (by Subsection):**

**Subsection (a):** LCC reported in the PAQ that the agency trains all employees, who may have contact with offenders in the elements of this standard.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 9) states “All new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training. When initial training is not conducted prior to assignment, the individual will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity”

In a memo to the auditor, LCC stated WADOC uses on-line training through the Learning Management System (LMS) for selected training courses. This ensures consistent and efficient information is provided to employees, contract staff and volunteers. Annual in-service training is delivered using this medium.

All employees are required to complete the training immediately upon hire/assignment. If an employee is unable to complete the training, the employee is required to fill out form *DOC 03-478 PREA Acknowledgements*. In reviewing this form, the employee will sign the form acknowledging that he/she was given a copy of PREA information. The form states that their duties for immediately reporting any knowledge, suspicion, or information received regarding an allegation, and stress the importance of confidentiality regarding such reports.

The curriculum for PREA 101 was reviewed by the auditor. All ten (10) elements of this provision are covered to include but not limited to:

- the agency's zero tolerance policy
- how to fulfill their responsibilities in preventing, detection, reporting and response to sexual abuse
- the inmates right to be free from sexual abuse
- free from retaliation for reporting sexual abuse
- the dynamics of sexual abuse
- the common reactions of sexual abuse victims
- how to detect and responds to signs of threatened and actual sexual abuse

- how to avoid inappropriate behavior
- how to communicate effectively and professionally with all inmates including LGBTI inmates
- how to comply with relevant laws.

The facility provided a copy of a PREA Training Tracker. LCC employs one hundred and thirty-four (134) employees. While preparing for the audit, LCC discovered two (2) employees had not received the annual training. The employees were immediately scheduled for training and completed the training. The facility provided documentation to the auditor that the training was completed.

During random interviews with staff, all seventeen (17) reported that they are required to attend PREA annually. It was evident that they understood the training they received based on the answers given in the interviews.

The auditor selected and reviewed twenty-two (22) employee files, five (5) contract staff files, and all employees had received PREA training prior to contact with inmates, with the exception of one (1) employee. The employee had been at the facility for twenty (20) days before he attended prior training. The employee had limited contact with offenders.

**The facility is in compliance with this provision of the standard.**

**Subsection (b):** LCC houses only male offenders, however WADOC initial and annual training curriculum includes information applicable to both male and female offenders, eliminating the need for additional training should a staff member be reassigned to a facility that houses female offenders.

**The facility is in compliance with this provision of the standard.**

**Subsection (c)(d):** LCC reports that after the PREA Policies were published, on May 9, 2006, PREA training for all employees, contract staff and volunteers was deployed. The policy requires each employee receive refresher training on a one-year timeline thereafter. This eliminates the requirement that the facility provide refresher information, in between the two-year timeline imposed by the PREA standard.

In a memo to the audit, LCC stated there are one hundred and thirty-three (133) employees; one hundred and thirty-one (131) had completed training in the audit period. Two (2) employees were late in attending the training; however prior to the site review they had received the yearly training.

The Learning Management System tracks employee participation, scores obtained on all quizzes and completion of the training requirement. A function of the system requires participants to acknowledge that they understand the PREA training that they have completed. If they do not confirm understanding the system will not register the training as being completed, requiring the employee to retake the training. The auditor did review and confirm this in the LMS system.

The auditor selected and reviewed twenty-two (22) employee transcripts, which included employees that had been employed at the facility for over ten (10) years, all employees did receive training on a yearly basis and the training is documented in the LMS system.



The facility is in compliance with this provision of the standard.

### Standard 115.32: Volunteer and contractor training

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

##### 115.32 (a)

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

##### 115.32 (b)

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

##### 115.32 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

### **Evidence Reviewed (documents, interviews, site review):**

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
  - b. WADOC 530.100 *Volunteer Program* (10 pages)
  - c. WADOC 700.400 *Class IV Off-Site Work Crew* (7 pages)
- 4) Contract Shells
- 5) Volunteer Spreadsheet
- 6) Contractor/Volunteer Training Schedule
- 7) Vendor Tracking Process
- 8) Memo Regarding Language Interpreters
- 9) Sign Language Interpreters
- 10) Current Contract with Community College
- 11) Current Contract with Treatment Services
- 12) Contract Staff Training Tracker
- 13) Contract Staff Training Transcripts
- 14) Staff Brochure 2016
- 15) Vendor PREA Acknowledgment Forms
- 16) Interview with the following: Volunteer or Contractor with Inmate Contact

### **Additional Documentation Reviewed:**

1. Revised WADOC Form 03-478

### **Findings (by Subsection):**

**Subsection (a):** LCC reported on the PAQ that all volunteers and contractors, who may have contact with offenders have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and harassment prevention, detection and response.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 9) states "All new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training. When initial training is not conducted prior to assignment, the individual will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity"

WADOC 530.100 *Volunteer Program* (page 5) states "All training requires approval from the Headquarters Correctional Program Administrator and will be provided by authorized employees or volunteers trained in the curriculum. Training will include: 1) Prison Rape Elimination Act (PREA)....."

WADOC 700.400 *Class IV Off-Site Work Crew* (page 6 and 7) states “Approved contract agency staff will received initial and annual training that includes, at a minimum: ....(6) Prison Rape Elimination Act (PREA) training, which must be completed before having any contact with offenders.”

WADOC requires that all contractors with regular contact with offenders complete the same general training provided to employees. To date, there are ten (10) contractors assigned at the facility. A transcript from the LMS was provided for each contracted staff member, to the auditor. 100 percent received PREA training within the last year.

In the memo to the auditor, the facility self-disclosed that it was discovered that individuals contracted out of the agency headquarters were not in compliance with the training requirements outlined in policy and in this provision of the standard. The non-compliance is in regard to the contracted interpreters. As corrective action the facility developed training for the contractors and volunteers to catch up on their training requirements. The facility provided the auditor with the training schedule that was completed as of September 2018 and all have been brought into compliance.

LCC reported that there are one hundred and thirteen (113) volunteers assigned to the facility. In review of the spreadsheet provided, 100 percent of all volunteers have completed annual PREA training and have completed the 03-506 form.

During interviews, one (1) medical staff, one (1) mental health staff and one (1) volunteer were interviewed. Each stated that they had completed and understood the training. They could articulate the zero tolerance and their obligation to report, any knowledge or suspicion of sexual misconduct.

**The facility is in compliance with this provision of the standard.**

**Subsection (b):** WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* requires all staff, contractors and volunteers receive the same initial training and annual refresher training. The training includes the agency’s zero tolerance policy and how to report any allegations of sexual abuse.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 10) states “Vendors and service providers with limited unescorted contact with offenders are not required to attend PREA training, but must sign DOC 03-478 PREA Acknowledgment.”

In a memo to the auditor, LCC stated all contractors and volunteers are required to attend the same level of training as staff. They are also to complete the training annually. WADOC also requires that all vendors sign a PREA acknowledgment that they understand they have a duty to immediately report any knowledge, suspicion or information received. The auditor reviewed samples of the completed DOC 03-478 forms signed by current vendors of the facility.

This provision requires that the level and type of training shall be based on the services they provide but all shall be notified of the agency’s zero tolerance policy regarding sexual abuse and how to report such incidents.

The auditor did interview two (2) volunteers and two (2) contractors, all reported that they had been trained on reporting any knowledge of sexual misconduct, and stated they must immediately report any suspicion or knowledge to the shift commander.

LCC stated that all vendors sign a PREA acknowledgement that they have a duty to report. However the form does not address the agency's zero tolerance policy.

**Corrective action:** The agency shall revise DOC 03-478 to include the agency's zero tolerance policy.

Prior to the Issuance of the Interim Audit Report, the acknowledgement form was revised to include the agency's policy of zero tolerance. On November 16, 2018, the auditor received documentation of the revised DOC 03-478 Acknowledgment form. The facility has effectively demonstrated compliance with supporting documentation.

**The facility is in compliance with this provision of the standard.**

**Subsection (c):** All training is completed utilizing LMS which tracks participation, scores obtained on quizzes and completion of training. A function of the system requires the participant to acknowledge that they understand the training they just completed. If a participant does not confirm understanding, the course is not registered as complete. While conducting the site review, the auditor did review the LMS system and confirmed the participant must complete the training and acknowledge they understand the training before it register as completed.

**The facility is in compliance with this provision of the standard.**

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

### 115.33 (b)

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

### 115.33 (c)

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

### 115.33 (d)

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

### 115.33 (e)

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

## 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
  - b. WADOC 310.000 *Orientation for Offenders* (8 pages)
- 4) Statewide Offender Handbook
- 5) English and Spanish PREA Brochure
- 6) Photographs of the Intake Posters (Zero Tolerance)
- 7) Orientation Packet
- 8) Orientation Tracker
- 9) Orientation Examples
- 10) PREA Video
- 11) PREA Orientation Script (English and Spanish)
- 12) End of Silence Facilitator Guide
- 13) Observations during site review

14) Interviews with the following:

- a. Intake staff
- b. Random Inmates

**Findings (by Subsection):**

**Subsection (a):** LCC reported on the PAQ that during the documentation period six hundred and fifty (650) offenders were received at the facility.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 12) states “Offenders will be provided PREA related information, which will include information on the Department’s zero tolerance stance and ways to report sexual misconduct. Information will be presented in a manner allowing offenders to ask questions of the staff member facilitating the orientation.”

In a memo to the auditor, LCC stated during transport to LCC, the offenders are shown a PREA video. The video was created by Just Detention International. The video covers every aspect of PREA and is approximately thirty (30) minutes long. The video has closed captioning for the deaf/hard of hearing offenders and is also played with Spanish closed captioning. Prior to the site review the auditor did review the video and confirmed the closed captioning and the version in Spanish.

Once the offender arrivals at the facility, he is provided information in the form of a brochure. The brochure explains to the offender how to report sexual assault, victim services available and policy information. The brochure is provided in both English and Spanish. This process was confirmed by the auditor during the site review.

During the site review posters could be seen in the intake area in view of all incoming offenders. The posters are in English and Spanish and state “Washington State Department of Corrections has a zero tolerance policy regarding prison rape, sexual misconduct and victimization.” In review of the OMNI system Chrono page, under the detail section, the staff will insert a note documenting that the offender was given the brochure and was told about the zero tolerance policy against sexual abuse and sexual harassment.

During random interviews with offenders, thirty-one (31) offenders reported that they received the brochure immediately when they arrived at the facility; two (2) offenders reported that they did not receive anything. In an interview with the intake staff member, he stated that when an offender arrives the restraints are removed and the officer gives verbal instruction regarding zero tolerance and hands the offenders a brochure. Offenders sign that they received the brochure.

The audit team was also able to see the intake process first hand. Within minutes of exiting the transport bus, all inmates were given a PREA Brochure and told about the agency’s zero tolerance policy. This was also confirmed during informal interviews with offenders.

**The facility is in compliance with this provision of the standard.**

**Subsection (b):** WADOC 310.000 *Orientation for Offenders* (page 3) states “All offenders arriving at or transferred to a Prison will receive: 1) A facility specific orientation packet on the date of arrival, and 2) An orientation to the new facility within one week of arrival, except when medical, mental health, or behavioral issues preclude completion of this process.”

and

“Offenders will receive orientation information, both orally and in writing, in a manner that is clearly understood by offenders. The orientation will, at a minimum, include:.....5) Information on the Prison Rape Elimination Act (PREA), including (a) DOC 490.800 Prevention and Reporting of Sexual Misconduct, DOC 490.850 Response to an Investigation of Sexual Misconduct, related operation memorandums, the Prison Rape Elimination Act of 2003 and other applicable state or federal laws, including potential criminal penalties, (b) Department zero tolerance stance.

LCC provided an Offender Orientation Tracker (a form used to track the offenders who have attended orientation) which includes DOC number, name, date of arrival, orientation completed date. The tracker is a document that the facility put in place to monitor that all offenders receives orientation. During the reporting period six hundred and fifty (650) offenders arrived at the facility, six hundred and forty-six (646) offenders received orientation within one week of entering the facility, four (4) offenders left the facility prior to the scheduled orientation.

During orientation the offenders are given an orientation packet. The packet includes:

- Offender orientation checklist, in which the offender initials and signs that he has seen the PREA video and has received an offender handbook
- LCC Offender Orientation Acknowledgment, the offender signs the acknowledging receipt of orientation.
- Notice of Rights for Offenders with Disabilities, explains how to access services at the facility if you are deaf and hard of hearing, how to request reasonable accommodations, how to file a grievance.
- A brochure regarding the Prison Sustainability Programs
- Specialty Job Form

This practice was confirmed by the auditor in an informal discussion with the Custody Unit Supervisor (CUS). During an interview with intake staff, it was stated that the offenders are given a brochure immediately and verbally told about the zero tolerance policy and how to report.

In a memo to the auditor, LCC stated that during preparation for this audit, it was discovered that offenders who were taken to segregation upon arrival at the facility, were not given the brochure, in order to ensure the offenders receive the information, a brochure was placed into the secured placement bag (a bag containing items such as bedding, soap, toothbrush, and toothpaste).

The auditor selected and reviewed fifty (50) offender files. All offenders received the comprehensive training within three (3) days of arriving at the facility. The comprehensive training is documented on the Offender Orientation checklist. The offender initials and signs that he has watched the video and had a discussion regarding the following:



- DOC 490.800 Prevention and Reporting of Sexual Misconduct
- DOC 490.850 Response to an Investigation of Sexual Misconduct
- PREA related Operation Memorandums
- Prison Rape Elimination Act of 2003
- Applicable State and federal laws including potential criminal penalties
- Department's zero tolerance
- Definitions and examples of prohibited behavior and/or illegal behaviors that might constitute sexual misconduct (which includes sexual abuse and sexual harassment)
- Self-protection strategies
- Prevention and intervention
- Offender sexual harassment
- Examples of conduct, circumstances and behaviors that may be precursors to sexual misconduct
- Various ways sexual misconduct may be reported
- All allegations are taken seriously and investigated thoroughly
- Confidentiality in cases of sexual misconduct
- Treatment and counseling, staff requirement to report all allegations
- Protection against retaliation
- Disciplinary sanctions for making false allegations

During random interviews all offenders reported that they attended orientation within their first week after arriving at the facility.

**The facility is in compliance with this provision of the standard.**

**Subsection (c):** On March 10, 2006, former WADOC Secretary issued a directive that all offenders receive PREA orientation. The directive required: orientation to begin immediately for all offenders coming through the reception centers at the Washington Corrections Center (male) and the Washington Corrections Center for Women (females), all offenders transferred between facilities receive PREA orientation, all offenders currently housed in prison facilities be provided with the opportunity to participate in orientation sessions at each facility and all offenders receive the PREA informational brochure.

LCC is a minimum custody adult male facility, housing only offenders with forty-eight (48) months or less to serve on their sentence. As a result, the facility reports there are no offenders in the facility that arrived prior to August 2012.

**The facility is in compliance with this provision of the standard.**

**Subsection (d):** WADOC has two separate contracts with the Washington Department of Enterprise Systems that is utilized by state agencies to provide language interpreting services. 1) Provides offenders that are limited English proficient with access to in-person language interpretation conducted by the court certified and non-court certified interpreters. 2) Provides offenders with access to telephone based services on an "as needed" basis. The services are available to all staff to assist limited English offenders in reporting allegations and participating in the investigatory process. These services can be accessed through the Interpretation Vendors Portal contained within the agency's internal website. The agency contracts with Sign Language

Interpreters, as well as having a Deaf Services Coordinator on Staff. There are PREA signs posted throughout the facility both in English and in Spanish. Offenders are able to view the PREA Orientation Video in English, Spanish and has closed caption for the offenders hard of hearing. Any Inmates visually impaired are able to listen to the video.

During random interviews, an offender who is legally blind stated that he was offered services during orientation but declined and knew he could request the services at any time. The audit team also interviewed an offender who was limited English with Chinese as his first language, this interview was conducted utilizing the language line. Staff assisted the auditor with using the language line, indicating that they were aware of it and how to access it. The offender stated that it was not his first time using the language line.

**The facility is in compliance with this provision of the standard.**

**Subsection (e):** WADOC 450.500 *Language Services for Limited English Proficient (LEP) Offenders* (page 2) states “The Department will provide interpretation (i.e., oral) and translation (i.e., written) services through Department and/or contract services at all Department facilities and Field Office. The Department will also provide guidelines for interpretation and translation services for Limited English Proficiency (LEP) offenders under Department jurisdiction.

(page 3) states “Services will only be provided through Department certified interpreters/translators and/or available state contracted vendors listed under the Translation/Interpretation on the Inside DOC (the department internal website). LEP Coordinators will document all services on DOC 16-340 Limited English Proficiency (LEP) Coordinator Monthly Report.”

LCC utilizes the *End of Silence, A facilitators Guide*, to educate those offenders that have limited reading skills. This guide is written with pictures and small phases that can be understood by a person with limited reading skills.

LCC reported that resources are made available to the offenders who require them. During the documentation period there were no offenders that have utilized the resources available.

During the site review, an interview was conducted with an offender that spoke Chinese. He had very limited English skills. The auditor utilized the language line to conduct the interview. Staff was aware how to access the language line and assisted the auditor with it. After the site review had been conducted, the auditor sent a request to the facility to provide several months of the log, that documents the use of the language line. The call made by the auditor to speak to the offender was documented on the September 2018 log.

**The facility is in compliance with this provision of the standard.**

**Subsection (f):** During the site review, posters were seen in both English and Spanish indicating the agency’s zero tolerance policy, throughout the facility, to include the intake area, housing units, food service and medical. The inmate handbook provides the information as required indicating all offenders have the right to be free from sexual abuse/harassment as well as the zero tolerance policy and how to report an allegation.

The facility is in compliance with this provision of the standard.

### Standard 115.34: Specialized training: Investigations

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

##### 115.34 (a)

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

##### 115.34 (b)

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

##### 115.34 (c)

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

## 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to Auditor
- 3) Policy:
  - a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Preventing and Report* (17 pages)
  - b. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigations* (14 pages)
  - c. WADOC 880.100 *Corrections Training and Development* (9 pages)
- 4) Washington Administrative Code 139-25
- 5) House Bill 1109
- 6) Investigator specialized training curriculum
- 7) Roster of Investigator who attended training
- 8) Investigator Transcripts
- 9) Interview with the following: Investigator

### Findings (by Subsection):

**Subsection (a):** In review LCC's Pre-Audit Questionnaire, the facility reported the agency policy requires that the investigators are trained in conducting sexual abuse investigations in a confinement setting.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 11) states "PREA investigators will be trained in: 1)Crime Scene management/investigations, including

evidence collection in Prisons and Work Releases 2) Confidentiality of all investigation information 3) Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process 4) Crisis intervention 5) Investigating Sexual Misconduct 6) techniques for interview sexual misconduct victims and 7) Criteria and evidence required to substantiate administrative action or prosecution referral.”

In a memo to the auditor, LCC stated WADOC has established specialized investigator training that provides information regarding the conduct of all PREA-related investigations. This includes, but is not limited to; how to conduct an investigation in confined setting, techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity Warnings, and evidence collections.

WADOC initiated PREA investigator training in 2011 when a formal specialized course was launched. When the final PREA Standards were released, it was determined that the course content needed to be updated to ensure compliance with the standards and the updated course was launched in November 2013. In order to ensure all prior participants had been provided with the elements that were included in the training update, a PREA Booster Training course was launched. Existing investigators were provided with new information and additional practice in interviewing and report writing. This booster training was only available for a limited period of time and was intended only for those individuals who had completed Investigator training prior to the November 2013 update. In order to be a qualified PREA Investigator after November 2013, a person must have completed the updated course or the previous version of the training and the PREA Booster”

LCC reported that there are seven hundred and sixty-four (764) statewide investigators. There are fifteen (15) investigators at LCC. The auditor reviewed the training curriculum and the transcripts for the fifteen (15) investigators, all had received the specialized training as well as the required annual training. The auditor reviewed all nineteen (19) investigations that were reported during the reporting period, several of those cases were completed by investigators at other facilities in the state. The auditor requested the training records for these investigators, all had received the specialized training and the annual in-service training.

**The facility is in compliance with this provision of the standard.**

**Subsection (b):** The auditor reviewed the training curriculum for the investigator training. The class is designed to be a fourteen (14) hour class. The training consists of five (5) modules. Below is a brief description of the material each module covers but is not limited to only that material. In addition WADOC has an Investigator Booster Training as well. The specialized training provided to all investigators includes all of the elements for this provision. The curriculum contains:

- *Introduction to Investigations* -This material covers the different types of documents for an investigation, case management system, types of PREA investigations, including PREA Staff misconduct and PREA offender misconduct.
- *Investigative Planning* – The material covers evidence/evidence protocols, investigative steps, incident scenes, medical exams, interview planning conducting the investigation and the law enforcement referral process.

- *Investigative Interviews*- The material covers Miranda, Garrity, Weingarten, Confidentiality, Recording Interviews, telephone interviews, interviewing techniques, Complexity of Investigating PREA in a Confinement, effective PREA investigations, sexual assault victims, code of silence and why interviews fail.
- *Investigative Report Writing*-the material covers how to analyze the evidence and write a report.
- *After the Report*-material covers the appointing authority review and PREA investigations local review committee.

During an interview with an investigator, he indicated that he had received the specialized training and was able to speak knowledgably about each element that was contained within.

**The facility is in compliance with this provision of the standard.**

**Subsection (c):** LCC utilizes the Learning Management System (LMS), which documents and provides a transcript of all classes that an employee was enrolled in and completed. All transcripts for investigators were reviewed by the auditor. Each had attended the specialized training as well as the in-service training.

**The facility is in compliance with this provision of the standard.**

**Subsection (d):** WAC 139.250 *Basic Law Enforcement Curriculum* states “The basic curriculum of the commission may include, but is not limited to, the following core subject areas with common threads of communications, community policing, and professional ethics throughout: 1) Orientation and history of policing 2) Criminal Law 3) Criminal Procedures 4) Patrol Procedures 5) Crisis Intervention 6) Emergency Vehicle Operation Course 7) Report Writing 8) Traffic Laws 9) Firearms 10) Defensive Tactics and 11) Criminal Investigations.

LCC reported that there have been no allegations that required a law enforcement referral or a Department of Justice Investigator during this documentation period.

**The facility is in compliance with this provision of the standard.**

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

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

##### 115.35 (a)

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

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

#### 115.35 (b)

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

#### 115.35 (c)

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

#### 115.35 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

## **Evidence Reviewed (documents, interviews, site review):**

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
  - b. WADOC 610.025 *Health Services Management of Offenders in cases of Alleged Sexual Misconduct* (8 pages)
  - c. WADOC 880.100 *Corrections Training and Development* (9 pages)
- 4) Health Care Training Curriculum
- 5) Health Services Staff Training Tracker
- 6) Health Services Staff Transcripts
- 7) Interviews with the following: Medical and Mental Health Staff

## **Findings (by Subsection):**

**Subsection (a):** In review of LCC's Pre-Audit Questionnaire, the facility reported six (6) medical and mental health care practitioners work at the facility and one hundred percent (100 %) have received the training required by the agency policy.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 11) states "Health Services employees/contract staff, with the exception of medical records, clerical, pharmacy personnel, the Dietary Services Manager, and the Psychologist assigned exclusively to sex offender treatment programming, will be trained in: 1) detecting and assessing signs of sexual misconduct 2) responding effectively and professionally to sexual misconduct victims 3) Completing DOC 02-348 Fight/Assault Activity Review 4) Preserving Physical evidence 5) Reporting sexual misconduct and 6) Counseling and monitoring procedures."

In a memo to the auditor, LCC stated WADOC requires that all contractors with regular contact with the offenders complete the same general training provided to employees. The agency allows for vendors and service providers who have limited, unescorted contact with offenders complete the 03-478 form, PREA Acknowledgement, and be provided with the current PREA brochure for staff, contractors and volunteers rather than complete annual training. This typically includes individuals filling the vending machines, repairing office equipment, cleaning kitchen equipment or delivering supplies.

The training is conducted through the online Learning Management System, called DOC PREA for Health Services. The auditor reviewed the training curriculum which included:

- Identify DOC policies and protocols that define best practices for responding to sexual misconduct victims in the correctional environment.
- Discuss how and to whom to report sexual Misconduct.
- Explain the role of medical and mental health staff when responding to incidents of sexual misconduct.
- Describe how to detect and assess signs of sexual misconduct.



- Describe the necessary steps to take to preserve forensic evidence.
- Discuss after care counseling and monitoring procedures.

All elements of this provision are included in the specialized medical/mental health training. In review of the training transcripts, from the LMS, for each of the medical/mental health care practitioners, all have completed the specialized training, in addition to general PREA training.

During interviews with medical staff and mental health staff, both stated that they have received the specialized training as well as the general annual training required by the facility.

**The facility is in compliance with this provision of the standard.**

**Subsection (b):** In review of LCC’s Pre-Audit Questionnaire, the facility reported that the facility medical staff does not conduct forensic medical exams.

WADOC 610.025 *Medical Management of Offender in Cases of Alleged Sexual Abuse or Assault* (page 2) states “...All forensic medical examinations will be provided at a health care facility in the community.”

In a memo to the auditor, LCC states the *Medical Management of Offender in Cases of Sexual Abuse or Assault* states “If the report is made within 120 hours of the alleged sexual assault and the case involves penetration and/or exchange of bodily fluids, the Department will transport the offender to the designated community health care facility.” Agency staff and contractors are prohibited from conducting forensic medical examinations.

During an interview with medical staff, she confirmed that they do not perform forensic examinations at the facility and have not received training to do so. If there is a need for a forensic examination the offender would be taken off site to a medical center.

**The facility is in compliance with this provision of the standard.**

**Subsection (c)(d):** WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 17) states “All new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training.....”

LCC utilizes the Learning Management System (LMS), which documents and provides a transcript of all classes that an employee was enrolled in and completed. All transcripts for medical/mental health staff were reviewed by the auditor. All have received the required specialized training in addition to the annual training required for all employees.

**The facility is in compliance with this provision of the standard.**

<b>SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS</b>
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**Standard 115.41: Screening for risk of victimization and abusiveness**

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

#### 115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? X Yes  No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? X Yes  No

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? X Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? X Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? X Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? X Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? X Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? X Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian,

bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender nonconforming or otherwise may be perceived to be LGBTI)? X Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? X Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? X Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? X Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

### 115.41 (g)

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

### 115.41 (h)

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

### 115.41 (i)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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### **Evidence Reviewed (documents, interviews, site review):**

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
  - b. WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignments* (12 pages)
  - c. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigations* (14 pages)
  - d. WADOC 280.310 *Information Technology Security* (7 pages)
  - e. WADOC 280.515 *Electronic Data Classification* (5 pages)
- 4) Operational Memorandum LCC 490-820
- 5) Memo from former Secretary of Corrections, dated October 28, 2015
- 6) Samples of Offender PREA Risk Assessment (PRA) and movement
- 7) Screen Shot of the PRA inside Offender Management Network Information System (OMNI)
- 8) PREA Risk Assessment Form
- 9) OMNI PREA Risk Assessment User Guide
- 10) LMS Training Curriculum for PREA Risk Assessment for Assessors and Reviewer
- 11) Memo to Classification Staff from Deputy Secretary dated March 11, 2015 regarding Affirmative Inquire Offender LGBTI Status
- 12) Standardized PRA Tracker
- 13) Risk Assessment Tracker
- 14) Follow up PRA with Movement
- 15) OMNI PREA Access Security Groups
- 16) Sample PRA Access Approval
- 17) Interviews with the following:
  - a. PREA Coordinator
  - b. PREA Compliance Manager
  - c. Staff responsible for Risk Screening
  - d. Random Inmates

### **Additional Documentation Reviewed:**

1. PREA Risk Assessment Tracker for December 2018 through May 2019
2. Randomly selected narratives and the corresponding narrative and “call out”

### **Findings (by Subsection):**

**Subsection (a) and (b):** LCC’s PAQ states that the agency does have a policy that requires screening for risk of sexual abuse victimization or risk of sexual abusiveness toward other inmates. The policy further requires that the initial PREA Risk Assessment (PRA) be completed within 72 hours of their intake.

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 3) states “Classification Counselors and designated Work Release employees will complete a PRA within 72 hours of arrival for all offenders arriving at any Department facility. This includes offenders returning to a facility for out-to-court status....”

OMNI PREA Risk Assessment Guide states “Initial Assessment- Within 72 hours of arrival a Reception Diagnostic Center (RDC), an initial PREA assessment will be completed. “Transfer Assessment-Classification Counsel or Work Release Community Corrections Officer (CCOs) at the receiving facility complete a Transfer PRA within 30 days of the offender’s arrival as part of the offender’s Intake Plan development”

In October of 2015, the former WADOC Secretary issued a memo to all Classification Staff. The memo stated the National PREA Resource Center made a determination that WADOC policy 490.820 was not in compliance with the intent of the standards regarding the screening of offenders. The policy was interpreted as the initial PREA Risk Assessment (PRA), was at specialized reception centers (i.e. Washington Corrections Center or the Washington Corrections Center for Women) with a “Follow up” being completed within 30 days. The Department of Justice defined “intake” as any time an offender is received at any facility, as a result the memo was issued with the following directive: Each offender will receive a face-to-face Inmate PRA with 72 hours of arrival at every facility. Revisions were made to the policy.

The LMS Training Curriculum for PREA Risk Assessment for Assessors and Reviewer states “Within 72 of arrival at a Reception Diagnostic Center (RDC), initial will be completed....for each new term of incarceration, the first PRA completed will always be an Initial PRA, regardless of the circumstances” “Transfer Assessment –Classification Counselors or Work Release Community Corrections Officer (CCOs) at the receiving facility complete a transfer PRA within 30 calendar days of the offender’s arrival as part of the Offender’s Intake Plan Development.”

In a discussion with the PREA Coordinator she stated “the version of the assessors guide posted to our internal website has the Secretary’s memo attached so staff has the information about the change. We also had extensive meetings with staff about the change. The OMNI system has not yet been updated as we have had some critical IT projects that took precedence. However, the developer is in the process of a massive update that will address this issue as well as provide additional system improvements and enhanced report capabilities”

The auditor did review an excerpt from the WADOC PREA IDOC system to confirm that staff is notified of the change. In addition, in review of the offender files regarding the initial assessment, all files reviewed had documentation that the initial assessment was completed timely.

In a memo to the auditor, LCC reported that offenders assigned to WADOC are required to be screened with 72 hours of arrival or transfer between facilities. LCC offered the following breakdown of PREA Risk Assessment (PRA’s) completed within the established documentation period.

August 1, 2017-July 31, 2018		
Number of Offenders Received	650	
Number of Offenders who did not remain at the facility for 72 hours	0	
Number of offenders who were at the facility for 72 hours or more	650	
Number of offenders whose initial/intake PRA was completed within 72 hours	640	98 %

Prior to the site review the facility provided the auditor with (25) samples of inmate files to review. The auditor did not randomly choose these files. They were provided as documentation to show compliance with this standard. In regard to these twenty-five (25) samples all but one (1) were screened the same day that the offender arrived at the facility. The one that was not screened was screened within the required 72 hours. In addition the auditor selected and reviewed an additional fifty (50) offender files while on-site. All offenders were screened within the required time frame.

During an interview with the counselor who performs the risk assessment screening he stated that the initial screening is completed immediately upon arrival to the facility.

During random offender interviews, twenty-eight (28) offenders stated that they had been asked questions of this nature immediately when they arrived at the facility. Two (2) reported that they had not been asked and one (1) stated he could not remember. The auditor reviewed the files of the three (3) offenders and the offenders did have the assessments completed. Given the extensive review of the file documentation there is indication of substantial compliance in regard to this provision.

**The facility is in compliance with this provision of the standard.**

**Subsection (c) and (d):** In a memo to the auditor LCC stated all risk assessments are completed utilizing the OMNI system. WADOC also maintains a paper version of the risk assessment (DOC 07-0719) in the event that an assessment cannot be completed in the offender’s electronic file, Counselors and Community Corrections Officer may use DOC 07-019 to document the assessment information and update the electronic file as soon as practical.

WADOC utilizes an objective screening tool within the OMNI system to screen all offenders for risk of victimization and abusiveness. A review of the screening tool indicates that nine (9) questions are asked with each question given a point value. Offenders scoring eleven (11) or above are considered high risk for victimization. The following point scale is used.

- First incarceration (2 points)
- Age less than 25 years or over 65 years (1 point)
- Male size and stature: Less than 5’8 and/or 130 lbs. (1 point)
- Convictions for sexual offenses/crimes with sexual motivation in which the victim was between 14 and 65 years old and/or convictions for a violent offense (no age limit) (3 points)
- Mental Impairment-Developmentally or Intellectually Disable, Mentally Ill or Physical Disability (8 points)
- History of Sexual Abuse-Victimization (8 points)
- Victim of Sexual Assault in Confinement (11 points)

- Behavior Characteristics or display of Sexual Orientation in a way that projects vulnerability (is or is perceived to be gay, lesbian, transgender, intersex or gender non-conforming) (6 points)
- Criminal History is Exclusively Non-Violent (1 point)
- Offender perceives themselves as Vulnerable (1 point)

It should be noted that the screening assessment as to the question regarding behavior Characteristics does not include bisexual, as the provision requires in (8) if the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming.

On October 5, 2018, a directive was sent to all facilities in WADOC's control, from the Assistant Secretary. The memo acknowledged that the assessment did not state "bisexual." All staff completing the assessments is to ask the offender all questions including if they perceive themselves as bisexual. The directive is to remain in effect the OMNI system could be revised.

The auditor confirmed with LCC, that in the event a paper version of the assessment, the information would be entered into the system immediately. This process has been put in place in the event that the OMNI system was down and unavailable. The facility reported this has not occurred during the reporting period.

LCC reported in the PAQ that WADOC does not house offenders solely for civil immigration purposes. As such the element is not included in the assessment process. The auditor confirmed that offenders are not housed solely for civil immigration, during the site review and during informal interviews with staff.

During an interview with a counselor who performs the risk assessment screenings, state that age, gender, disabilities, history of violence, sex crimes, disciplinary record, and history of abuse are all asked during an assessment.

Prior to the Issuance of the Interim Audit Report, a directive was sent to all facilities in WADOC's control, from the Assistant Secretary. The memo acknowledged that the assessment did not state "bisexual." All staff completing the assessments is to ask the offender all questions including if they perceive themselves as bisexual. The directive is to remain in effect the OMNI system could be revised. During the site review the auditor confirmed that the offenders are being asked if they perceive themselves as being bisexual.

**The facility is in compliance with this provision of the standard.**

**Subsection (e):** WADOC utilizes an objective screening tool within the OMNI system to screen all offenders for risk of victimization and abusiveness. A review of the screening tool indicates that five (5) questions are asked with each question given a point value. Offenders scoring eight (8) or above are considered high risk for victimization. The questions and the point value are as follows:

- Previous Sexual Assault in Confinement verified by Infraction History or other Written Reports with Equivalent Behavior Descriptions to include Jails or other State Correctional Agencies. (8 points)
- One or more Prior Incarcerations (2 points)



- Prior Violence in Prison to include other State Prisons with Equivalent Behavior Description not scored above (2 points)
- Convictions for Sexual Offenses/Crimes with Sexual Motivation in which the Victim was between 14 years and 65 years/or convictions for a violent offender (2 points)
- Previously or Currently Assessed as a high Violence Potential (2 points)

This provision of the standard requires that the initial screening consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior instructional violence or sexual abuse. The screening tool does consider all three elements and is in compliance.

**The facility is in compliance with this provision of the standard.**

**Subsection (f):** WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 3) states “A follow-up PRA will be completed between 21 and 30 calendar days after the offender’s arrival at the facility.”

In a memo to the auditor, LCC reported that offenders assigned to WADOC are required to be rescreened between days 21 and 30 of arrival or transfer from other facilities. LCC offered the following breakdown of PREA Risk Assessment (PRA’s) completed within the established documentation period.

<b>August 1, 2017 – July 31, 2018</b>		
Number of Offenders Received	650	
Number of Offenders who did not remain at the facility 30 days	33	
Number of Offenders who are not yet due for a follow up PRA	61	
Number of applicable Offenders	556	
Number of Offenders whose follow up PRA was completed within 30 days	523	94 %
Number of follow up PRA’s not completed	1	
Number of follow up PRA’s completed late	24	
Number of follow up PRA’s completed early	8	

In a memo to the auditor, LCC disclosed that as they prepared for this audit, it was discovered that twenty-four (24) offenders were not assessed during the documentation period. LCC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignments Operational Memorandum* was put into place as a result of the non-compliance. It state’s “In the event that the assigned Classification Counselor is not available to complete the PREA within the timeframe, the Correctional Unit Supervisor (CUS’s) will ensure that the PRA’s are completed by available counselors to meet the required timeframes....” “In the event that the PRA cannot be completed upon arrival, and a holiday/weekend interferes with the 72 hour requirement, the shift commander will ensure DOC 07-019 PREA Risk Assessment is completed and submitted to the CUS/Classification Counselor to enter the information into OMNI no later than the next business day....” “In the housing units at LCC, potential victims will be housed in separate dorms from potential predators at a minimum. If available, they will be housed on separate floors.”

Prior to the site review, the facility provided the auditor with twenty-five (25) samples of the 30 day assessments for review. In review of the twenty-five (25) samples, the thirty (30) day

reassessment did occur within the required thirty (30) days. However there was one (1) assessment that was completed early, at fourteen (14) days.

Due to the facility disclosing non-compliance regarding this provision, the auditor requested a list of offenders that came into the facility after May 15, 2018, which is the date that the facility implemented a new process to ensure all were completed timely. During the site review, the auditor randomly selected fifty (50) offender files from this list to review. All assessments were completed timely.

During random offender interviews of the thirty-three (33) offenders interviewed, twenty (20) offenders reported that they were reassessed within thirty (30) days, eight (8) reported that they had not been asked again, two (2) offenders could not remember and three (3) offenders had recently come to the facility and had not completed a reassessment.

While conducting the site review, an offender requested to speak with the auditor. The offender expressed his concerns that when he was at another facility, he had disclosed sexual abuse that had occurred when he was younger. He stated that because of that disclosure he always felt that he suffered from repercussions such as in his housing assignments and work assignments. When the offender was transferred to LCC, he did not disclose the sexual abuse. However he was offered mental health and realized the previous disclosure was in the system. He requested it be removed and was told it could not be removed or could not be overridden.

During an informal discussion with a staff member, it was stated that the OMNI system auto populates the information from the previous entry. The audit team viewed the OMNI system to confirm the auto population. The system does auto populates with all information that was entered from the last screening. The staff member is not required to enter any information, causing concerns to the auditor that the screenings can be easily “paper whipped” so to speak. It is not uncommon for an offender to disclose past victimization at a new facility that he/she may feel more comfortable at.

During an interview with the counselor who performs the risk screenings, he stated that as per policy he completes the thirty (30) day reassessment within twenty-one (21) to thirty (30) days. During random offender interviews, twenty-three (23) inmates stated that they were asked the questions again, within a few weeks, eight (8) reported that they were only asked when they first arrived at the facility, two (2) had just arrived at the facility and one (1) could not remember.

**Corrective action:** The facility shall implement a process that would require the staff member to insert a note when completing the assessment, to ensure the assessment is completed with the offender. This will be tracked and sent to the auditor with the “call out” (a document showing the movement of the offender) of the offender attached.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision and agreed upon a plan with assigned dates of completion. On January 23, 2019, a directive was sent to all staff that performs risk assessments. The directive stated that staff must conduct an “in-person” interview with the offender, along with completing a narrative with a corresponding call-out to support the interview. During the corrective action period, the facility sent the auditor the monthly PREA Risk Assessment Tracker, for period of six (6) months. The auditor randomly selected offenders from the lists and the facility

provided documentation of the narrative and the “call out” verifying the assessment was completed “in person” with the offender. With the newly implemented process, the facility has effectively demonstrated compliance with supporting documentation.

**The facility is in compliance with this provision of the standard.**

**Subsection (g):** WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 3-4) states (D) For-Cause PRAs (1) For-cause PRAs will be completed within ten (10) business days by the assigned Classification Counselor/CCO:

- a. When additional information is received suggesting potential for victimization or predation (e.g., reports of behavior while in jail or on the bus in transit, court documents, Pre-Sentence Investigations)
- b. If the offender self-discloses information that could impact assessed risk (e.g., previous reported prior abuse, sexual orientation/identity).
- c. When there is a finding of guilt on certain infractions listed in the PRA, including violent infractions and infraction for sexual assault/abuse.
- d. When an employee/contractor staff observe offender behavior suggesting potential for victimization or predation.
- e. For substantial allegation of offender on offender sexual abuse/assault or staff misconduct”.

When an assessment is completed for any other reason than the 72 hour assessment and the 30 day assessment, it is classified in the OMNI system as a “just cause” assessment. The circumstances to indicate a “just cause” assessment is listed above. An assessment that is completed based on a referral or a request would be entered into the system as a “just cause” assessment.

In a memo to the auditor, LCC stated during the audit period, the facility did not have any substantiated offender on offender sexual assault/abuse or staff sexual misconduct investigations. However there were two “for cause” risk assessments completed in guilty findings on applicable infractions. The facility provided the auditor two (2) “for cause” assessments that were completed.

In review of the allegations that were investigated, the auditor confirmed that LCC did not have any substantiated sexual abuse investigations, therefore there were not risk assessments completed due to a referral or a request.

In an interview with a counselor, he stated that he will conduct an assessment when the need arises. These are called “for cause” and it can be based on an allegation, disciplinary history, or if they were to learn other information about the offender.

**The facility is in compliance with this provision of the standard.**

**Subsection (h):** WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 5) states “E. (2) Offenders are not obligated to answer PRA questions.”

During an interview with a counselor who performs the risk assessment he stated that offenders are not required to answer the questions and inmates cannot be disciplined for not participating.

This was also confirmed in a discussion with the WADOC PREA Coordinator. The auditor would recommend that WADOC consider revising the policy to state “Offenders will not be disciplined for refusal to participate in the risk assessment.”

**The facility is in compliance with this provision of the standard.**

**Subsection (i):** WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 12) states “All PREA Data Containing personal identifying information will be maintained as Category 4 Data per DOC 280.515 Electronic Data Classification.

WADOC 280.515 *Electronic Data Classification* (page 2) states “Electronic data will be classified into 4 groups per the Data Classification Standards (4) Category 4 Data: Restricted Information-Date containing information that may endanger the health or safety of others or that has especially strict handling requirements by law, statute or regulation...”

In the memo to the auditor, LCC states PREA Risk Assessment are completed within a restricted component of the OMNI system. Access to the system is restricted to the following:

- Classification Counselors and Work Release Community Corrections Officer responsible for the completion of the assessments
- Correctional Unit Supervisors, Community Corrections Supervisors and the Work Release Program Manager
- Staff as identified by the facility Superintendent and the Work Release Program Administrator responsible of oversight of the risk assessment for offenders who do not have a Classification Counselor or Community Corrections Offer assigned
- Identified Information Technology and the PREA Unit staff responsible for Maintenance.

The system maintains all completed assessments along with the response and details associated with the scoring. All access to the system is approved by the agency PREA Coordinator to ensure compliance with the restricted access parameters. The final result of the PREA Risk Assessment, (potential predator, potential victim or no risk identified) is maintained in the general status portion of OMNI making it accessible to staff for use in housing, programming and job assignments.

The final results of PREA Risk Assessments (potential predator, potential victim, or no risk identified) are maintained on the face sheet and in the general status portion of OMNI accessible to staff or use in housing, program and job assessments.

The auditor reviewed an email to the PREA Coordinator requesting access for an employee to gain access to the system. The employee was temporarily reassigned as the PREA Compliance Specialist, for help on preparing for this audit. The email string does document the employee’s supervisory approval, the Superintendent’s approval and the PREA Coordinator’s approval.

In an interview with the state PREA Coordinator, she stated that anyone can see the final result but cannot see the risk assessment itself.

During the site review the auditor did have a staff member demonstrate the OMNI system. The staff member did not have a tab to access the PREA assessment.

Offenders do not have access to the OMNI System. The facility has demonstrated that appropriate controls on the dissemination of information contained on the assessment are in place in order to ensure the sensitive information is not exploited.

**The facility is in compliance with this provision of the standard.**

## **Standard 115.42: Use of screening information**

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

#### **115.42 (a)**

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

#### **115.42 (b)**

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

#### **115.42 (c)**

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

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

## Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 300.380 *Classification and Custody Facility Plan Review* (18 Pages)
  - b. WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (12 pages)
- 4) LMS Training Curriculum for the PREA Housing
- 5) PRA Housing Guide
- 6) Hard copies of sample Chronos (entries made into the computer system)
- 7) WADOC Form 02-384
- 8) WADOC Form 02-385
- 9) LCC Operational Memorandum
- 10) Incoming Transport/Job Screening (ITJS) Examples
- 11) List of LGBTI Offenders
- 12) Interviews with the following:
  - a. PREA Coordinator
  - b. PREA Compliance Manager
  - c. Staff responsible for Risk Screening

## Findings (by Subsection):

**Subsection (a) (b):** WADOC 300.380 *Classification and Custody Facility Plan Review* (page 4) states "Committee members will receive each offender on the transfer manifest before he arrives at the receiving facility. The screening will include, at a minimum: (6) Prison Rape Elimination

Assessment (PREA) information per DOC 490.820 Prison Rape Elimination Act (PREA) Risk Assessment and Assignments.

WADOC 300.380 *Classification and Custody Facility Plan Review* (page 6) states “Additional mental health and/or other employees/contract staff may be included to provide general input about areas of potential risk based on history of the offenders with a documented history of predatory violence or predatory sexual offending.” And

“Any concerns regarding work programs, treatment, education, evidence-based programs, or other activities presented after review the offender’s PREA Risk Assessment will be documented in the Summary/Statement field in the Classification Review section of the Incoming Transport/Job Screening Checklist, including any applicable mitigation strategies.”

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignments (7)* states “Job Programming Assignments (A) PRA information will be reviewed when making job and programming assignments per DOC 300.380 *Classification and Custody Facility Plan Review* Housing Assignments (A) before placing the offender in a multi-person cell/room, employees responsible for making housing assignment will review the PREA identifier to ensure the compatibility of cell/roommates”

In the memo to the Auditor, LCC reports the facility does not place an offender in a bunk area until a review of his PREA Risk Assessment has been conducted to ensure that an offender is not placed putting him in risk of being victimized by a predator.

However in the memo to Auditor, LCC stated that during preparation for the audit it was found that LCC was not in compliance with this provision (a) and (b) of this standard.

The following information is the process for the use of the PREA Risk Assessment information in classification decisions.

- Prior to the offender transferring from one facility to another a transfer manifest is prepared by the DOC transportation unit. This transfer manifest is shared with the sending and receiving facilities. Per DOC policy 300.380 *Classification and Custody Facility Plan Review* and DOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignments*, facility staff will hold a multi-disciplinary team (MDT) review of the offender’s listed on the transfer manifest prior to his/her arrival at the receiving facility. This screening review must include any history of predatory violence or predatory sexual violence, history of medical/mental health needs, safety/security concerns that impact housing or programming and appropriateness of specific work assignments. This screening is documented in the electronic OMNI system and entitled the Incoming Job Screening (ITJS).
- PREA screening results are documented in the ITJS and if an offender displays an increased potential to be sexually victimized or for predation staff are expected to document this in the summary section of the ITJS. They will also note instructions, if it is necessary to have any safety plans/monitoring plans in place for any work or programming assignments.
- Classification staff will complete a PREA transfer assessment and an Intake classification Custody Facility Plan Review within thirty (30) days of the offender’s arrival at the facility. If



a monitoring plan is needed due to an offender's increased potential to be sexually victimized or for predation, the monitoring plan will be included in the comment section of the Custody Facility Plan. The Custody Facility Plan is located in the electronic OMNI system.

- Classification staff will update the status of a monitoring plan at each classification review held either every six (6) months or annual based on the offenders sentence structure.

The facility stated that the self-disclosure was based on the process for saving documentation for the audit, not the actual housing assignments.

During the site review the auditor was able to sit in on a Multi-Disciplinary Team (MDT) meeting. The team consists of various different roles in the facility such as:

- Superintendent
- Classification Staff
- Intelligence and Investigative Unit
- Health Care Manager
- Mental Health Manager
- Custody Captain
- Correctional Program Manager
- Custody Unit Supervisor

The meeting is to determine the incoming offenders work assignment once he arrives at the facility. The Auditor reviewed samples of the Incoming Transport/Job Screening Checklist (ITJS). Many things are looked at with each offender such as:

- History of violence
- History of predatory sexual violence
- Current offense
- Recent infractions
- Ag-Seg History
- Intensive management status
- Victimology
- Escape related history
- Earned release date
- Offenders needs assessment
- STG concerns
- Medical concerns
- Mental Health concerns

Once all of the above is reviewed by team, the offender is approved or disapproved for certain privileges and jobs within the facility. This is completed days before the offender arrives at the facility. However during this MDT meeting, housing was not discussed.

During an interview with the state PREA Compliance Manager stated that prior to the offender coming to the facility, a housing review is conducted, based on the latest screen assessment in

the OMNI system. A check is made to ensure compatibility with the other offenders in the dorm. Once the offender arrives, the assessment is completed immediately, if there are changes to the assessment, a new review will be completed.

During an interview with a counselor responsible for performing the screenings stated that the screening assessment is used to determine individualized housing and jobs for the offenders.

The auditor reviewed forty-three (43) sample chrono entries for incoming offenders showing review of the PREA Risk Assessments prior to placement of an offender into a housing or bed assignment. There was one (1) offender that was placed into a housing assignment prior to the review of the assessments.

**The facility is in compliance with this provision of the standard.**

**Subsection (c)(d)(e):** LCC's PAQ states that the agency makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis.

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 8) states "Housing and programming will be reviewed, initially and prior to any transfer, by a local review committee for all offenders who identify as transgender or intersex. Reviews will be documented on DOC 02-384 Protocol for Housing of Transgender and Intersex Offenders, which will be scanned into a secure site in the electronic imaging system accessible only by the PREA Compliance Manager/Specialist and the Correctional Program Manager/CCS or higher rank"

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 10) states "Review Committees will reassess placement and programming assignments every 6 months using DOC 02-385 Protocol for Housing Review for Transgender and Intersex Offenders to review any threats to the offender's safety.

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 9) states "the receiving facility review committee will conduct an interview with the offender, arranged by sending facility staff. The interview may be conducted telephonically or in person."

In the memo to the auditor LCC stated housing assignment and programming assignments for all transgender and intersex offenders are made on a case by case basis, to include individual shower arrangements, putting priority on the offender's health and safety. The housing review process also takes into account management or security problems that may result from placement options. Housing review are documented on DOC 02-384 *Protocol for the housing of Transgender and Intersex Offenders*, by local multi-disciplinary team with housing recommendation forwarded to the Deputy Director of Prison Command A for final approval. A formal review is also conducted at least every six (6) months for each offender or when a change in housing assignment is indicated.

During the documentation period there were no identified transgender or intersex offenders housed at Larch Corrections Center. This was confirmed by informal interview with staff. During an interview with the PREA Compliance Manager he stated that the Superintendent would decide housing for a transgender/intersex offender, although there has not been a transgender/intersex offender housed in the facility.

**The facility is in compliance with this provision of the standard.**

**Subsection (f):** The LCC's PAQ indicates that transgender and intersex inmates are given the opportunity to shower separately from other offenders.

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignments* (page 11) states "facilities shall develop local procedures to allow transgender and intersex offenders the opportunity to shower and dress/undress separately from other offenders. This may include individuals shower stalls, separate shower times, or other procedures based on facility design."

During the site review, the auditor did view all the showers within housing units. The showers are individual showers with a door that is shoulder length and provide the necessary privacy needed for offenders to shower. A transgender offender could request to shower at different times.

During an interview with the PREA Compliance Manager, he stated that a transgender/intersex offender could request to shower at different times. This request would be made through the Superintendent. A counselor who performs the screening assessments confirmed that a transgender/intersex offender would be given the opportunity to shower separately based on an approved request by the Superintendent.

**The facility is in compliance with this provision of the standard.**

### Standard 115.43: Protective Custody

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

##### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? X Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? X Yes  No

##### 115.43 (b)

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

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? X Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? X Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? X Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? X Yes  No

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? X Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days? X Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? X Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? X Yes  No

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignments* (12 pages)
  - b. WADOC 320.255 *Restrictive Housing* (14 pages)
  - c. WADOC 320.260 *Secured Housing Unit* (10 pages)
- 4) Spreadsheet listing all offenders' where the PREA Risk Assessment indicates sexual victimization along with current housing assignment
- 5) Interviews with the following:
  - a. Superintendent
  - b. Staff who supervise offenders in secured housing

### Findings (by Subsection):

**Subsection (a)(b)(c)(d)(e):** LCC stated on the PAQ that there is a policy prohibiting the placement of the inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made.

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignment* (page 8) states "Placement in Administrative Segregation for more than 24 hours should only occur if no suitable alternative housing exists and will last only until alternative placement can be made. Each alternative considered, along with the reason(s) it was determined unsuitable, will be documented in a PREA housing chrono entry."

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignment* (page 8) states "Offenders on this type of placement will have access to programming and job assignments to the extent possible. When unavailable, the reason and duration will be documented in the offender's electronic file."

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignment* (page 8) states "In the rare event that placement lasts more than 30 days, a review will be conducted every 30 days to determine if continued need for the placement."

In a memo to the Auditor, LCC stated if an offender was at risk from an abuser and there was no other alternative, the offender would be placed in secured housing for no longer than 24 hours so that a transfer to another facility could be facilitated.

LCC reported during the documentation period there were no offenders at Larch Corrections Center who were placed in secured/restricted housing based on their risk for sexual victimization.

A list of offenders who scored high for victimization during the assessment and their housing assignments was requested and reviewed by the auditor. All were housed in either the Elk horn Unit or the Silver Star Unit. There was none housed in the segregation unit.

During an interview with the Superintendent, she stated that offenders who scored high for victimization would not as a general practice be placed in secure housing. If the need were to arise the offender may be placed in secured housing for up to twenty-four (24) hours, as arrangements are made to transfer the offender to another facility. She stated that this has not occurred during the reporting period.

In an interview with the PCM he stated that an offender could be placed in secured housing for twenty-four (24) hours, this would be the decision of the Superintendent and only till the offender could be transferred.

An officer assigned to secured housing stated that programming could not be offered in the housing unit. The unit is strictly short term. No one is housed in secured housing for more than fourteen (14) days. Offenders who might require longer time would be transferred to another facility.

During the site review there were no offenders in secured housing that scored high for victimization to interview. This was confirmed by the auditor during informal interviews with officers in the secured housing unit.

**The facility is in compliance with all provisions of this standard.**

## REPORTING

### Standard 115.51: Inmate reporting

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

##### 115.51 (a)

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

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

#### 115.51 (b)

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

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must*

*be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Evidence Reviewed (documents, interviews, site review):**

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
  - b. WADOC 490.800 *Prison Rape Elimination Act (PREA) Response* (11 pages)
  - c. WADOC 450.100 *Mail for Prison Offender* (17 pages)
  - d. WADOC 450.110 *Mail for Work Release Offenders* (4 pages)
- 4) WAC 137-48-020 Definition of Legal Mail
- 5) 450.110 Policy Definition of Legal Mail
- 6) Statewide Offender Handbook
- 7) PREA Brochure and Posters
- 8) MOU with WADOC and Colorado Department of Corrections (CDOC)
- 9) Memo from Agency ADA Compliance Manager regarding illiterate offender ability to report
- 10) Listing of all allegations received in the documentation period
- 11) Log of allegations received by and for the CDOC
- 12) Brochure for staff, contractors and volunteers detailing staff reporting requirements
- 13) Training curriculum for PREA 101
- 14) Interviews with the following:
  - a. Random Offenders
  - b. PREA Compliance Manager
  - c. Random Staff

**Findings (by Subsection):**

**Subsection (a):** LCC stated in the PAQ that the agency has established procedures to allow for multiple internal ways for offenders to report privately to the agency officials about sexual abuse, sexual harassment, retaliation by other offenders, staff for reporting violations and staff neglect or violations of responsibilities that may have contributed to such incidents.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 14) states “Offenders may report PREA Allegations in the following ways. Reporters may remain anonymous.”

- Through the confidential PREA hotline at 800-586-9431 or at 844-242-1201 for teletypewriter (TTY)
- Verbally to Staff
- Offender Grievance



- Written Report to outside agency for Prison and Work Release Offenders

In a memo to the auditor, LCC stated that the WADOC provides offenders with multiple reporting venues, to include a confidential toll-free hotline, verbal reports to any staff, kites (notes written by the offenders to staff), grievances and the legal mail to designated individuals, such as the PREA Coordinator. Use of the hotline does not require the offender to input a personal identifying number (IPIN) and calls are exempt from recording or monitoring at the facility. The state's definition for legal mail includes correspondence to and from the Agency's PREA Coordinator. Reporting methods are addressed in the offender PREA orientation video, the offender brochure, and are included in the inmate handbooks.

During the site review, the auditor did verify the different ways to report. The auditor made several test calls to the PREA hotline. The auditor was not required to put in an IPIN (personal identifying number issued to offenders).

LCC provided the auditor a list of all allegations received during the documentation period. A review of how each allegation was received indicates that the offenders are aware of the different ways to report, as each avenue is depicted on the list, which included the PREA Hotline, grievance system, reported to staff member, a letter to the third party etc.

During informal and random interviews with the offenders, every offender could name at least three (3) different ways to report an allegation and they were articulate about where to find the information if they didn't know, "as it is posted everywhere".

During random staff interviews, all reported that they knew how offenders could report an allegation and how they could report an allegation.

**The facility is in compliance with this provision of the standard.**

**Subsection (b):** LCC stated in the PAQ that the agency provides at least one way for inmates to report abuse or harassment to public or private entity or office that is not a part of the agency.

In a memo to auditor, LCC reported that offenders are able to anonymously and confidentially send allegation information to the Colorado Department of Corrections (CDOC), who serves as the agency's external reporting entity. This is done utilizing *DOC 21-379 Report of Prison Rape Elimination Act (PREA) Allegation* form. This form and pre-addressed envelopes are available in offender accessible areas of the facility, such as the housing units, the library and education.

A memo to the auditor from the WADOC ADA Compliance Monitor, states "current ADA accommodations allow for illiterate and learning disability offenders to use audio recordings. Those recordings are turned into staff, who will transcribe them. Using this method for external PREA reports is contrary to WADOC policy as all staff are required to report all allegations received. Allegations that are made through this process would not go straight to Colorado, but would be reported per policy to the facility Shift Commander. Offenders are notified of this process in the offender handbook.

The auditor did review Contract No. CMS 65853, between the WADOC and the CDOC, which states the WADOC and the CDOC will establish a means for offenders under their jurisdiction to

report claims or allegations of sexual abuse, sexual assault or sexual harassment to the other party (the receiving party).

A statewide log of all letters received by the CDOC was reviewed. The log indicates that one (1) letter had been received during the reporting period, from LCC.

Prior to the site review, this auditor sent a letter to the address provided for the CDOC, utilizing the *DOC 21-379 Report of Prison Rape Elimination Act (PREA) Allegation* form. The form requested that the letter be processed as if an allegation had been reported. The letter was sent from New Mexico on September 17, 2018. On September 25, 2018, the auditor received an email for the DOC PREA Triage that the letter had been received.

LCC reports that WADOC does not detain persons solely for civil immigration purposes. The auditor did not view evidence to contradict this statement. The auditor verified this statement through an informal discussion with the Superintendent.

During an interview with the PREA Compliance Manager, he stated the offenders are provided an addressed, stamped envelope to the Colorado Reporting address. Once received by Colorado they will forward to the WADOC PREA Triage. This can be completed anonymously.

During random interviews with offenders thirty (30) reported that there is an outside agency they could fill out the form and mail in, three (3) inmates reported that there was not.

Inmates are informed regarding reporting to the Colorado Department of Corrections, through the inmate handbook, the brochures and orientation.

**The facility is in compliance with this provision of the standard.**

**Subsection (c):** LCC stated in the PAQ that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third party.

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 2) states “Staff must immediately report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a Department Facility. This includes related retaliation and knowledge of staff actions or neglect that may have contributed to the incident.” and (page 3) states “Every allegation will be reported, even if the offender reported the same allegation previously to the same staff.”

During random interview with staffs, all reported that they must accept all reports and must immediately report it to the Shift Commander. During interviews with offenders all reported at least three (3) ways to report, including in person to a staff member.

**The facility is in compliance with this provision of the standard.**

**Subsection (d):** LCC stated on the PAQ that the agency has established procedures for staff to privately report sexual abuse and sexual harassment.

WADOC 490.850 *Prison Rape Elimination Act (PREA) Prevention and Reporting, Attachment 2, PREA Reporting Process*, states “Staff may report allegations of a highly sensitive nature (e.g., allegations against the Shift Commander/CCS or in which that person may have a conflict of interest) directly to the Appointing Authority or Duty Officer. Allegations made against the Appointing Authority will be reported to the next higher authority.

In a memo to the auditor, LCC stated that WADOC policy allows for staff to report allegations of a highly sensitive nature (e.g., allegations against the Shift Commander or Community Corrections Supervisor or in which that person may have a conflict of interest) directly to the Appointing Authority or Duty Officer.

In random interviews with staff, seven (7) reported they would report to the shift commander, seven (7) reported they would use the PREA Hotline number, one (1) reported they would report to Duty Officer and two (2) stated they would call the PREA Coordinator.

**The facility is in compliance with this provision of the standard.**

### **Standard 115.52: Exhaustion of administrative remedies**

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

##### **115.52 (a)**

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

##### **115.52 (b)**

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

##### **115.52 (c)**

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

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

#### 115.52 (d)

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

#### 115.52 (e)

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

#### 115.52 (f)

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

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) X 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.) X 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.) X Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) X 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.) X 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.) X Yes No NA

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

## **Evidence Reviewed (documents, interviews, site review):**

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to Auditor
- 3) Policy:
  - a. WADOC 550.100 *Offender Grievance Program* (5 pages)
  - b. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Planning* (17 pages)
- 4) LCC Log of PREA Allegations received via Grievance
- 5) Memo for the Department of Corrections Secretary, date September 20, 2017

## **Findings (by Subsection):**

**Subsection (a)(b)(c)(d)(e)(f)(g):** LCC stated in the PAQ that the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse.

WADOC 550.100 *Offender Grievance Program* (page 2) states “Grievances alleging sexual misconduct will be forwarded to the PREA Coordinator per DOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* and will not be reviewed through the grievance process.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting*, (page 15) states “Offender grievances, including emergency complaints, per DOC 550.100 *Offender Grievance Program* and the *Offender Grievance Program Manual*.

1. Copies of the grievances alleging sexual misconduct will be forwarded immediately to the applicable authority per the PREA Reporting Process attached to DOC 490.850 *Prison Rape Elimination Act (PREA) Response*.
2. The Offender will be notified via the grievance response that the allegation was forwarded for review for a possible PREA Investigation.
3. The PREA Coordinator/designee will notify the appropriate grievance staff of the determination on whether the allegation meets the definition of sexual misconduct
  - a. If the allegation does not, the offender may re-file the grievance per DOC 550.100 *Offender Grievance Program*.

WADOC 490.820 *Prison Rape Elimination Act (PREA) Investigations* (page 2) states “The Department will thoroughly, promptly and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department.

A memo to the auditor from the WADOC Secretary explains the grievance process as follows:

- WADOC does not process PREA-related allegations through the offender grievance program. Complaints and Grievances alleging any form of sexual assault, sexual abuse, sexual harassment and/or employee sexual misconduct are immediately processed in accordance with DOC policy.

- All allegations are reviewed by the Headquarters PREA Unit. If it is determined that the information received does not fall within the established PREA definitions, the allegation is returned to the facility as “not PREA” and the offender is allowed to pursue the issue through the Offender Grievance Program. If the issues fall within the scope of PREA, a formal investigation is initiated and forwarded to the appropriate Appointing Authority for oversight and findings. All investigation findings decisions remain with the Appointing Authority. All investigations resulting from grievances are subject to the same level of review, notification and follow up as PREA investigations initiated from other sources of information.

LCC reported that during the reporting period three (3) allegations were received from the Larch Corrections Center through the grievance process. The auditor reviewed all three (3) of the allegations. Two (2) were determined not to be PREA and returned for local actions as needed. The third one was determined to be more information to add to an existing PREA Case. Letters were sent timely, to all three offenders with notes that the allegation did not meet the PREA definition and the offender was told to re-file through the grievance process.

The process in which PREA Allegations are handled with the WADOC, removes the allegations from the grievance process and therefore is not required to follow the set timelines for grievance response. Nor is the Offender required to follow the grievance requirement of filing an informal complaint first. The grievance is immediately forwarded to the shift commander who will immediately forward to the PREA Headquarters.

The inmate handbook states “Grievances alleging PREA allegations/sexual misconduct will be forwarded immediately to the Shift Commander who will submit a confidential incident report and send a copy of the grievance to the PREA Coordinator. The PREA Coordinator will review to determine if the information falls in PREA definitions (DOC 490.850 *Prison Rape Elimination Act (PREA) Response*). The offender will be notified via the grievance response that the allegation was forwarded for review for a possible PREA investigation. If the allegation does not meet the definition of sexual misconduct, the grievance will be returned to the Grievance Coordinator for processing.”

WADOC 550.100 *Offender Grievance Program* (page 3) states “the grievance coordinator will ensure grievances are picked up at least twice a week as posted on the grievance boxes.”

During the first day of the site review, the auditor completed two (2) “test” grievances. A grievance was deposited into the grievance box within a housing unit, while the second grievance was deposited in a box labeled “kite”, located in the program area. The grievances instructed the grievance officer to handle the grievance as he/she would with any other grievance regarding a sexual assault. The following day, the grievance officer reported to the auditor that he had received the grievance from the housing unit and explained that normally he would take them to the Shift Commander to begin the referral process. On October 25, 2018, an email was received from LCC, stating the grievance had been recovered from the “Kite” box. This grievance took eight (8) days to be discovered. On October 29, 2018, the auditor received confirmation that the grievance had been received by the DOC PREA Triage. This box is no longer used by the facility and therefore was not being checked on a regular basis. The facility immediately removed the box as to ensure that offenders do not place a grievance or kite into it. Photographs were taken of the area, and sent to the auditor as documentation the box had been removed from the area.

**The facility is in compliance with this provision of the standard.**

**Standard 115.53: Inmate access to outside confidential support services**

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

**115.53 (a)**

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

**115.53 (b)**

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

**115.53 (c)**

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

**Auditor Overall Compliance Determination**

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



## Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy: WADOC 490.500 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
- 4) Posters and Brochure
- 5) Brochure for WCSAP regarding Statewide advocacy
- 6) Memo regarding parameters of advocacy
- 7) In Person Victim Advocacy Services
- 8) Advocacy confidentiality summary
- 9) Interstate Agreement between WADOC and Department of Commerce
- 10) Documentation of Meeting with Local advocated
- 11) Interviews with the following: Random Offenders

### Findings (by Subsection):

**Subsection (a)(b)(c):** LCC reported in the PAQ that the facility provides offenders with access to outside victim advocates for emotional support services related to sexual abuse.

In the memo to the auditor, LCC reported that WADOC have established a partnership with YWCA of Vancouver and has entered into a partnership with the Office of Crime Victim Advocacy (OCVA) to provide support services to all offenders under the jurisdiction of the department. This is coordinated centrally, with offenders able to call a toll free phone line to speak with a support specialist who can then transfer the call to a community sexual assault program partnered with the facility as needed to provide continued support to the offender. The community based advocate can make arrangements for the offender to call the line at designated times to speak with the advocate, or the advocate can make arrangements with the facility on a case by cases basis to provide on-site support to the offender. Information regarding services is provided to offenders through posters and brochures and the offender video. Additionally offenders have been provided with information from the Washington Coalition of Sexual Assault Programs (WCSAP) regarding community sexual assault programs available throughout the state following the offender's release from incarceration.

The auditor reviewed an Interagency Agreement with WADOC and Department of Commerce Officer of Crime Victims Advocacy. The purpose of the agreement is "to provide advocacy services in furtherance of the DOC's compliance with the Prison Rape Elimination Act (PREA)."

The auditor was provided meeting minutes in which the advocates from YWCA were invited. During the meeting, staff was able to ask the advocates' questions about their role as an advocate for the victim and what happens during a SANE exam.

During an interview with the YWCA Director of Sexual Assault Program she stated there is an agreement between YWCA and LCC for advocacy services. The services include but are not limited to providing emotional support through a SANE exam, investigative interviews, court appearances, phone advocacy and in-person advocacy. The Director confirmed that their services have not been needed due to an incident of sexual assault in the past twelve (12) months.

During the site review posters and brochures could be seen within the housing unit and areas frequented by the offenders. The posters state that it is a private support line to access support with issues related to sexual assault or abuse. On the posters it is clearly stated "Calls are not recorded and do not require your PIN". In most cases the posters were located by the phones, making it easy for an offender to dial the number without others knowing. The posters are both in English and Spanish. The auditor tested the phones in the offender's housing units. An advocate answered the phone each time and spoke with the auditor. The advocate stated that she has not received many calls from LCC offenders.

In review of the inmate handbook, the offender is advised that the advocate will keep your information confidential unless the information is likely to result in a clear risk of serious physical injury or death to you or another person and details the role of the advocate to include:

- Listen to your story and provide support
- Crisis intervention
- Discuss law enforcement reporting option
- Teach you coping skills
- Explain the investigation process
- Support you during interviews related to an investigation

The handbook also details what an advocate will not do to include:

- Provide legal advice
- Make decisions for you
- Tell you whether or not to report
- Conduct an investigation
- Be your friend or provide therapy

During random offender interviews, twenty-four (24) offenders stated that they were aware of the advocacy offered to them, six (6) stated that the facility did not offer these service and two (2) state they didn't know. At the time of the site review there were no offenders at the facility to interview, that had reported an allegation of sexual abuse.

**The facility is in compliance with the provisions of this standard.**

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy: WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
- 4) Family and Friends PREA Posters and Brochures (English and Spanish)
- 5) Screen prints from WADOC external website demonstrating the information regarding reporting that is publicly available

#### Findings (by Subsection):

**Subsection (a):** LCC confirmed on the PAQ that the agency/facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 4) states "The PREA Compliance Manager will be an employee outside of any Intelligence and

Investigative Unit, who will coordinate local PREA compliance and: (6) Coordinate monthly checks to verify: (b) Posters and brochures provided by the PREA Coordinator are posted in areas accessible to offenders and the public, including Health Services area and Classification Counselor/Community Corrections Officer (CCO) offices.

The agency website contains PREA information, including information on how to report, the investigative process and frequently asked questions. A user can report an allegation simply by clicking the “report sexual misconduct” button. Utilizing this process, the auditor tested the system and filed a report through the website, instructing the reader to notify the auditor once the report was received. The auditor received an email within a few hours that the report had been received by the DOC PREA Triage.

During the site review, the auditor observed posters and brochures in the visiting area for the offender’s family. The brochures and posters were in both English and Spanish.

**The facility is in compliance with this provision of the standard.**

**OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT**

**Standard 115.61: Staff and agency reporting duties**

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

**115.61 (a)**

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

**115.61 (b)**

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

### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? X Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? X Yes  No

### 115.61 (d)

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

### 115.61 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a) WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
  - b) WADOC 350.550 *Reporting Abuse and Neglect Mandatory Reporting* (4 pages)

- c) WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
  - d) Staff, Contract Staff and volunteers PREA Brochure
  - e) Staff, Contract Staff and volunteers PREA Posters
  - f) Statewide Offender Handbook
  - g) Medical PREA Poster
  - h) Facility Log of all allegations received during the audit period
  - i) Incident Management Report System
- 4) Interviews with the following:
- a. Random Staff
  - b. Superintendent
  - c. PREA Coordinator
  - d. Investigator

**Additional Documentation Reviewed:**

1. LCC Joint Operations Meeting –March 27, 2019

**Findings (by Subsection):**

**Subsection (a):** LCC reported the PAQ that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse, sexual harassment and retaliation that occurred in the facility, whether or not it is part of the agency.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 2) states “Staff must immediately report any knowledge, suspicion, or information received including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a Department facility. This also includes related retaliation and knowledge of staff actions or neglects that may have contributed to the incident.”

Staff posters state “The Department of Corrections has a zero tolerance of all forms of sexual misconduct and retaliation against any person because of his/her involvement in the reporting or investigation of a PREA complaint.....You must immediately, confidentially and directly report any knowledge, suspicion, or information received regarding sexual misconduct.”

The WADOC policy requires that all staff, contractors and volunteers, immediately report incidents and allegations. This includes any knowledge or suspicion of retaliation against inmates or staff who reported an incident.

During random staff interviews, all seventeen (17) staff reported that they are required to immediately report to the Shift Commander upon receiving any knowledge or suspicion or information they may receive.

**The facility is in compliance with this provision of the standard.**

**Subsection (b):** WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 2) states “Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation and other security management decisions. (c) Staff who breach confidentiality may be subject to corrective/disciplinary action.

WADOC 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 any other security management decisions.

The auditor reviewed the OMNI System, only the staff that need to know, have a access to the “PREA” tab within the system, not only can they not get into the module, the tab will not appear for them to access. All access to this module is strictly monitored and must require the approval of the PREA Coordinator to gain access to the module.

**The facility is in compliance of this provision of the standard.**

**Subsection (c):** WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 3) states “Offenders will be informed of the requirements of mandatory reporting at Reception and information will be posted in Health Services areas where it can be seen by offenders. (1) Health Service providers must inform of the duty to report before providing treatment when an offender (a) Displays signs/symptoms of sexual misconduct that are identified or observed in the course of an appointment or examination or (b) Discloses to a medical or mental health provider sexual misconduct that occurred while in any correctional setting.”

During the site review posters could be seen in the medical/mental health areas that stated “Medical and Mental Health Practitioners are required to report incidents of sexual abuse. Staff will explain the confidentiality limitations”

A medical and a Mental Health staff member indicated in an interview that they are required to inform the offender of their duty to report and the limits to their confidentiality. They must inform the offender prior to the offender discussing anything with them.

**The facility is in compliance with this provision of the standard.**

**Subsection (d):** WADOC 350.550 *Reporting Abuse and Neglect Mandatory Reporting* (page 2) states “The department will report suspected child abuse/neglect and incidents of abuse, abandonment, financial exploitation, or neglect involving vulnerable adults to the appropriate authority” (2) Reports of sexual or physical assault involving a vulnerable adult victim, or an act that has caused a vulnerable adult victim fear of imminent harm, will be made to the law enforcement agency with jurisdiction where the act is believed to have occurred. (3) All other reports involving a vulnerable adult victim will be made to Adult Protective Services (APS) at 1-866-363-4276 or per Department of Social and Health Services website.”

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 9) states “The Appointing Authority/Designee will ensure that notification is made to: (2) Adult Protective Services (APS), if an alleged victim is classified as a vulnerable adult.”

RCW 74.34.020 *Definitions* defines vulnerable adult as (a) sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself; or (b) found incapacitated under chapter 11.88 RCW; (c) who has developmental disability as defined under RCW 71A.10.020 (d) admitted to any facility (e) Receiving services from home health, hospice or home care agencies licensed or required to be licensed under chapter 70.127 RCW (f) Receiving services from an individual provider (g) who self-directs his or her own care and receives services from a personal aide under the chapter 74.39 RCW.

WADOC does have an Interagency Agreement with the Washington State Department of Social and Health Services (DSHS) Adult Protective Services (APS). The agreement states “WADOC will notify the Department of Social and Health Services, Adult Protective Services of any allegations of sexual abuse/harassment or other types of mistreatment including abuse, neglect and financial exploitation of offenders who have been classified as a vulnerable adult as defined by state or local jurisdiction’s vulnerable persons statute...”

A memo to the auditor stated that LCC house adult male offenders and would not house a victim under the age of 18 years. However the facility did have two (2) reported incidents where the victim is considered a vulnerable adult under a State or Local vulnerable adult person statute. LCC reported that during preparations for this audit, it was discovered that the required notification to the Adult Protective Services had not been made.

In an interview with the Superintendent she stated in the event that a vulnerable adult makes an allegation the Adult Protective Services will be called. However she is aware of two (2) offenders that are considered vulnerable adults that the process was not followed, and Adult Protective Services was not called.

The state PREA Coordinator confirmed that the facilities are responsible to notify Adult Protective Services in the event a vulnerable adult is victim in a sexual abuse allegation.

**Corrective action:** The facility shall develop a process to ensure that the proper notifications are made when applicable. The facility shall train all Shift Commanders on the process.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision and agreed upon a plan with assigned dates of completion. On May 8, 2019, the facility provided documentation in the form of meeting minutes in which the importance of reporting to APS and CPS was discussed. Both agencies are included on the Sexual Assault Checklist and the Superintendent instructed all the Shift Commanders to follow the checklist. The facility has effectively demonstrated compliance during the corrective action period with supporting documentation

**The facility is in compliance of this provision of the standard.**

**Subsection (e):** WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 6) diagrams the process for reporting an allegation.

- Staff obtains information about an allegation or incident of sexual misconduct, related retaliation, or staff action or neglect that may have contributed to an incident.



- Staff will confidentially deliver the information directly and immediately to the shift supervisor
- The shift commander will notify the Superintendent or Duty Officer as soon as possible, but no later than the end of the reporting staff's shift.
- The authority receiving the report will notify other applicable per DOC 490.850 *Prison Rape Elimination Act (PREA) Response*
- All staff will maintain confidentiality and follow the directions of the Appointing Authority/designee, (e.g., question offenders, identify potential witnesses, secure statements), unless the incident is an emergency.
- A confidential Incident Management Reporting System (IMRS) report will be completed as soon as possible, but no later than the end of the shift in which the information was received.

Once the allegation is entered into the IMRS, an email is sent to the PREA Coordinator/Designee. The PREA Coordinator reviews all allegations to determine if it falls under the definition of PREA. If it does, the investigation is assigned to the appropriate Appointing Authority. The Appointing Authority will assign the investigation to a trained investigator.

In a memo to the auditor, LCC states that agency policy requires all staff, to include employees, contractors and volunteers to immediately report incidents and allegations as identified in the standard. Individuals are required to report to individuals as identified in the agency policy. Agency policy prohibits revealing any information related to a sexual misconduct report or incident other than as necessary for related treatment, investigation, and other security and management decisions. Staff who breaches confidentiality may be subject to corrective/disciplinary action. These reporting requirements also apply to medical and mental health practitioners. Offenders are informed of these requirements in offender handbook and via posters that are displayed in treatment areas within health services.

This was confirmed during interviews with the Superintendent, PREA Coordinator and random staff interviews.

**The facility is in compliance with this provision of the standard.**

### **Standard 115.62: Agency protection duties**

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

##### **115.62 (a)**

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

## Auditor Overall Compliance Determination

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

## 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.*

## Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (12 pages)
  - b. WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
- 4) OMNI report of Offender who scored as "potential victim"
- 5) Samples of Monitoring Plan
- 6) Samples of housing assignment reviews
- 7) Documentation of Response Checklist and/or IMRS report showing immediate action taken to address potential risk
- 8) PREA Response and Containment Checklist Process
- 9) Interviews with the following:
  - a. Superintendent
  - b. Random Staff

## Findings (by Subsection):

**Subsection (a):** LCC reported in the PAQ, if the facility learns that an inmate is subject is substantial risk of imminent sexual abuse; it takes immediate action to protect the inmate. It was also reported that there have not been any offenders that were the subject of substantial risk during the reporting period.

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 6) states "A. Classification Counselors will develop a monitoring plan for: (1) Offenders at

increased risk for sexual victimization or predation. B. Immediate actions will be taken to protect the offender when it has been determined that s/he is at substantial risk of immediate sexual assault or abuse.”

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 8) states “Upon receipt of an allegation of offender-on-offender sexual assault, the Appointing Authority/Shift Commander/CCS will immediately direct employees/contract staff to separate the accused from the alleged victim and witnesses.

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 4) states “For all allegations except aggravated sexual assault, the Shift Commander/Community Corrections Supervisor (CCS)/Designee will implement appropriate security procedures and initiate the PREA Response and Containment Checklist.

In a memo to the auditor LCC reports that when an offender is assessed as a potential victim according to the PREA Risk Assessment (PRA) a monitoring plan is developed. This plan is individualized based on the needs and identified risk for the offender. Additionally whenever a housing assignment is made, offender risk identifiers are reviewed to ensure compatibility with potential cellmates. Both monitoring plans and housing reviews are documented in the offender’s electronic record.

When an allegation is received the Shift Commander, Duty Officer and/or Appointing Authority review all available information regarding named victim needs, timeframe, severity, housing and job assignments of named individuals and other factors to determine if immediate actions are needed to prevent harm. These actions are documented on response checklists and in IMRS reports.

LCC reported that during preparations for this audit, it was learned that the initiation of the PREA Response and Containment Checklist was not being completed. Therefore the following process was put in place: When an allegation other than aggravated sexual assault is reported a PREA Response and Containment Checklist will be implemented per WADOC 490.850.

The auditor reviewed the list of identified “potential victims”. Sixteen (16) offenders were identified as a potential victim during the documentation period. All offenders had been placed on a monitoring plan which indicates that the staff check in on the offenders more often

**The facility is in compliance with this provision of the standard.**

### **Standard 115.63: Reporting to other confinement facilities**

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

##### **115.63 (a)**

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

### 115.63 (b)

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

### 115.63 (c)

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

### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
  - b. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
  - a. Interviews with the following: Superintendent

### Findings (by Subsection):

**Subsection (a)(b)(c)(d):** LCC reported in the PAQ that the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the agency must notify the head of the facility where the sexual abuse occurred.

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 8) states “The Appointing Authority will notify the appropriate Appointing Authority or facility administrator with 72 hours of receipt of an allegation when the alleged incident: (1) occurred in another Department location or another jurisdiction (2) Involved a staff who reports through another Appointing Authority.

In a memo to the auditor LCC reported that Larch Corrections Center did not receive any allegations about other facilities/jurisdictions. However while preparing for this audit; LCC discovered that they did not have a process in place that ensured notifications were being provided within an acceptable time frame to the appropriate appointing authority. In the event that the Superintendent is absent from the facility, an Acting Superintendent will be officially named, and a system set up whereby appropriate Appointing Authorities can be notified within the 72 hour time frame. A copy of the email notification will be provided to the Superintendents Secretary Senior and filed for documentation of the notification.

In an interview with WADOC Secretary, he confirmed that if a report was received from another agency notification would be made to the WADOC PREA Triage unit and an investigation would take place into the allegations.

During an interview with the Superintendent she confirmed that there was not a process in place for compliance with this standard when she was out of the facility or unavailable. She confirmed the above process has been put in place.

LCC reported that there have been no allegations received from another facility, during the reporting period.

**The facility is in compliance with this provision of the standard.**

#### **Standard 115.64: Staff first responder duties**

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

##### **115.64 (a)**

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

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

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 420.365 *Work Release Only* (5 pages)
  - b. WADOC 420.375 *Prisons Only* (8 pages)
  - c. WADOC 490.850 (11 pages)
- 4) First Responder Pocket Guide
- 5) LCC List of Allegation reported during the reporting period
- 6) Interviews with the following:
  - a. Security Staff First Responders
  - b. Random Staff

### **Additional Documentation Reviewed:**

1. Revised Aggravated Assault Checklist
2. Memo to all LCC Staff regarding First Responder Duties

### **Findings (by Subsection):**

**Subsection (a)(b):** LCC reported in the PAQ that the agency does have a policy regarding the appropriate actions that should be taken by a first responder.

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 11) is the *Aggravated Sexual Assault Checklist*. The checklist contains all of the elements of this provision to include:

- Ensure that that alleged victim, accused and witnesses have been separated.
- Request the alleged victim and accused not destroy physical evidence.
- Designate an officer to secure and maintain the scene.

In a memo to the auditor, LCC stated the agency requires all staff to immediately report any knowledge, suspicion, or information received regarding an allegation or incident of sexual misconduct directly and confidentially to the Shift Commander, Duty Officer, or Appointing Authority, based on location. This individual will then deploy staff to respond to the allegation as indicated by incident circumstances.

All staff is trained in emergency response procedures. If an offender reported an allegation of offender-on-offender sexual assault or abuse and/or sexual misconduct regardless of whether or not it was to a security staff member, the victim and suspect would be separated, and the scene secured. A request would be made to the victim that they not do anything that could destroy evidence, evidence would be collected and secured, and law enforcement notified.

This provision of the standard requires a first staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser
- Preserve and protect any crime scene until appropriate steps can be taken to collect evidence
- Request that the alleged victim not take any action that could destroy evidence
- Ensure that the alleged abuser does not take any action that could destroy evidence.

The facility's *Aggravated Sexual Assault Checklist* states that the first responder will request that the victim and the perpetrator not to destroy physical evidence on their bodies. This is not in compliance with this standard.

During random staff interviews all reported that they would separate, contain, and report to the Shift Commander. When asked if they would let the victim use the bathroom or shower, they stated no. The auditor interviewed a first responder, using the first responder interview protocol and it was reported he would separate, secure the scene, preserve evidence and would not let either the victim or the perpetrator use the bathroom or shower.

**Corrective Action:** A directive will be sent out to all staff, indicating that the alleged victim will be asked not to destroy evidence and staff will ensure that the perpetrator does not destroy evidence. The Aggravated Sexual Assault Checklist will be revised.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision and agreed upon a plan with assigned dates of completion. On December 20, 2018, an email was sent by the PREA Compliance Specialist to all staff. The email clarified that the victim shall be requested not to shower, change, brush teeth etc. that could destroy evidence and to ensure that the accused does not destroy evidence. In addition, on January 24, 2019, the auditor received documentation that the Aggravated Sexual Assault Checklist had been updated and added to the WADOC policy. The checklist is in compliance with this standard. The facility has effectively demonstrated compliance with supporting documentation.

**The facility is in compliance with this provision of the standard.**

### **Standard 115.65: Coordinated response**

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

#### **115.65 (a)**

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

#### **Auditor Overall Compliance Determination**

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

#### **Instructions for Overall Compliance Determination Narrative**

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



**Evidence Reviewed (documents, interviews, site review):**

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy: WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
- 4) LCC's table of contents for the Response Plan
- 5) Interview with the following the Superintendent

**Findings (by Subsection):**

**Subsection (a):** LCC reported in the PAQ that the facility has developed a written instructional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators and facility leadership.

In a memo to the auditor, LCC stated that the Larch Corrections Center's response plan is maintained in the Shift Commander's Office.

LCC does have a coordinated response plan in place. It includes contact information for the PREA response team, which consists of first responders, medical/mental health, investigator (CPM). It also includes where to take the offender should the need for a SANE Exam occur.

**The facility is in compliance with this provision of the standard.**

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

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

**115.66 (a)**

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

**115.66 (b)**

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Collective Bargaining Agreement (CBA) Teamster
- 4) Memo from former WADOC Secretary to the Executive Leadership explaining Interest only Arbitration
- 5) Interview with the Superintendent

**Findings (by Subsection):** LCC reported in the PAQ that the agency has entered into or renewed a Collective Bargaining Agreement since August 20, 2012.

**Subsection (a)(b):** In a memo to the auditor, LCC stated WADOC functions under the interest only arbitration system as impasse procedures for negotiations over changes in mandatory subjects of bargaining. This process has no impact on the agency's ability to remove an alleged staff abuser from contact with any offender during the course of an investigation or upon determination of whether, and to what extent, discipline is warranted.

A memo from Former WADOC Secretary explains that Interest Only Arbitration means if the Department and the Teamsters negotiate on a mandatory subject of bargaining to the point of impasse, the issues not resolved in bargaining may be presented to an independent arbitrator for final resolution.

CBA, effective July 1, 2017 through June 30, 2019 states, "the employer has the authority to determine the method of conducting investigations, subject to the just cause standard." and "An employee accused of misconduct will not be removed from his/her existing work assignment unless there is a safety/security concern, including security issues due to any allegation that involves a conflict between staff"

In an interview with the WADOC Secretary, he stated that the CBC Contract is renewed every two (2) years. The language required by this standard is contained within the CBC and the agency can remove a staff member from their post if is needed.

**The facility is in compliance with this provision of the standard.**

### **Standard 115.67: Agency protection against retaliation**

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

#### **115.67 (a)**

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

#### **115.67 (b)**

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

#### **115.67 (c)**

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? X Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? X Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? X 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? X 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? X Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? X Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy: WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
- 4) Directive issued April 23, 2018 regarding Monthly Retaliation Monitoring Reports
- 5) List of PREA Allegations opened in the reporting period
- 6) Samples of Monthly Retaliation Monitoring Reports
- 7) List of allegations of retaliation during the reporting period
- 8) Interviews with the following:
  - a. Superintendent
  - b. Designated Staff Member charged with Retaliation Monitoring

## Additional Documentation Reviewed:

1. PREA Retaliation Monitoring Training Curriculum
2. Class Roster for PREA Retaliation Monitoring Training
3. Monthly Retaliation Monitoring Logs
  - December 2018
  - January 2019
  - February 2019
  - March 2019
  - April 2019
  - May 2019

## Findings (by Subsection):

**Subsection (a)(b)(c)(d)(e)(f):** LCC stated in the PAQ that the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with investigations from retaliation by other inmates or staff.

WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigations* (page 6) states “Retaliation against anyone for opposing or reporting sexual misconduct or participating in an investigation of such misconduct is prohibited. Individuals may be subject to disciplinary actions if found to have engaged in retaliation, failed to report such activity, or failed to take immediate steps to prevent retaliation.”

In a memo to the auditor, LCC stated that all individuals who participate as a witness in a PREA investigation is provided DOC 03-484 Interview Acknowledge Form. This form informs the interviewees that “the department prohibits retaliation against any person because of his/her involvement in the reporting or investigation of a complaint. The Department will treat retaliation as a separate offense subject to investigation, administrative sanctions and prosecution. Any concerns regarding retaliation are to be reported to the Appointing Authority”

When an allegation of offender-on-offender sexual assault or abuse or staff misconduct is reported, and an investigation initiated, retaliation monitoring begins for the reported and the named victim.

LCC stated during preparation for the audit it was discovered that the facility was not consistently completing the Retaliation Monitoring Reports. The facility did issue a memo on April 23, 2018, which stated “effective April 23, 2018 for at least 90 days following a report of sexual abuse the offender will be monitored to ensure that no signs of retaliation are present. The monitoring will be captured on DOC 03-503.”

The facility reported that during the reporting period they received and investigated three (3) offender-on-offender allegations of sexual/abuse and ten (10) staff on offender allegations of sexual/abuse. The auditor requested and reviewed the monitoring plans for each victim. There were four (4) that did not have retaliation monitoring plans.

**Corrective Action:** The facility shall develop a process to ensure that all alleged victims of sexual abuse are monitored for at least 90 days. The facility shall train staff on the process moving forward.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended correction action for this provision and agreed upon a plan with assigned dates for completion. On February 2, 2019, the auditor received a memo dictating a new process that was established for the PREA Compliance Specialist to monitor the retaliation monitoring, which includes keeping a log of all offenders and staff that are being monitored. On February 23, 2019, the auditor received the PREA Retaliation Monitoring Curriculum that was developed in response to the corrective action. The facility also provided the Class Roster for relevant staff that attended the training. The training curriculum discussed the PREA standard, agency policy and recommended questions to ask an offender during the offender monitoring. During the corrective

action period, the facility sent the auditor the monthly logs of retaliation monitoring. The facility's new process, to include tracking provided an effective way for the retaliation monitoring to be completed. The facility has effectively demonstrated compliance with supporting documentation.

**The facility is in compliance with this provision of the standard.**

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

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

#### **115.68 (a)**

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

#### **Auditor Overall Compliance Determination**

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

#### **Instructions for Overall Compliance Determination Narrative**

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

#### **Evidence Reviewed (documents, interviews, site review):**

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy: WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignments* (12 pages)
- 4) Interviews with the following:
  - a. Superintendent
  - b. Staff who supervise offenders in Segregated Housing

**Findings (by Subsection):**

**Subsection (a):** LCC reported in the PAQ that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary housing unless an assessment of all available alternatives has been made and a determination has been made that there is no other alternative.

LCC stated that during the documentation period, a total of nineteen (19) offenders who were victims of offender-on-offender sexual assault, offender-on-offender sexual abuse and staff sexual misconduct. There were no offenders placed into segregated housing following submission of an allegation.

The auditor reviewed the movements of the offenders who were alleged victims. It was confirmed that no victims were placed into segregation following a report of sexual abuse or sexual harassment.

During an interview the Superintendent stated that use of segregation would only be used as a last resort and would only be placed there while a transfer to another facility has been arranged. During the reporting period there has not been an offender who has suffered from sexual abuse been placed into segregation. This was confirmed during an interview with a staff member who supervises offenders in segregation.

**The facility is in compliance with the provision of the standard.**

**INVESTIGATIONS**

**Standard 115.71: Criminal and administrative agency investigations**

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

**115.71 (a)**

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



#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? X Yes  No

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

### 115.71 (g)

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

### 115.71 (h)

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

### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? X Yes  No

### 115.71 (j)

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

### 115.71 (k)

- Auditor is not required to audit this provision.

### 115.71 (l)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must*

be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

**Evidence Reviewed (documents, interviews, site review):**

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 490.860 Prison Rape Elimination Act (PREA) Investigation (14 pages)
  - b. WADOC 420.365 Work Release Only (5 pages)
  - c. WADOC 420.375 Prisons Only (6 pages)
  - d. WADOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (17 pages)
  - e. WADOC 400.360 Polygraph Testing of Offenders (7 pages)
- 4) Facility Case log of all investigations opened and closed during reporting period
- 5) List of all PREA Investigators Training
- 6) List of all case Datasheets showing the assigned Investigator
- 7) Investigator Curriculum
- 8) Mutual Aid Agreement with Washington State Patrol
- 9) Appointing Authority Training Curriculum
- 10) Local Review Committee Tracking
- 11) DOC 02-383 Local PREA Investigation Review Checklist
- 12) State Record Retention Schedule
- 13) Interview with the following:
  - a. Investigator
  - b. Superintendent
  - d. PREA Coordinator
  - e. PREA Compliance Manager

**Findings (by Subsection):**

**Subsection (a)(b)(c)(d)(e)(f)(g)(h)(i)(j):** WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 2) states “The department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the department.”

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 11) states “PREA investigators will be trained in: 1) Crime Scene management/investigations, including evidence collection in Prisons and Work Releases 2) Confidentiality of all investigation information 3) Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process 4) Crisis intervention 5) Investigating Sexual Misconduct 6) techniques for interview sexual misconduct victims and 7) Criteria and evidence required to substantiate administrative action or prosecution referral.”

WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 2) states “Investigations will be completed even if the offender is no longer under the Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department.”

In a memo to the auditor, LCC stated when sexual abuse is alleged, only those staff that have completed specially designed investigator training are assigned to investigate. If an investigation is under the responsibility of an Appointing Authority other than the facility Superintendent or is an investigation of a sensitive nature, the investigation may be assigned to a trained investigator outside the facility.

Investigators within the WADOC are trained to complete reports detailing all facts available regarding a PREA Allegation. In order to ensure neutrality and consistency in sanction application, the investigator remains separate from the finding process. The finding process employed is as followed:

- The assigned investigator submits the investigation report to the Appointing Authority to review for completeness.
- Once the investigation is determined to be complete, the Appointing Authority reviews evidence, witness testimony, and prior complaints and reports of sexual misconduct.
- The Appointing Authority determines if the allegations are substantiated, unsubstantiated, or unfounded based upon a preponderance of the evidence.

Appointing Authorities are required to complete PREA training specific to their role. They are also required to complete the same training provided to all PREA Investigators, to ensure a thorough working knowledge of the investigation process.

The Appointing Authority assesses the credibility of all witnesses involved in the investigation and detail justifications for findings on the finding sheet included with each investigation report.

During the review process, Appointing Authorities informally review standard elements. If the investigation involved an allegation of offender sexual assault or abuse or staff sexual misconduct and results in a substantiated or unsubstantiated finding, a formal local review process is implemented documenting the review of these elements. Once the review is completed, the decisions of the review committee would be documented on the WADOC Form 02-383 *Local PREA Investigation Review Checklist*.

WADOC does not have statutory authority to conduct criminal investigations as no staff members are authorized for law enforcement certification. As a result, WADOC conducts only administrative investigations. All PREA allegations that appear to be criminal in nature are referred to local law enforcement or the Washington State Patrol for investigation. Referrals are documented utilizing DOC Form 03-505 *Law Enforcement Referral of PREA Allegation*. WADOC will only conduct compelled interviews after the local law enforcement or the Washington State Patrol have completed their investigation or decline to investigate.

All law enforcement agencies are required to provide the Appointing Authority of the requesting facility with a copy of the investigation report once any criminal investigation has been completed. The WADOC PREA investigation process is posted on the agency’s public website.

During an interview with the Superintendent she stated that she has a very good working relationship with law enforcement. If there were a case that had a criminal nexus, they would keep her informed and provide written reports as the investigation is ongoing. This was confirmed during an interview with the PREA Coordinator.

During an interview with an investigator, he stated that an investigation starts within a few days of an allegation. Anonymous and third parties reports are handled the same as all other investigations. When an allegation is made, the PREA Triage unit will send the investigation to the Appointing Authority. The Appointing Authority will assign the case to an investigator. The investigator will begin to gather evidence, and conduct interviews. An investigative report is prepared and the Appointing Authority will determine the finding based on a preponderance of evidence. If there is a criminal nexus to the case, he would continue the administrative investigation once law enforcement has completed their interviews.

No offenders who reported an allegation were housed at the facility. They have since been transferred to other facilities or have discharged from the Department of Corrections. Therefore no interview was conducted.

No Department of Justice component conducts investigations within the WADOC.

LCC reports that WADOC has the following record retention system as follows:

- A designee of the applicable Appointing Authority maintains all hard copy investigation reports for a period of five years.
- The agency PREA Unit maintains electronic versions of all investigative reports. These are maintained on a secure server and are organized according to the year the investigation was closed.
- The electronic records are maintained for period of fifty (50) years according to state record archive requirements.
- At the end of the retention period, all electronic records will be reviewed for employment an incarceration status prior to destruction.

	Administrative Cases	Criminal Cases
<b>Sexual Abuse:</b>		
Pending Cases	3	0
Closed Cases	10	0
<b>Sexual Harassment:</b>		
Pending Cases	0	0
Closed Cases	6	0
<b>Total Cases</b>	19	
<b>Dispositions: Administrative Cases</b>		
Substantiated	0	0
Unsubstantiated	5	0
Unfounded	9	0
<b>Dispositions: Criminal Cases</b>		
Referred to Prosecutor	0	0
Prosecution Refused	0	0
Indictment	0	0

Conviction	0	0
Acquittal	0	0

**The facility is in compliance with this standard.**

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

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

**115.72 (a)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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**Evidence Reviewed (documents, interviews, site review):**

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy: WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
- 4) Appointing Authority Curriculum regarding level of proof for investigations
- 5) Interview with the following: Superintendent

## Findings (by Subsection):

**Subsection (a):** WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 4) states “For each allegation in the report the Appointing Authority will determine whether the allegation is: (1) substantiated: the allegation was determined to have occurred by a preponderance of the evidence.”

RCW 72.09.225 *Sexual Misconduct by State Employees, Contractors* states “the secretary shall immediately institute proceedings to terminate the employment of any person: (a) who is found by the department, based on a preponderance of the evidence, to have had sexual intercourse or sexual contact with the inmate.”

In a memo to the auditor, LCC stated investigators within the WADOC are trained to complete reports detailing all facts available regarding a PREA allegation. In order to ensure neutrality and consistency in sanction application, the investigator remains separate from the finding process. The finding process is as follows:

- The assigned investigator submits the report of investigation to the Appointing Authority to review for completeness.
- Once the investigation is determined to be complete, the Appointing Authority reviews evidence, witness testimony and prior complaints/reports of sexual misconduct. The Appointing Authority also assesses the credibility of all witnesses involved in the investigation.
- The Appointing Authority determines if the allegations are substantiated, unsubstantiated or unfounded based on a preponderance of the evidence.

Appointing Authorities are required to complete training specific to their role as a decision maker in these investigations. They are always required to complete investigator training, the same training provided to all PREA investigators, to ensure a thorough working knowledge of the investigation process.

The auditor did review the training curriculum for the Appointing Authority. The curriculum goes over the determination findings and “no standard higher than preponderance of evidence is to be used in determining whether allegations are substantiated.”

During an interview with the Superintendent she confirmed that the findings on allegations are based on a preponderance of evidence.

A review of all allegation reported during the reporting period indicates that the standard is not higher than a preponderance of the evidence.

**The facility is in compliance with this provision of the standard.**

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

#### 115.73 (d)

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



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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*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.*

#### Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy: WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (17 pages)
- 4) Case datasheet highlighting verification of offender victim notification.
- 5) Interviews with the following:
  - a. Superintendent
  - c. Investigative Staff

### **Additional Documentation Reviewed:**

1. Memo from the Superintendent regarding process for notification to victims

### **Findings (by Subsection):**

**Subsection (a):** WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 3) states “The Appointing Authority/designee of the facility where the offender is housed will inform the offender of the findings in person, in confidential manner.”

In a memo to the auditor, LCC stated that WADOC policy requires the named offender victim is notified in person, in a confidential manner or in writing if the offender has been released. How the offender is notified and by whom is documented on DOC 02-378 *Investigative Finding Sheet*. These finding sheets are included in the final investigation report packet.

Criminal Investigations are conducted by law enforcement officials at either the city or county level, depending on the location of the facility. Additionally the Washington State Patrol can be contacted to conduct or assist with a criminal investigation. Any criminal investigation conducted by a law enforcement entity is forwarded to the Appointing Authority responsible for the investigation. The Appointing Authority, in consultation with law enforcement officials, will also ensure an administrative investigation is completed. The Appointing Authority will then determine investigation findings based on evidence, witness testimony, prior complaints/reports, and witness credibility. These findings are documented on the investigative finding sheet along with documentation of notification to the victim offender.

During the documentation period the facility reported a total of sixteen (16) cases had been closed. The auditor reviewed all sixteen (16) cases. Twelve (12) victims were notified in person and it was documented. One (1) case reviewed had three (3) victims, five (5) cases the victim was unknown and one (1) case, the victim had been discharged and there was not a forwarding address.

During an interview with an investigator, he stated that most notifications are done in person and the time and where the offender was informed is documented.

During an interview with the Superintendent, she confirmed the process and stated that many of the notifications are completed in person and documented.

### **The facility is in compliance with this provision of the standard.**

**Subsection (b):** WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 3) states “All allegations that appear to be criminal in nature will be referred to law enforcement for investigation....”

In a memo to the auditor, LCC stated any criminal investigation conducted by a law enforcement entity is forwarded to the Appointing Authority responsible for the investigation. The Appointing Authority, in consultation with law enforcement officials, will also ensure an administrative investigation is completed, The Appointing Authority will then determine investigation findings based on evidence, witness, testimony, prior complaints and reports, and witness credibility.

These findings are documented on the investigative finding sheet along with documentation of notification to the victim offender.

LCC reported there were no referrals made to law enforcement during the reporting period. In review of the investigations, the auditor did confirm that there were no referrals made to law enforcement.

During an interview with the Superintendent, she stated that she is aware that the offender is to be notified on the outcome of a criminal case; however the facility has not had any allegations that had to be reviewed to law enforcement.

**The facility is in compliance with this provision of the standard.**

**Subsection (c)(d)(e)(f):** WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation*, states “The Department will make the following notifications, in writing, to alleged victims until they are no longer under the Department jurisdiction:

1. Offender-on-Offender Allegations of Sexual Assault or Abuse
  - a. The alleged victim will be notified if the department learns that the accused has been indicted on or convicted of a charge related to sexual assault or abuse within the facility.
  - b. The PREA Coordinator/designee will track all cases and make the required notifications.
2. Substantiated/Unsubstantiated Allegations of Staff Sexual Misconduct against employees
  - a. The alleged victim will be notified:
    1. When the accused employee is no longer regularly assigned to the offender’s housing unit,
    2. When the accused employee is no longer works at the same facility as the offender and
    3. If the department learns that the accused employee has been indicted on or convicted of any charge related to staff misconduct within the facility.
  - b. The Appointing Authority/designee will track all cases, make required notifications, and forward copies to the PREA Coordinator.

In a memo to the auditor, LCC states all post investigations are tracked and the entry moved to an inactive portion of the tracking document if the offender is released, the offender is deceased; the staff member is no longer employed by the agency, etc.

During the preparation for this audit, LCC learned that the provision of applicable on-going notifications were inconsistent over the past four years in how they were delivered and the content. As a result, amended notifications were made.

The facility had no on-going notifications, during this reporting period. Therefore there is no documentation to review to prove compliance.

**Corrective Action:** The facility shall develop and implement a process, where the offender is notified of the movement of the alleged perpetrator. The facility will conduct training with the staff to ensure they understand the process.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended correction action for this provision and agreed upon a plan with assigned dates for completion. The issue of inconsistent notifications was identified during a mock audit of the facility. As a result amended notifications were issued. The Superintendent outlined the process in a memo, dated May 2, 2019. The Human Resource staff will inform the PREA Compliance Manager of any updates, regarding discipline of staff, to include if there are any criminal charges filed, indictment or a conviction. The PCM will make proper notification to the victim. During the corrective action period, the facility did not have any allegations that required victim notification. Therefore there is no documentation to review to ensure the established process is effective. However the auditor is confident that the established process will be followed in future allegations.

**The facility is in compliance with this provision of the standard.**

<b>DISCIPLINE</b>
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**Standard 115.76: Disciplinary sanctions for staff**

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

**115.76 (a)**

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

**115.76 (b)**

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

**115.76 (c)**

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

## 115.76 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
  - b. WADOC 490.860 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17) pages
  - c. WADOC 450.050 *Prohibited Contact* (5 pages)
- 4) RCW 72.09.225 State Law regarding Custodial Sexual Misconduct
- 5) WAC 357.40.010 regarding Disciplinary Actions Appointing Authority may take for just cause
- 6) Memo from WADOC Secretary regarding WADOC Disciplinary Processes and presumptive discipline
- 7) Case Datasheet detailing all investigations involving employees during the reporting period

**Findings (by Subsection):**

**Subsection (a)(b)(c)(d):** WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 2) states “The department has zero tolerance for all forms of sexual misconduct. The department will impose disciplinary sanctions for such conduct, up to and including dismissal for staff. Incidents of sexual misconduct will be referred for criminal prosecution when appropriate”

WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigations* (page 8) states “Employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies.”

WAC 357-40-010 states “An Appointing Authority may dismiss, suspend without pay, demote, or reduce the base salary of a permanent employee under his/her jurisdiction for just cause.”

A memo from WADOC Secretary to the Auditor states “Agency Human Resource policies do not specify termination as a presumption discipline in instances of sexual abuse. However RCW 72.09.225 “Sexual Misconduct by state employees, contractors” states in relevant part: “The Secretary shall immediately institute proceedings to terminate the employment of any person: (a) who is found by the department, based on preponderance of evidence, to have had sexual intercourse or sexual contact with the inmate; or (b) Upon a guilty plea or conviction for any crime specified in Chapter 9A.44 RCW when the victim was an inmate.”

In a memo to the auditor, LCC stated during the audit documentation period, there have been no substantiated investigations involving agency employees. However, had a substantiated investigation occurred, the Appointing Authority would have followed agency policies and disciplinary sanctions, up to and including dismissal would be imposed.

**The facility is in compliance with this provision of the standard.**

**Standard 115.77: Corrective action for contractors and volunteers**

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

**115.77 (a)**

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

## 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 450.050 *Prohibited Contact* (5 pages)
  - b. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
- 4) RCW 72.09.225
- 5) Memo Regarding Volunteer Background checks date 5-8-2017
- 6) LCC Database, detailing all investigation involving contractors or volunteers
- 7) Interview with the following: Superintendent

### Findings (by Subsection):

**Subsection (a)(b):** WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 2) states "The department has zero tolerance for all forms of sexual misconduct. The department will impose disciplinary sanctions for such conduct, up to and including dismissal for staff. Incidents of sexual misconduct will be referred for criminal prosecution when appropriate"

WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigations* (page 8) states "Contract staff and volunteers who are found to have committed staff sexual misconduct will be terminated"

from service and prohibited from contact with offenders. For any violation of Department PREA policies, appropriate action will be taken (1) for contract staff terminations.” and

“When a substantiated allegation is criminal in nature, the Appointing Authority/Designee will notify: 1) law enforcement, unless such referral was made previously during the course of the investigation and 2) relevant licensing bodies.”

A memo from WADOC Secretary to the Auditor states “Agency Human Resource policies do not specify termination as a presumption discipline in instances of sexual abuse. However RCW 72.09.225 “Sexual Misconduct by state employees, contractors” states in relevant part: “The Secretary shall immediately institute proceedings to terminate the employment of any person: (a) who is found by the department, based on preponderance of evidence, to have had sexual intercourse or sexual contact with the inmate; or (b) Upon a guilty plea or conviction for any crime specified in Chapter 9A.44 RCW when the victim was an inmate.”

In a memo to the auditor, LCC stated during the audit documentation period, there have been no substantiated investigations involving contractors or volunteers. However, if an incident were to occur, the Appointing Authority would have followed agency policies and facility access would have been restricted and programming participation terminated.

A review of all investigation indicated that during the reporting period there were two (2) cases involving contract staff. One case was determined unfounded and one was unsubstantiated. There were no substantiated cases involving contract staff or volunteers.

During an interview with the Superintendent she stated that if there is an allegation against contract staff or a volunteer, they would be removed from the facility pending the investigation. If substantiated the contract staff or volunteer would not be allowed to return to the facility.

**The facility is in compliance with this standard.**

## **Standard 115.78: Disciplinary sanctions for inmates**

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

#### **115.78 (a)**

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



**115.78 (b)**

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

**115.78 (c)**

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

**115.78 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? X Yes  No

**115.78 (e)**

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

**115.78 (f)**

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

**115.78 (g)**

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

**Auditor Overall Compliance Determination**

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

## Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 460.000 *Disciplinary Process for Prisons* (15 pages)
  - b. WADOC 460.050 *Disciplinary Sanctions* (6 pages)
  - c. WADOC 460.135 *Disciplinary Procedures for Work Release* (10 pages)
  - d. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
  - e. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
- 4) WAC 137.28 Prison Discipline
- 5) WAC 137.28-360 Sanctions and Mental Status
- 6) LCC 2017 Database
- 7) Interviews with the following:
  - a. Superintendent
  - b. Medical and Mental Health Staff

### Findings (by Subsection):

**Subsection (a)(b)(c)(d)(e)(f)(g):** LCC stated in the PAQ that offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative find that an inmate engaged in inmate-on-inmate sexual abuse.

WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 9) states "for substantiated allegations against an offender, an infraction must be written against the perpetrator for the applicable violation listed"

WADOC 460.050 *Disciplinary Sanctions* (page 2) states "The offender's disciplinary record, prior conduct, mental status, overall facility adjustment and employee/contract staff recommendations may be considered."

WAC 137.28.360 *Sanctions and Mental Status* states "In determining an appropriate sanction, the hearing officer should consider the inmate's mental health and his/her intellectual, emotion and maturity levels and what effect a particular sanction might have on the inmate in light of such

factors. The hearing officer may request the assistance of other department staff, including mental health staff, in determining appropriate sanctions.”

In a memo to the auditor, LCC stated during the audit documentation period there have been no substantiated investigations involving offenders. However, if a substantiated investigation were to occur, the perpetrator would be subject to formal disciplinary process and referral for criminal investigation, if applicable. The mental health status or disabilities would be taken into consideration.

WADOC policy prohibits offenders from being disciplined for a report made in good faith, indicating that this does not constitute providing false information, even if the investigation does not establish sufficient evidence to substantiate an allegation.

WADOC policy allows for offenders to be found guilty of infractions:

- 635- Committing a Sexual Assault against another Offender
- 637- Committing Sexual Abuse against another Offender
- 659- Committing Sexual Harassment against another Offender

Violations may be sanctioned to a Multi-Disciplinary Facility Risk Management Team for consideration of available interventions (e.g., mental health therapy, sex offender treatment program or anger management).

WADOC policy defines PREA-related prohibited behaviors. Consensual sexual activity between offenders is not included in the definitions. Such activity is prohibited by regulation, but is not considered PREA related unless there is a determination that coercion has occurred in which case the allegation would be investigated as offender–on–offender sexual assault.

During the reporting period LCC reported nine (9) unfounded allegations, the auditor reviewed the disciplinary history of seven (7) offenders who reported an allegation. The offenders had not received a disciplinary report following an unfounded finding.

During an interview with the Superintendent, she stated that if discipline is warranted, she decides the sanctions based on “sanctioning guidelines”. It is required by law that she must consider the offenders mental disabilities when determining the sanctions.

During an interview with a member for the mental health staff, it was stated that they have not had an offender that was required to attend therapy or counseling based on a disciplinary report, during this reporting period.

**The facility is in compliance with this provision of the standard.**

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

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

##### 115.81 (b)

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

##### 115.81 (c)

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

##### 115.81 (d)

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

##### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? X 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.*

## Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (12 Pages)
  - b. WADOC *Mental Health Services* (12 pages)
  - c. WADOC 610.025 *Health Services Management of Offender in cases of Alleged Sexual Misconduct* (8 pages)
  - d. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
- 4) List of Offenders who indicated "yes" to applicable questions on the PREA Risk Assessment
- 5) Samples of Form 13-509 PREA Mental Health Notification who declined a follow up
- 6) Samples of Form 13-509 PREA Mental Health Notification who requested a follow up
- 7) Health Information Management Protocols
- 8) ITJS Samples
- 9) Samples of Sign Consent Forms 13-035 Authorization for Disclosure of Health Information
- 10) Interviews with the following:
  - a. Staff responsible for conduct Screening
  - b. Inmates who disclosed sexual victimization at Risk Screening

## Findings (by Subsection):

**Subsection (a)(b):** WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 7) states “At the time the PREA is completed, Classification Counselors will complete referrals for mental health services using DOC 13-509 *PREA Mental Health Notification* if the screen indicates that the offender has perpetrated sexual abuse and/or has experienced prior sexual victimization, whether in an instructional setting or in the community.” and

“The referring employee will ask the offender if s/he wishes to meet with a mental health provider as a result of the PRA information and will document the offender’s response on the DOC 13-509 *PREA Mental Health Notification*.”

In a memo to the auditor, LCC stated the WADOC completes PREA Risk Assessments in the OMNI. If the offender scores yes for any of the applicable identified questions, the individual completing the assessment completes a 13-509 *PREA Mental Health Notification* form, documenting whether the offender wishes a follow up meeting with a mental health practitioner. If the offender declines, the declination is documented, and a copy of the notification form is filed in the offender’s health record. If the offender indicates that he wished to be seen by mental health, the notification form is forwarded to Health Services for scheduling within 14 days of the assessment. The practitioner will document on the form when the offender was seen and send the form, and is maintained in the offender’s health record.

While preparing for this audit it was discovered that LCC did not have a consistent practice to track offenders required completion of the 13-509 referral and whether or not they wished to be seen by Mental Health. In November 2017, Classification Counselors audited their caseloads and completed new PRA’s for the offenders that answered yes to the questions that would have triggered a 13-509 submittal, although it was beyond the timeframes established by the standards. In March 2018, LCC hired a full time Mental Health Provider. When an offender requests to be seen by a Mental Health provider the 13-509 it will be forwarded to the on-site provider for an appointment.

This auditor reviewed the report of offenders that stated “yes” to questions in the PRA. The facility also attached thirty-five (35) samples of the 13-509 that indicated the offender was offered Mental Health services and declined and ten (10) samples of the 13-509 indicating that the offender did want Mental Health Services. The form indicates the date the offender was seen by Mental Health.

The auditor randomly selected fifty (50) offender files to review. During the review there were ten (10) offenders who had experienced prior victimizations and all were offered mental health within fourteen (14) days, with the exception of one (1). The facility did explain the circumstances regarding this case.

In conducting interviews with three (3) offenders who disclosed prior victimization, all stated that at the time of their risk assessment they were offered mental health and declined.

During an interview with a counselor who performs the risk assessments, he stated that if an offender reports prior victimization, the offender is offered mental health the same day of the assessment and it is documented.

**The facility is in compliance with this provision of the standard.**

**Subsection (c):** This provision applies only to Jail facilities. WADOC does not operate jail facilities.

**The facility is in compliance with this provision of the standard.**

**Subsection (d)(e):** WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 2) states “Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation

WADOC 610.025 *Health Services Management of Offenders in cases of Alleged Sexual Misconduct* (page 2) states “Medical and mental health practitioners will obtain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

*Health Information Management Protocols* states “Health Services, and Health Services staff shall act with integrity and professional responsibility to: (a) Ensure that health information is maintained properly; this is personal and sensitive information that if improperly used or released may do significant harm to the patient’s privacy....(c) ensure that health information is not improperly disclosed and that there are clear and certain rules for the disclosure of health information in order to retain the full trust and confidence of patients.”

In a memo to the auditor, LCC stated WADOC procedures regarding the limited sharing of information related to sexual victimization or abuse that occurred in an institutional setting:

- All health information related to the evaluation and subsequent follow up care will be confidential. Information will be disclosed per the Health Record Guidelines (610.25 VI C)(DOC 640.020 I C 2)
- Health Services will disseminate specific information concerning an offender’s health status to other facility employee/contact staff only when the Health Authority has determined it is essential for management of the offender’s health and safety.

The auditor reviewed an email from a Psych Associate that stated “there has not been an incident of PREA activity that has occurred in which I was responsible for reporting the incident nor an incident of PREA activity in which I have had to share information with other staff to ensure the safety or treatment of one of our offenders. Due to the lack of an incident of PREA activity, I have not obtained releases of information from any offender in order to share his HIPPA information with staff.”

During an interview with mental health staff, it was reported that in order to share information they must obtain consent from the offender. There has not been an issue during the reporting period in which, they needed to obtain consent.

**The facility is in compliance with this provision of the standard.**

## Standard 115.82: Access to emergency medical and mental health services

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

#### 115.82 (a)

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

#### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? X Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? X Yes  No

#### 115.82 (c)

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

#### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must*



be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

**Evidence Reviewed (documents, interviews, site review):**

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
  - b. WADOC 600.000 *Health Services Management* (10 pages)
  - c. WADOC 600.025 *Health Care Co-Payment Program* (3 pages)
  - d. WADOC 610.300 *Health Services for Work Release Offenders* (3 Pages)
- 4) Interviews with the following:
  - a. First Responders
  - b. Medical and Mental Health
  - c. Inmates who reported Sexual Abuse

**Findings (by Subsection):**

**Subsection (a)(b)(c)(d):** WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 6) states “Forensic exams will be performed only at designated health care facilities in the community by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. If SAFE/SANE is not available, the examination can be performed by a qualified medical practitioner.”

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (6 page) states “Victims in all cases of reported sexual misconduct, regardless of who the misconduct is reported to, will receive immediate medical and mental health services per DOC 610.025 *Health Services Management of Offender in Cases of Alleged Sexual Assault.*” and “All medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender”

In a memo to the auditor, LCC stated WADOC has developed partnerships with identified community health care facilities and sexual assault programs for the provision of designated services and support. Administrators from LCC have met with community hospital administrators to develop procedures and agreements in advance of the need for any forensic medical examination. The agency has also issued directives to the Health Services staff regarding actions to be taken in the event a SAFE/SANE is not available at designated facilities. LCC is partnered with Peace Health Vancouver .

WADOC has established an Interagency Agreement with the Department of Commerce Office of Crime Victims Advocacy. The purpose of this agreement is to provide advocacy services in furtherance or the DOC’s compliance with the Prison Rape Elimination Act (PREA). The services provided include crisis intervention, assessment of needs, referrals to additional resources, medical advocacy and legal advocacy. Medical advocacy includes accompaniment to medical forensic exam, explanation of the exam proceeding, presence and support for incarcerated

individuals who have undergone a sexual assault forensic medical exam during investigatory interviews, depositions and other legal proceedings.

The statewide Offender Handbook states “Offenders will not be charged for any immediate or ongoing medical and mental health care related to a PREA allegation. Medical care will address any injuries that happened as a result of abuse or assault and may also include emergency contraception and tests for and/or treatment of sexually transmitted infections. Mental Health providers will help you address trauma, stress, and any other issues you may have experienced as a result of sexual misconduct.”

LCC reported that during the documentation period there has been no instance that indicated or required a forensic medical exam.

During an interview with the YWCA Director of Sexual Assault Program she stated there is a sub-grant partnership between YWCA and OCVA for advocacy services. The services include but are not limited to providing emotional support through a SANE exam, investigative interviews, court appearances, phone advocacy and in-person advocacy. The Director confirmed that their services have not been needed due to an incident of sexual assault in the past twelve months.

During an interview with medical staff, it was confirmed that if an offender was sexually abused or assaulted they would be offered contraception, sexually transmitted prophylaxis. All medical treatment is documented in the offender’s medical file.

**The facility is in compliance with the provisions of this standard.**

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

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

**115.83 (a)**

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

**115.83 (b)**

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

**115.83 (c)**

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

**115.83 (d)**

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

**115.83 (e)**

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

**115.83 (f)**

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

**115.83 (g)**

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

**115.83 (h)**

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) X 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.*

## Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
  - b. WADOC 600.000 *Health Services Management* (10 pages)
  - c. WADOC 600.025 *Health Care Co-Payment Program* (8 pages)
  - d. WADOC 610.300 *Health Services for Work Release Offenders* (8 pages)
  - e. WADOC 610.025 *Health Services of Offenders in cases of Alleged Sexual Misconduct* (8 pages)
  - f. WADOC 630.500 *Mental Health Services* (12 pages)
- 4) Interviews with the following:
  - a. Medical and Mental Health
  - b. Inmate who reported a sexual abuse

## Findings (by Subsection):

**Subsection (a)(b)(c)(f)(g):** WADOC *Prison Rape Elimination Act (PREA) Response* (page 10) states "Offenders housed in facilities with onsite health services will received timely access to medical and mental health services per DOC 610.025 *Health Services of Offenders in Cases of Alleged Sexual Misconduct*."

WADOC 610.025 *Health Services of Offenders in Cases of Alleged Sexual Misconduct* (page 3) states "When an offender reports that he has been a victim of sexual misconduct, he will be offered medical and mental health treatment services..."

WADOC 600.000 *Health Services Management* (page 2) states “Medical and Mental health services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* will be provided at no cost to the offender”

The Statewide Offender Handbook states “Victims will receive immediate emergency and ongoing medical, mental health and support services as needed” and “Offenders will not be charged for any immediate or ongoing medical and mental health care related to a PREA allegation.

In a memo to the auditor, LCC stated when an allegation is reported to the Shift Commander, the offender is referred to medical as necessary and asked if they want to see a mental health provider. This is documented in the *PREA Response and Containment Checklist*. Mental Health referrals are made by use of the DOC 13-508 *PREA Mental Health Notification* form, which also documents the offender’s declination of services if applicable.

While preparing for this audit it was discovered that there was not a consistent practice that ensured compliance with the medical and mental health referral portion of this standard. On April 18, 2018 a directive was issued to all staff requiring an offender who reports sexual assault and/or staff sexual misconduct to be appropriately referred and offered treatment. Since the directive was implemented, the facility reported that there have not been any allegations received that indicated the need for a referral.

This auditor reviewed the report of offenders that stated “yes” to prior victimization in the PRA. The facility also provided thirty-five (35) samples of the 13-509 that indicated the offender was offered Mental Health services and declined and ten (10) samples of the 13-509 indicating that the offender did want Mental Health Services. The form indicates the date the offender was seen by Mental Health.

The auditor randomly selected fifty (50) offender files to review. During the review there were ten (10) offenders who had experienced prior victimization and all were offered mental health within fourteen (14) days, with the exception of one (1). The facility did explain the circumstances regarding this case.

**The facility is in compliance with this provision of the standard.**

**Subsection (d)(e):** WADOC 610.025 *Mental Health Services Management of Offenders in cases of Alleged Sexual Misconduct* (page 6) states “Mental Health professionals will attempt to conduct a mental health evaluation within 60 days of receiving the information for all offenders who have been identified as the perpetrator in substantiated allegations of sexual assault and/or sexual abuse, both within the Department and from other jurisdictions unless one has already been conducted for the specific allegation.”

Larch Corrections Center houses only adult male offenders. This provision of the standard would not apply.

**The facility is in compliance with this provision of the standard.**

**Subsection (h):** In a memo to the auditor, LCC stated that during the documentation period there have not been any investigations for substantiate allegations of offender-on-offender sexual assault and/or sexual abuse. If such a situation would occur, a mental health referral would be forwarded for the perpetrator, who would be scheduled for an evaluation to be completed with the timeframe.

If the agency learned of substantiated allegations of assault or abuse committed by an offender in another jurisdiction, the offender would also be referred for a mental health evaluation as soon as the information is obtained. The offender's PREA Risk Assessment would also be reviewed to ensure the newly learned information was added and housing assignments reviewed accordingly. During the audit period LCC did not receive any substantiated information from another jurisdiction.

**The facility is in compliance with this provision of the standard.**

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

##### 115.86 (a)

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

##### 115.86 (b)

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

##### 115.86 (c)

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

##### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? X 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? X 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? X Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? X Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? X Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? X Yes  No

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy: WADOC 490860 Prison Rape Elimination Act (PREA) Investigation (14 pages)

## Findings (by Subsection):

**Subsection (a)(b)(c)(d)(e):** WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 8) states “for each substantiated or unsubstantiated finding of offender-on-offender sexual abuse and staff misconduct, the Appointing Authority/designee will convene a local PREA Review Committee to examine the case.” and “the committee will meet every 30 days, or as needed”

“The committee will be multidisciplinary and include facility management, with input for supervisors, investigator and/or medical/mental health practitioners.”

In a memo to the auditor, LCC stated the Local Review Committee is scheduled by the Superintendent as needed in response to completed investigations, within 30 days of findings made by the Appointing Authority. The committee is generally made up of the following individuals:

- Superintendent
- CPM
- Lieutenant
- Medical

Elements required by the standard are documented in DOC form 02-383 *Local PREA Investigation Review Checklist*. The form is reviewed and signed by the Appointing Authority and any identified action items are implemented and tracked as applicable.

During the audit documentation period, the following Staff Sexual Misconduct and Offender-on-Offender Sexual Assault and Abuse investigations resulted in a substantiated or unsubstantiated finding and therefore required a local review committee.

- 16-16192
- 17-17021
- 17-17338
- 17-16612
- 17-16619

The auditor reviewed DOC form 02-383 *Local PREA Investigation Review Checklist* all elements of this standard were included on the form to which includes:

- A need for change in policy or practice
- Was the incident motivated by Race
- Assess whether physical barriers in the area enabled the abuse
- Assess adequate staffing levels
- Assess whether video monitoring should be deployed

The form indicates the date it is submitted to the PREA Coordinator. The auditor reviewed all the investigations that were alleged during the reporting period. A sexual abuse incident review was completed within thirty (30) days of the finding. The facility not only completes the review for unsubstantiated case but completes the review for unfounded cases as well.



**The facility is in compliance with the provision of the standard.**

### **Standard 115.87: Data collection**

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

##### **115.87 (a)**

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

##### **115.87 (b)**

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

##### **115.87 (c)**

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

##### **115.87 (d)**

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

##### **115.87 (e)**

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

##### **115.87 (f)**

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

## Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy: WADOC 490.860 Prison Rape Elimination Act (PREA) Investigator (14 pages)
- 4) 2016 SSV

## Findings (by Subsection):

**Subsection (a)(b)(c)(d)(e)(f):** WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 12) states, "Data will be aggregated at least annually and include available information from investigation reports and incident review committees, as well as from each private facility contracted to confine or house Department offenders."

In a memo to the auditor, LCC stated WADOC has established a PREA allegation and case database with OMNI. This system allows for the standardized collection of the following data elements:

- Case Outcomes and sanctions
- Accused (gender, race, age, height, weight) if the accused is an offender
- Investigation participants (witnesses, victim, accused, and reporter)
- Source of allegation
- Location
- Date allegation was received
- Date and time of the incident
- Type of Allegation
- Individual reporting the information
- Date and time reported

- Who the information was reported to
- Incident description
- Investigation Finding
- Alleged Victim (gender, race, age, height, weight) if the victim is an offender
- Referral (Law Enforcement, prosecution, licensing body)
- Disposition of Referral (Law Enforcement, prosecution, licensing body)
- Case notes

The Annual Agency PREA report from the previous calendar year, including identified agency and facility level issues and corresponding action/strategic plans and is accessible on the website. These reports contain both agency level and facility specific accurate and uniform data for every allegation of sexual misconduct for each calendar year.

The auditor did review the website and all reports and audits are accessible on the agency website. The agency completed and submitted the 2016 Sexual Victimization Survey to the Department of Justice.

**The facility is in compliance with the provisions of this standard.**

#### **Standard 115.88: Data review for corrective action**

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

#### **115.88 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? X Yes  
No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? X Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? X Yes  
No

### 115.88 (b)

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

### 115.88 (c)

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

### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy: WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigator* (14 pages)

**Findings (by Subsection):**

**Subsection (a)(b)(c)(d)(e)(f):** WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 12) states “The PREA Coordinator will generate an annual report of findings. 1) The report will include:

- a. An analysis of PREA prevention and response for the Department and for each facility, including high-level summary information and detailed facility data analysis.
- b. Findings and corrective actions at each facility and Department levels
- c. An assessment of the Department’s progress in addressing sexual misconduct, including a comparison with data and corrective actions from previous years

2) The report requires the Secretary’s approval. Approved reports will be available to the public through the Department’s website.

- a. Information may be redacted from the report when publication would present a clear and specific threat to facility security, but the report must indicate the nature of the material redacted.

In a memo to the auditor, LCC stated the Annual Agency PREA report from the previous calendar year, including identified agency and facility level issues and corresponding action/strategic plans, are accessible at <http://www.wa.gov.corre4ctions/prea/resources.htm#reports>. Reports beginning with calendar 2013 are also available. None of the reports to date include information that has been redacted due to safety and security.

The auditor did review the website and all reports and audits accessible on the agency website. The agency completed and submitted the 2016 Sexual Victimization Survey to the Department of Justice.

**The facility is in compliance with the provisions of this standard.**

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

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

**115.89 (a)**

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

**115.89 (b)**

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

### 115.89 (c)

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

### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents, interviews, site review):

- 1) LCC completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
  - a. WADOC 280.310 *Information Technology Security* (7 pages)
  - b. WADOC 280.515 *Electronic Data Classification* (5 pages)
  - c. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
- 4) OMNI PREA access table
- 5) WADOC Public Website
- 6) Records Retention Schedule

## Findings (by Subsection):

**Subsection (a)(b)(c)(d):** WADOC 280.310 *Information Technology Security* (page 2) states “Department Information Technology (IT) resources are Department property, and the Department is obligated to protect them. The Department will take physical and technical precautions to prevent misuse, and accidental damage to IT resources, including equipment and data. IT use and access must follow state law, regulations, and the Department policies and IT Security Standards”

In a memo to the auditor, LCC stated the following systems are in place to ensure restricted access to all PREA Allegations, investigation, and related data within the WADOC:

- All allegations are reported via the Incident Management Report System (IMRS) within the Offender Management Network Information (OMNI) system. Access to any IMRS regarding PREA is restricted and confidential a limited to only those staff with a need to know. Access to this system is reviewed by the agency’s Emergency Operations Administrator to ensure access is essential to PREA related responsibilities.
- The PREA database within OMNI is the primary source of information regarding allegations and investigations. Access is limited to:
  - Agency Executive administrators
  - Appointing Authorities
  - Facility staff to include Associate Superintendents, Captains, Human Resource, Shift Commander, Intelligence and Investigation Chiefs, and staff designated to manage investigations within the facility
  - Identified Information Technology staff responsible for system maintenance

All access is reviewed and approved at the Headquarters level to ensure compliance with established restricted access parameters.

All investigative reports, hotline call recordings, and related allegation information is maintained with an access-restricted drive. Access to the drive is limited to the agency PREA Unit who is responsible for managing all allegations and maintaining related information.

In a memo to the auditor, LCC stated the Annual Agency PREA report from the previous calendar year, including identified agency and facility level issues and corresponding action/strategic plans, are accessible at <http://www.wa.gov.corrections/prea/resources.htm#reports>. Reports beginning with calendar 2013 are also available. None of the reports to date include information that has been redacted due to safety and security.

**The facility is in compliance with this standard.**

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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



### 115.401 (n)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### 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.) X 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.*

<b>AUDITOR CERTIFICATION</b>
------------------------------

I certify that:

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

## Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<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.

Robin M. Bruck  
**Auditor Signature**

6-4-2019  
**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.