

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

Interim Final

Date of Report 5/14/2020

Auditor Information

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Telephone: 916-261-5524	Date of Facility Visit: August 26 & 27, 2019

Agency Information

Name of Agency: State of Washington Department of Corrections	Governing Authority or Parent Agency (If Applicable): State of Washington – Office of the Governor		
Physical Address: 7345 Linderson Way SE	City, State, Zip: Tumwater, WA 98511		
Mailing Address: P.O. Box 41100	City, State, Zip: Olympia, WA 98504-1100		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information:	https://www.doc.wa.gov/corrections/prea/default.htm		

Agency Chief Executive Officer

Name: Stephen Sinclair	Telephone: 360-725-8810
Email: sdsinclair@doc1.wa.gov	

Agency-Wide PREA Coordinator

Name: Beth Schubach	Telephone: 360-725-8789
Email: blschubach1@doc1.wa.gov	
PREA Coordinator Reports to: Deputy Director, Prisons Command B	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Cedar Creek Corrections Center			
Physical Address: 12200 Bordeaux Road SW		City, State, Zip: Littlerock, Washington 98556	
Mailing Address (if different from above): (as above)		City, State, Zip: (as above)	
The Facility Is:	<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
Facility Type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Facility Website with PREA Information: https://www.doc.wa.gov/corrections/prea/default.htm			
Has the facility been accredited within the past 3 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input type="checkbox"/> ACA			
<input type="checkbox"/> NCCHC			
<input type="checkbox"/> CALEA			
<input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)			
<input checked="" type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Relevant reports provided, to include the most recent cited as follows: Safety Audit Report (Date: 10/18-19/16), Operational Review (Date of Inspection: July 2018), Interim Years Audit Process (Date: 3/29/18), Emergency Management Assessment (Date of Inspection: 11/6-8/18), Department of Health Audit (Date of Audit: 2/28/19).			
Warden/Jail Administrator/Sheriff/Director			
Name: Alfred Smack, Superintendent			
Email: aasmack@doc1.wa.gov		Telephone: 360-359-4101	
Facility PREA Compliance Manager			
Name: Jean Anderson, Correctional Program Manager			
Email: janderson@doc1.wa.gov		Telephone: 360-359-4122	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Timothy Taylor, Health Services Manager 1			
Email: timothy.taylor@doc1.wa.gov		Telephone: 360-537-2194	

Facility Characteristics

Designated Facility Capacity:	480	
Current Population of Facility:	470	
Average daily population for the past 12 months:	466 to 474	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 to 80 years old	
Average length of stay or time under supervision:	4 years or less	
Facility security levels/inmate custody levels:	MI1 and MI2; Minimum Custody with less than 4 years	
Number of inmates admitted to facility during the past 12 months:	583	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	582	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	556	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	113	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	12
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	8
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	69
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	20; Public Control Office (PCC), Administration, Olympic and Cascade Housing, Alpine Center, Greenhouse, Medical, Extended Family Visiting (EFV), Kitchen, Property Shack, Grounds Crew Training, Laundry, Warehouse, Recreation/Gymnasium, Construction/Vocational, Maintenance Shop, Timberline Training, Waste Water Treatment Plant (2 buildings)
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	12 (Olympic and Cascade are the two housing buildings at CCCC. Each contain multiple discrete housing units, as described below)
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	1 (Administrative Segregation in the Cascade

	Housing has 4 cells that are double bunk)
Number of open bay/dorm housing units:	11; 1 open bay, and 10 dorm-style (Olympic Housing has 2 floors with 8 housing units, 4 on each floor. Four of the units are self-contained (i.e., behind individual doors) two-man double bunk dorm housing, and four are partition-style dorm housing; Cascade housing has 3 wings, which include 1 open bay wing, and 2 dorm wings)
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	4, each with double-bunk capability
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic: Providence St. Peters Hospital 413 Lilly Rd NE, Olympia, WA 98506 <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no	<input type="checkbox"/> Local police department

external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local sheriff's department: Thurston County Sheriff <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	The Facility has 12; the Agency has 719 from which the Facility can draw if necessary.
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

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.

Cedar Creek Corrections Center (CCCC), part of the State of Washington Department of Corrections (WADOC) participated in a Prison Rape Elimination Act (PREA) audit conducted by a certified auditor and certified audit support team members, all from the California Department of Corrections and Rehabilitation (CDCR). The CDCR along with WADOC are part of a consortium of states agencies who have formed an agreement to complete PREA audits. A responsibility of consortium participation is to ensure non-reciprocity and equivalency for the auditing assignments of each state.

Site Review Location: The site review for this audit took place at CCCC located at 12200 Bordeaux Road SW, Littlerock, Washington from August 26 through 27th, 2019. The lead auditor had the opportunity to conduct pre-audit work prior to arrival at the facility, including review of the Pre-Audit Questionnaire (PAQ) with informational entry into the pre-audit compliance tool. Of note, the WADOC refers to incarcerated individuals as 'offenders', thus, 'offenders' and 'inmates' will be used interchangeably throughout this report to demonstrate awareness and attention to both WADOC Agency and PREA Handbook terminology.

Pre-Audit Phase

Website Review: During the pre-audit phase, the auditor visited State of Washington, WADOC agency and CCCC facility websites. Specifically, she reviewed the websites for PREA-related content. The auditor investigated the agency and State of Washington-based websites to gain familiarity with mandatory reporting laws in the state. The auditor also looked for evidence of previous PREA audits at CCCC, which she found on the WADOC website. The prior PREA audit was conducted March 13 & 14, 2017 and report completed on April 27, 2017. Deficiencies identified and brought into compliance during the previous review included: removal of four (4) locations of offender areas for potential isolation, thereby, creating blind spots (115.13.a); and limits to cross-gender viewing, by which showers in the housing area potentially allowed staff of the opposite gender to view an offender's breast, buttocks and/or genitalia. The facility remedied each of these issues by sending photographs of the institutional repairs to the PREA auditor.

During the pre-audit phase, the auditor was established contact with community advocacy groups for the facility, to include both Just Detention International (JDI) on 7/9/19. Contact with JDI confirmed that upon review of their database they had not received any reports for individual offender follow-up from CCCC within the audit reporting period.

The auditor received information by Memorandum that Washington State contracts with the Office of Crime Victim Advocacy (OCVA) to provide victim advocacy by way of telephone and/or in-person visits, for incarcerated offenders at CCCC. Secondary to confidentiality issues, OCVA is unable to release a telephone log for CCCC based offender contacts. With this information, the auditor made contact with OCVA advocacy services, who during interview corroborated that this was consistent with their practices. The auditor also confirmed OCVA services were active by calling the provided toll-free number, and spoke directly with an OCVA representative who confirmed CCCC services provision. Further, the OCVA advocate indicated that offenders are able to place calls to the OCVA from this facility from Monday through Friday, between the hours of 0800 and 1700. Should the offender need more services than available through the OCVA support specialist, they would be transferred to a victim advocate through SafePlace (described below).

The auditor also contacted a lead advocate from SafePlace through the Office of Crime Victim Advocacy (OCVA) on 8/9/19. WADOC contracts with OCVA, through which CCCC was partnered with SafePlace for the provision of confidential victim advocacy support to CCCC offenders and any at-need offenders following parole within their service region. SafePlace staff contacted by the auditor confirmed that they had not provided services victim advocacy services to any CCCC offenders within the reporting period.

Posting: The posting was written in large, bolded text, and highlighted with color in segments to enhance readability, as well as posted in yellow copies. Confidentiality was described on the posting, along with exceptions as to when confidentiality must be legally broken. Prior to the site review, the facility PREA Compliance Manager (PCM) confirmed posting of the audit notice posting in the housing units, and other areas as deemed appropriate by staff that ensured accessible visibility by both offenders and staff. The facility provided pictures to the auditor of postings throughout the facility on July 11, 2019, including postings in the Recreation, Visitation, Kitchen, and Administration Area, and Housing Units.

PAQ: On June 27, 2019, the auditor uploaded the Pre-Audit Reporting Form to the PREA Training and Resource Center (PRC) portal. The PRC portal is a shared, encrypted platform available by password entry to auditors for PREA audit training and resource needs. Of note, on July 23, 2019, the PRC

portal transition was made to the new Audit Initiation Form and the new audit reporting process began. The auditor submitted a new Audit Initiation Form on 8/8/2019 to replace the Pre-Audit Reporting Form.

In July 2019, WADOC provided the PAQs, policies, procedures, and other relevant documents by encrypted, password secured flash drive to the auditor. As the auditor reviewed the materials provided by the facility, she collated documents that were outstanding on the Issue Log. When completed she had telephonic and email correspondence with the PCM and PREA Coordinator to receive documentation required to fill any remaining informational gaps.

Pre-audit compliance tool: As indicated, prior to the onsite audit, in July of 2019, the Agency PREA Coordinator provided a flash drive with the completed PAQ, including supporting documentation, and confirmed receipt of the flash drive by email with the auditor. The documentation included all PREA grievances/allegations received during the audit reporting period preceding the site review. There were twenty-six (26) total PREA allegations; with eleven (11) open cases and fifteen (15) closed cases including five (5) of sexual abuse, and ten (10) of sexual harassment. The facility does not manage PREA-related issues at the level of a grievance, as the Grievance Coordinator elevates all PREA-related grievances for review by the PREA Triage Unit. Per report, JDI did not receive any PREA-related calls from the facility during the same period. The auditor began transferring the information from the PAQ to the pre-audit compliance tool. There were no letters received from offenders at the facility prior to arrival at the institution nor following the audit.

Site Review Preparation: In June 2019, the auditor provided the Superintendent, PCM, and PREA Coordinator with email notification regarding the team's upcoming site review. Following her email, the auditor conducted telephonic and email 'kick-off' contacts with the facility PCM, and PREA Coordinator who would serve as primary contacts for the purpose of this audit. The discussions of these communications focused on the purpose and process of the audit, role of the auditor, and logistics to include, the audit teams' unimpeded access to the facility, documentation, and staff. The auditor described her status with PRC oversight during the audit process, in completing the practice-based audit, along with the audit goals and expectations. The general purpose of corrective actions with timelines and milestones was established. A schedule of continued communications was also determined, and further delineated during the site review.

Prior to the onsite portion of the audit, the auditor queried whether the facility housed youthful offenders at any time, and if the facility segregated offenders at risk of sexual victimization. The PCM indicated that neither practice occurred, which was confirmed by Superintendent's Memorandums. With this knowledge, the auditor sent email communication to the Superintendent, PCM, and PREA Coordinator requesting the following information be prepared for the site review:

- A map of the facility with a listing of the buildings and rooms
- The current Cedar Creek staff roster
- Access to staff personnel files and training records
- A list of volunteers and contractors at Cedar Creek (with training records)
- Access to offender files (including medical/mental health records)
- A list of offenders currently at Cedar Creek, including:
 - ✓ known transgender, bisexual, lesbian, gay or intersex offenders;
 - ✓ Limited English proficiency (i.e., English second language) or non-English speaking offenders;
 - ✓ hearing impaired, vision impaired or mobility impaired offenders;
 - ✓ offenders identified to have learning disabilities;
 - ✓ offenders who have filed a PREA complaint within the year prior to the audit (regardless of the outcome); and
 - ✓ offenders who claimed prior victimization during the intake screening.

Additionally, a request was made for a private work location for the audit team to set up computers and review documentation. A separate location was requested to hold private interviews with a random and targeted selection of individuals from the inmate population. As well as interviewing offenders, the auditor indicated that she and her team would conduct randomized staff interviews, and specialized interviews with different classifications of staff. Specialized staff interviews would include the following:

- Agency Head or Designee,
- PREA Coordinator,
- Superintendent,
- PREA Compliance Manager, (PCM),
- Volunteers and Contract Staff,
- The Head of Human Services/Personnel,
- Medical and Mental Health Staff/Contractors,
- SANE (Sexual Assault Nurse Examiner) contact,
- Training Manager,
- Intake Staff, and Classification Staff, and
- Cedar Creek Assigned Investigator (Agency or outside investigators if Cedar Creek does not conduct administrative and/or criminal sexual abuse investigations)

On-Site Phase

Team Composition and Entrance: On August 26th, 2019, the audit team arrived at CCCC. The team was comprised of certified lead auditor, Dr. Kate Burkhardt, Chief Psychologist; and certified support auditors Nancy Hardy, retired Chief Deputy Warden; and John Katavich, retired Warden. On the first day of the site review, the audit team met with for an entrance meeting with the Agency PREA Coordinator, CCCC Superintendent, PCM, and Executive team in an administrative conference room. The conference room served functionally as the team's workspace for the two (2) day site review.

Entrance Meeting: At the entrance, the team coordinated with facility representatives to complete initial introductions, data requests, and information sharing. Discussion, as conducted during the kick-off meetings was elaborated to focus upon the purpose and process of the audit, role of the auditors, and logistics, which emphasized the audit team members' unimpeded access to the facility, documentation, and staff. The auditor focused the meeting upon the audit goals and expectations, as well as needs for open communication. She expressed the intention of the audit team to be forthcoming with the CCCC team regarding any noted deficiencies, such that the facility would not be 'blind-sided' by any of the findings. The auditor expressed that her aim was to develop ongoing communication throughout the course of the audit with the facility. She stated that such contact intended to be transparent and interactive, with hopes to ensure fruitful resolution of any items identified to require correction. The entrance meeting also touched on the general purpose and importance of corrective actions, including timelines and milestones.

Upon conclusion of the entrance meeting, the audit members received institutional information in triplicate (a copy for each), as prepared by the PCM. This information constituted a comprehensive collection of all information, as initially requested by email sent to the PREA Coordinator, PCM, and Superintendent during the pre-audit phase. Offender and staffing roster lists were provided from which the auditors were able to randomize selection of interview participants.

On day one of the audit the auditors determined that in order to most efficiently utilize their time they would break into two groups; one with the lead auditor and a support auditor to complete the physical plant site inspection and the other support auditor would begin review of specified documentation and conduct interviews, as viable. Specifically, while one set of auditors inspected the facility, the remaining auditor collated documentation of staff hiring (i.e., personnel) questions, and training compliance for both staff and inmates. Upon completion of the site physical plant inspection, the lead auditor and

support auditor began conducting inmate interviews in the housing units. When each of the audit group members had completed respective duties, they returned to the central conference room and independently began completion of additional required audit tasks. The team met periodically throughout the day to discuss progress, compliance, deficiencies, and any concerns, informing the PREA Coordinator and PCM of the same. At the end of day one, the lead auditor and her team conducted a brief exit with the CCCC Executive team, including the Superintendent, PCM, and PREA Coordinator to let them know the audit progress.

On day two, the audit team continued completion of remaining documentation review and interviews. One group began by conducting the remaining interviews with the offender population, while the other auditor worked to complete staff interviews, which maximized their efficiency during the site review. As the previous day, one support auditor completed the majority of the offender interviews, including both random and PREA-Interest, and the other support auditor focused on conducting staff interviews, with the lead auditor filling in the gaps to ensure completion of all remaining interviews both staff and offender. The lead auditor also met with the PREA Coordinator and PCM to discuss investigation processes and resolve discrepancies associated with investigative conclusions. At the end of day two, the PREA audit team held an exit meeting with the CCCC Executive team to include the Agency PREA Coordinator, Superintendent, and PCM to discuss preliminary audit findings and update the CCCC team on corrective actions towards which they could begin remedial work

Interviews: The PREA team members conducted informal interviews throughout the course of the site review. The team had conversations with offenders and staff by casual and spontaneous contact. For example, during the physical plant inspection offenders were queried in the housing units if opposite gender announcements were made regularly; if they had privacy while toileting and showering; and if they felt their sexual safety was taken seriously at the facility; staff were queried at job sites about their PREA awareness and knowledge.

In all cases, the audit team was responsible for the randomized selection of both staff and offender participants for all formal interview protocols. In the case of Specialized staff interviews where one staff served the job function, and some PREA-targeted offender interviews where the total number of potential interviewees for the categories was too small randomization of selection could not occur.

The auditors completed formal offender interviews largely in the offenders' housing units, which was the location judged to be most conducive to ease of access, minimal programming disruption, and inmate willingness to participate. The interview location in the housing unit was confidential for sound. Formal staff interviews were completed in confidential spaces, generally either in staff offices or administrative conference rooms. The offender interviewee list was processed concurrent to staff by different auditor team members, while Specialized Staff interviewees were completed at the availability of the appropriately represented party (and when necessary, telephonically). The audit team member confirmed with all interview participants that their participation was voluntary, not coerced, and assured all personally identifying information would be redacted from the interim and final report. For all completed interviews, appropriate PREA-interview protocols were utilized, and standard advisory statements communicated with the interviewing audit team member recording responses by hand.

Random Inmate Interviews: The audit team received offender rosters by alpha and housing assignment with offender identification numbers. The random inmate interviewees were selected based on housing assignment. This ensured selection of, at minimum, one (1) offender from every housing unit, as there are 12 housing units at the facility. At CCCC, offenders were not specifically housed based upon length of stay, ethnic group or age. Therefore, utilizing housing placement as the primary criterion for interview selection provided the ability to capture a variety of offender demographics, including age, ethnicity, and sentence lengths. On the first day of the site review, 8/26/19, there were 478 offenders (with one [1] offender out counted) incarcerated at CCCC, and on the second day, 8/27/19, there were

478 offenders (with two [2] offenders out counted). As stated, offenders were randomly selected based upon housing assignment to ensure as equivalent representation as possible from each unit. Random interviewee selection also based consideration upon interviews with inmates from PREA-Interest categories with an attempt to ensure relatively equal representation across housing units.

Random offender interviews were largely conducted in the Sergeant's office of the offender's housing area. This office was soundproof and provided moderate visual confidentiality from other offenders, as it was not located directly on the unit. Not being called to leave the building and meet with the auditor in another setting was judged to have been received well by the offenders in sharing PREA-related content with the auditors. At the beginning of the interview, the audit team member introduced themselves and communicated the PREA audit participation standard advisory statements. Each inmate was asked explicitly if their participation was voluntary, not coerced, and if they had any concerns about participation. Upon confirmation regarding the offender's voluntary agreement to participate, the auditor proceeded with questions directly from the random inmate interview protocol. The audit team member requested clarification, as necessary, throughout the course of the interview. This ensured interview responses provided sufficient detail and information to make determinations related to standard compliance. The team member transcribed by hand the inmate's responses to the questions onto the interview protocol document.

The offender interviews were completed across both days of the audit. To the best of this auditor's knowledge three (3) of the offenders offered participation refused the interview process, and there were twenty-seven (27) random offender interviews completed. Eighteen (18) independent random offender interviews were completed, coupled with nine (9) additional random offender interview protocols conducted with each PREA-Interest Offender interviewee. Specifically, audit team members ensured completion of both the random and PREA-Interest offender interview protocols for inmates who fell within PREA-target categories. Therefore, during the CCCO site review, the audit team conducted twenty-seven (27) random offender interview protocols.

Targeted Inmate Interviews: The auditor requested information prior to the site review regarding offenders falling within the PREA-Special Interest categories, and upon her arrival, the facility provided her with lists of offenders who fell within these classifications. The facility PCM prepared the lists prior to the audit team's site review. According to the materials provided, there were offenders available for PREA-Target interviews who met criteria for the following considerations: disabled; cognitively impaired; limited English proficient; gay or bisexual; transgender or intersex; inmates who reported prior sexual victimization during risk screening; and individuals who had reported sexual abuse. As noted previously, there are no youthful offenders (under 18 years of age) incarcerated at the facility, which was confirmed based upon site review and Superintendent's Memorandum. Additionally, there were no offenders who had been segregated for risk of sexual victimization over the review period based upon the Superintendent's Memorandum provided in the PAQs, which was also confirmed through staff and offender interviews, and during site review. Offenders were selected for Random interviews based upon housing unit placement in an effort towards randomization of selection. Efforts were made to maximize cases for PREA-Target interviews, as determined secondary to the auditor's review of pre-audit documentation. However, many of these individuals had returned to the community prior to the audit. There were limited cases to review associated with the PREA-Target categories, and in some cases individuals refused the PREA-Target protocol, while agreed to participate in the PREA Random interview protocol. As a result, it was not possible to reach the audit goal of thirteen (13) PREA-Target interviews. It is very important to take into consideration that the population of the offenders at the facility are those who qualify for a 'work camp' environment. The Agency aims to establish a best fit for offender and placement location; therefore, the population at the facility were generally younger, more physically fit, and individuals oriented towards trade or out-of-doors work (e.g., construction, Department of Wildlife, horticulture). Furthermore, offenders needed to meet criteria for a minimum

security with less than four years in their sentence. With this in mind, in total there were nine (9) PREA-Target Offender interviews conducted, to include the following:

- Inmates with disabilities one (1) of obtained list = two (2)
- Inmates with cognitive disability (mental health) one (1) of obtained list = one (1)
- Inmates who identify as Lesbian, Gay, or Bisexual one (1) of obtained list = one (1)
- Inmates who identify as Transgender one (1) of obtained list = one (1)
- Inmates who reported sexual abuse one (1) of obtained list = five (5)
(*3 refused; 1 accepted random protocol)
- Inmates who reported prior sexual during risk screening four (4) of obtained list = (73)

PREA Management Interviews: The entire audit team was responsible for the interviews with the CCCC management, including the Superintendent, and PCM. The Agency PREA Coordinator was onsite during both days of the review and able to meet in person with the audit team. A team member conducted the interview with the Agency Head Designee telephonically prior to the site review. The audit team worked with the facility to make the interview times most conducive to manage routine scheduling needs. The team conducted management interviews primarily in the conference room or staff offices, as available. There were a total of four (4) PREA Management Interviews completed.

Specialized Staff Interviews: Different members of the audit team interviewed Specialized Staff, as the staff were available. The audit team based their selection and randomization of Specialized Staff for interview upon those individuals who were onsite during the site review. Furthermore, in some cases only one (1) designated staff filled a specialized role. For example, there was only one (1) Grievance Coordinator; therefore, the auditor was unable to select randomly for this position. Of note, the facility uses External Investigators for all criminal investigations, while conducts all of their own administrative investigations. There were 30 (30) Specialized Staff interviews completed.

The audit team made efforts to randomize staff from different shifts and locations across the facility, as well as seek volunteers, contractors, and staff who performed diverse functions. Some of the interviewees had offices off-site or at external locations, and telephonic interviews were necessary with these individuals. For example, the sexual assault nurse examiner (SANE), agency contract administrator, JDI contact and Safe Place respondent participated in the interview process telephonically, as each were located remotely.

The audit team created a list of Specialized Staff interviews required for PREA standard-related information. The list included the following individuals, who the audit team interviewed:

- Victim Advocate – Safe Place and JDI; one (1) Safe Place, and one (1) JDI contact
- Agency Contract Administrator; one (1) staff
- Intermediate or Higher Level Facility Staff; three (3) staff
- Medical and Mental Health; one (1) Medical, and one (1) Mental Health staff
- Sexual Assault Nurse Examiner (SANE); one (1) staff
- Administrative Human Resources; one (1) staff
- Intake Staff; two (2) staff
- Volunteers; three (3) of sixty-nine (69)
- Contractors; two (2) contractors of eight (8)
- Facility Investigator; one (1) investigator
- Staff Who Supervise Inmates in Segregated Housing; two (2) staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness; two (2) staff
- Incident Review Team Member; two (2) staff
- Designated Staff Member Charged with Monitoring Retaliation; one (1) staff

- First Responders (Security and Non-Security); three (3) staff
- Grievance Coordinator; one (1) staff

Of note, there were thirty (30) interviewees with Specialized Staff completed.

Random Staff Interviews: At the time of the site review, the facility had a total of one hundred thirty five (135) WADOC state employed security staff. In randomizing selection for staffing interviews, attempts were made to consider a variety of work locations and ensure staff were represented from all three shifts. Facility shifts were performed over eight (8) hours; 0600h to 1400h, 1400h to 2200h and 2000h to 0600h. On day one, the auditor requested if any staff were working overtime who normally worked the night shift she would like to interview them; two (2) were available for interview. There were a total of twelve (12) random staff interviews conducted with a variety of staff members, including dorm housing officers, correctional sergeants, office support staff, administrative staff, as well as correctional officers assigned across different areas of the facility.

All random staff interviews were conducted in private rooms by team members, generally staff offices and conference rooms. Upon initiating the interview the audit team member would introduce themselves and explain the purposes of the interview, query staff if their participation was voluntary and ensure consent was not coerced. Following, the audit team member would continue with the interview, asking questions conforming to the randomized staff interview protocol, and transcribe responses by hand onto the paper document. Clarification requests were made, as necessary, to ensure responses provided information that was sufficient in the determination of standard compliance.

Site Review: The audit team performed a comprehensive physical inspection of the facility on the first day at the site. The facility site review included visiting all locations where inmates had access onsite and could be present, even if entry would solely be gained in the presence of a staff member. The PCM, Lieutenant, and Plant Manager, along with additional members of the CCCC team, as appropriate, participated in escorting the audit team throughout the facility during the inspection. The audit team physical plant review queries and observations were aimed to establish PREA standard compliance, with notations made of any apparent deficiencies. Such notations were provided throughout to the CCCC Executives accompanying the audit team members.

During the site review, the team members inspected all twenty buildings on the facility grounds, including the Public Control Office (PCO), Administration, Olympic and Cascade Housing, Alpine Center, Greenhouse, Medical, Extended Family Visiting (EFV), Kitchen, Property Shack, Grounds Crew Training, Laundry, Warehouse, Recreation/Gymnasium, Construction/Vocational, Maintenance Shop, Timberline Training, Waste Water Treatment Plant (2 buildings).

While inspecting the facility, doors, restrooms, and office areas were checked consistently to ensure they were secured and locked. The team engaged with offenders and staff spontaneously, asking PREA-related questions about agency procedures and safety considerations. The team members noted placement and coverage of video monitoring technology, along with surveillance cameras, and gave consideration to potential blind spots. Inspection of bathroom and shower areas was conducted, with particular concern regarding possibilities for cross-gender viewing.

During the site review, the audit team members observed the presence of supervisors in recreation, offender work, and education areas to assess for adequate levels of supervision. They queried if offenders were ever left unsupervised in isolated areas or in lead positions as supervisor over other offenders, which both offenders and staff denied. In the housing units, the phone system was tested for functionality of the facility's hotline to report sexual abuse and sexual harassment, which demonstrated a positive result. Reporting processes the agency has provided to offenders for reporting sexual abuse were also inspected for functionality and availability, including: PREA Information Posters (in English and Spanish), and OCVA Posters (were visible throughout the facility, particularly near inmate phones

in English and Spanish with a published outside reporting hotline). The auditor was also able to confirm through informal conversation and interviews with the inmate population that they were aware of how to utilize the hotline to report PREA allegations, as well as outside support and addresses provided to process a report of sexual abuse and/or sexual harassment.

During the physical site tour, there were no offender arrivals to the facility, thus onsite observation of the intake process, including PREA inmate education and intake screening was not possible. However, Intake Counselors described the intake process to a member of the auditor team. For PREA Inmate Education, they described that upon arrival all offenders receive a WADOC supported PREA brochure in their Orientation Packet, and attend a Comprehensive PREA Inmate Training the following Monday. The auditor also received the 72-hour intake screening PRA (Sexual Violence Assessment Tool) for review.

There were potential areas of isolation and blind spot areas identified which necessitated remedy that were each fixed prior to the issuance of the Interim Report. The identified issues were, as follows:

- In the Medical Annex and Chemical Dependency (CD) Treatment area, the offender bathroom had a key-locking door, which created an area for potential offender isolation. The facility controlled offender access to the restroom and decided to install a window in the bathroom door. This modification was completed on 9/25/19 with photograph provided to the auditor.
- There was a locking mechanism on the inside of the offender bathroom in the woodshop, which created an area for potential offender isolation. The facility removed the lock. This modification was completed on 9/26/19 with photograph provided to the auditor.
- There was a door on the porter closet in the woodshop, which created an area for potential offender isolation. The auditor received confirmation that the door was removed prior to the end of the site review.
- The blinds on the windows of the tactical training room created potential for offender isolation and blind spots. The auditor was present when this modification was completed.
- There was a locking mechanism on the offender bathroom in the Construction Trades Apprenticeship Preparation (CTAP), which created an area for potential offender isolation. The facility removed the lock. This modification was completed on 9/25/19 with photograph provided to the auditor.
- There was no visibility into Plant Manager's office from inside of the building, which created an area for potential offender isolation. The facility installed a window in the office door. The modification was made on 9/20/19 with photograph provided to the auditor.
- A consideration for potential area of isolation behind the horticulture shed. As of 12/24/19, the facility had installed the necessary mirror provided photos of the modifications to the auditor.

There were also areas of cross-gender potential viewing identified which necessitated remedy that were each fixed prior to the issuance of the Interim Report. The identified issues were, as follows:

- There was a door missing on one of the latrine stalls noted in the Cascade Unit lower tier which provided the potential for cross gender viewing noted during the site review. The facility made the modification of door replacement on 10/7/19 and the auditor was provided a photograph for proof of practice.
- There is an area where strip searches are performed in the trailers that was identified during the site review to need of partitions related to the potential for cross-gender viewing and privacy concerns, particularly as related to any individual walking by during strip searches. The auditor requested that a modification be made with installation of privacy screens at either end of the trailer. These screens were implemented on 9/26/19, for which the auditor was provided photographic evidence. The facility also added signage outside of the trailer where strip searches occur, that officers can slide back and forth to indicate when a strip

search is taking place. The facility provided photographic evidence of this signage to the auditor on 12/24/19.

During the site review exit, the auditor recommended the addition of PREA information in the offender library. The facility completed this modification by installing a highly visible PREA brochure pamphlet holder (English and Spanish) in the library on 10/1/19, and provided a photograph to the auditor. Furthermore, after the site review, the facility ensured the installation of the PREA Hotline number, framed and visible, directly above offender telephones. These modifications were complete on 9/18/19 and photographs sent to the auditor.

Upon site review, the visiting room area did not appear to have appropriate PREA information coverage. On 10/7/19, the auditor was provided photographs of modifications that the facility had remedied the availability of PREA posters and made them visible in the facility visiting room. The facility had installed a bulletin board with posters hung in both English and Spanish. Furthermore, the facility provided accessibility of PREA third party reporting information through the placement of a brochure holder in the Visiting Room with PREA Visitor Information pamphlets (in English and translated Spanish version).

Document Reviews: During the site review, the audit team's document review included but was not limited to inspection of personnel files and training records of staff, contractors, and volunteers, inmate intake, screening, and education records, as well as sexual abuse investigation/grievance related documentation for the audit reporting period. The document review process processed largely by one team member, while the other team members processed interviews. The auditor reviewed all documents related to PREA investigations reported and conducted. One auditor team member reviewed a random sample of background records checks and personnel training records of staff, contractors and volunteers. On day two, one team member reviewed documents associated with PREA education of the offender population, and PRA records maintained through the offender intake process, along with Mental Health referral documentation.

As noted, the auditor received a comprehensive list from the facility PCM to support documentation requested for site review needs. Documentation was provided in list form for the following:

- | | |
|--|--|
| - Youthful inmate/detainees | n/a; no inmates under 18 |
| - Inmates with disabilities | Obtained = 2 |
| - Inmates with cognitive disability/mental disability | Obtained = 1 |
| - Inmates who are Limited English Proficient | n/a; no inmates LEP or non English proficient |
| - Inmates who identify as Lesbian, Gay, or Bisexual | Obtained = 1 |
| - Inmates who identify as Transgender | Obtained = 1 |
| - Residents in isolation following report of sexual abuse | n/a; no (0) inmates were placed in Protective Custody in review period |
| - Inmates who reported sexual abuse | Obtained = 5 |
| - Inmates who reported prior sexual victimization and/or sexual abusiveness risk screening | Obtained = 73 |
| - Complete staff roster | Obtained = 135 staff |
| - Specialized staff | Obtained (included in staff roster) |
| - All contractors who have contact with inmates | Obtained = 8 Contractors |
| - All volunteers who have contact with inmates | Obtained = 69 Volunteers |
| - All grievances in the 12 months review period | Obtained = 13 |
| - All incident reports in the 12 month review period | Obtained = 15 (contained within closed Investigations) |
| - All closed investigations of sexual abuse and sexual | Obtained = 15 |

harassment reported for investigation in 12 months review period

- All JDI calls during 12 months review period
 - All hotline calls during report review period
- Obtained = 0
Records no privy to disclosure

As there was a specific sample to corroborate associated with random and Targeted inmates, and randomization was able to be performed on selection of random staff interviewees, further randomization of documentation review was done solely to limit the sample. Specifically, attempts were made to ensure representation of inmates and staff from different housing units, shift-selection, and consideration of varied program areas. Randomization lists were completed to ensure review of appropriate sample sizes. The auditor team members collated their findings on the relevant PREA Audit – Documentation Review (Confidential Auditor Work Product) forms, and made copies of documents, as necessary.

Personnel and Training Files: The facility has one hundred and thirty-five (135) full and part-time staff. The audit team reviewed twelve (12) personnel files for background records and PREA-question compliance checks. Personnel records selected included representation across shifts, job functions, and post assignments. Documentation for five (2) contractors and two (2) volunteers who had contact with inmates were sampled, as generated randomly, and audited for the same documentation compliance as facility security staff. Of note, contract providers at the facility totaled eight (8), with sixty-nine (69) volunteers. Compliance on all standard provisions for each category reviewed was found through documentation review.

Inmate Files: On the first day of the onsite phase of the audit, the inmate population was 478, and the second day 478. A total of eighteen (18) inmate records were reviewed by the audit team. The inmate records chosen for documentation review were based upon random sampling of inmates interviewed for randomized and PREA-Interest categories who had initially been selected with representation as best as possible across all housing units in the facility. Based upon documentation review, the facility was compliant with offender timely completion of PRA upon Intake (18/18; 100%) and Follow-up (17/17; 100%; one not yet due), as well as PREA Offender Education components associated with receipt of PREA Information upon Intake, and Comprehensive Education provision (17/17; 100%; one not yet due).

Medical and Mental Health Record: During the audit reporting period, there were six (6) inmates who had reported sexual abuse and/or predatory behavior, and requested mental health treatment upon screening. All six (6) offender files who had reported sexual victimization were reviewed with all six (6) showing documentation of the appropriate mental health contact, while two (2) outside referral time limits for referral to Mental Health. Of note, for those outside referral time limits were prior to the identification of this as a noted systemic issue at the facility, which was addressed with no offenders having missed the referral timelines since implementation. Furthermore, the auditor received documentation evidence from the facility on 10/14/19 of the prior two months of 13-509 MH referrals that indicated 100% (39/39 offenders) referral documentation.

The auditor also reviewed the Medical and Mental Health documentation associated with appropriate referral for offenders who had incidents of reported sexual victimization and abusiveness, which demonstrated appropriate and timely follow-ups. Based upon review, the determination was made that referral to Mental Health was made and completed in all relevant and appropriate cases, with improvement demonstrated and sustained in timeliness of referral receipt.

Grievances: Per WADOC policy, When CCCC receives a grievance from an offender alleging any PREA-related sexual misconduct, a copy of the grievance was immediately forwarded to the WADOC PREA Triage unit for processing. If the grievance is determined to be PREA-related, the Triage unit

assigns the grievance a PREA allegation number in the Incident Management Reporting System (IMRS), and returns the allegation to the CCCC Superintendent who assigns the case for investigation. If the PREA Triage Unit determined that the grievance issue is not PREA-related, the offender may pursue the issue through the grievance process, and this grievance will not be considered a PREA allegation. There were thirteen (13) PREA-related grievances received at the facility during the reporting period; however, none were independent of PREA allegations that already existed. Thus, each were as appended 'information included in existing investigation' with the exception of one (1) which was determined not to be a PREA and was 'returned for local action, as needed'. This was confirmed through comprehensive onsite review, including interviews with the facility's PCM, Grievance Coordinator, a CCCC Investigator, random and Targeted inmate interviews, as well as documentation review of completed investigations and incident packages. There was no discovery during the interviews with the offender population, both formal and informal, or documentation review, which would suggest that there were additional PREA-related investigations or grievances filed during this period that had not been provided to the auditor.

Retaliation Monitoring: Retaliation Monitoring was not consistently occurring prior to February 2019, when the facility was preparing for the audit and recognized they did not have a retaliation monitoring process in place. At that point, the facility began monitoring with tracking of the process. Furthermore, the monitoring process did not contain the required components to include, but not limited to the following:

- 1.) The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff;
- 2.) 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;
- 3.) Act promptly to remedy any such retaliation;
- 4.) Monitor any inmate disciplinary reports;
- 5.) Monitor inmate housing changes;
- 6.) Monitor inmate program changes;
- 7.) Monitor negative performance reviews of staff; and,
- 8.) Monitor reassignments of staff.

Therefore, it was not possible to judge the implementation of this standard as institutionalized. The facility implemented corrective action, described in the Summary of Audit Findings section to follow.

Incident Reports: The facility reported there were twenty-seven (27) PREA allegations reported during the audit reporting period prior to the audit (one (1) of which was communicated to another Agency as it fell under the purview of their jurisdiction). Based upon Complaint Log tracking there were four (4) additional complaints filed that were determined not to be PREA, while returned to the facility to follow through with appropriate action, as needed. The PREA allegation screening process in WADOC is that facilities submit local complaints, grievances, and PREA allegations by way of an Incident Report documented through the IMRS to PREA Headquarters Triage. Upon PREA Triage review of the Incident Report, it is returned to the facility once determined if the allegations submitted is PREA-related to initiate a PREA investigation. The PREA Coordinator and PCM informed the auditor that any incidents reported to the Headquarters PREA Triage Unit judged not to fall under PREA mandates were returned to the facility to process through appropriate investigative and/or response mechanisms.

There were no additional documents or findings discovered as related to PREA allegations gathered during site review, which was corroborated by randomized and Targeted inmate, as well as random and Specialized staff interviews, suggesting that PREA allegations had not been investigated at CCCC. There were eleven (11) pending PREA investigations at the time of the site review, per the PCM and a facility PREA-trained Investigator with fifteen (15) completed PREA investigations.

The facility provided the auditor with a completed copy of the fifteen (15) PREA allegations with the full investigation report, including: PREA Case Face Sheet; Investigative Finding Sheet; Investigation Packet (Investigation Report (Form 02-351, Signed Interview Acknowledgement (Form 03-484), Interview Summary, Photographic/Copy of Physical Evidence, Electronic Evidence, PREA Data Collection Checklist (Form 02-382), Investigation Finding Sheet (Form 02-378)); Appointing Authority Decision; Substantiated PREA 13-509 Mental Health Notification; Local PREA Investigation Review Checklist (Form 02-383)). All fifteen (15) Investigative files included the report number, report date, victim and suspect names, and disposition/status of the case. Further, each were reviewed utilizing the PREA audit investigative records review tool criterion, ensuring compliance with information contained within investigative reporting protocol, and found to include: case#/ID; date of allegation; date of investigation; staff or inmate on inmate; sexual abuse/harassment; disposition; investigating officer name; and notification given to inmate. However, the information regarding 'is disposition justified' regarding "Rationale of Finding" was missing in a significant number of cases (10/15; 66%). In those cases where it was written, the rationale was completely inadequate to support case findings; therefore, all cases (15/15; 100%) required improved documentation for "Rationale of Findings". Furthermore, it was observed that the rows with "Other Misconduct Allegation(s) were also blank on the Investigations, suggesting this area was not being reviewed by the Superintendent prior to making a determination.

The cumulative PREA allegation breakdown at the facility is as follows, with a total of twenty-six (26) PREA allegations filed during the reporting period. Of these allegations, the facility investigated and closed fifteen (15) with case details, findings and outcomes listed (below). Eleven (11) PREA allegations remained open pending closure of investigation (One [1] of which the facility had referred to local law enforcement and per CCCC's contact with the local law enforcement remained open for investigation, along with determination of criminal prosecution). Of note, the eleven (11) open investigations are listed as for staff sexual misconduct:

Sexual Abuse:

Staff on Offender: one (1) Offender on Offender: four (4)

PREA Investigation Outcome of Sexual Abuse Allegations:

Staff on Offender:

- one (1) administrative; elevated to criminal prosecution (declined); one (1) substantiated

Offender on Offender:

- four (4) administrative;
 - two (2) substantiated, one (1) unsubstantiated, one (1) unfounded

Sexual Harassment:

Staff on Offender: five (5) Offender on Offender: five (5)

PREA Investigation Outcome Totals of Sexual Harassment Allegations:

Staff on Offenders:

- five (5) administrative
 - one (1) unsubstantiated, one (1) unfounded

Offender on Offender:

- five (5) administrative
 - five (5) unfounded

Of the two (2) cases referred for criminal prosecution, local law enforcement declined one (1) for prosecution, and the second case, as indicated above remained open, pending investigation closure and determination regarding prosecution with continued facility follow-up. The facility appropriately and timely referred the substantiated case to local prosecutors. At the time of the site review, a CCCC facility Investigator indicated that the local law enforcement had not yet returned a determination

regarding the second case, while the Investigator stated they conducted routine follow-up to ensure appropriate case completion.

Based upon the auditor's review of the PREA-related investigations, allegations were determined to have been timely and comprehensively investigated. The offender population and staff contacted during the audit iterated that CCCC prioritizes responses towards any report of inmate sexual abuse and/or sexual harassment, ensuring the safety of the victim. The Superintendent, PCM, and a facility PREA trained Investigator further indicated that their response efforts were aimed to demonstrate that CCCC upholds standards to maintain an environment with zero-tolerance towards sexual abuse and/or sexual harassment.

Based on the aforementioned details regarding investigations, the auditor will note three concerns related to the processing of investigations at the facility:

- 1.) Despite the fact that investigations are clearly thorough, the assignment over the review period and completion of the investigations was not always conducted in a timely fashion. At present there remain eleven (11) investigations that are outstanding, some of which have been in process since November 2018, December 2018 and January 2019. These investigations notably take a sign amount of resources and effort in thorough completion; however, evidence and victim, witness, and subject recollection of details has the possibility to deteriorate over time. It is important to prioritize the investigations for completion in a timely fashion.
- 2.) A significant number of the investigations had findings of 'unfounded'. The facility must recognize that the definition of unfounded means that, 'an allegation was investigated and determined not to have occurred' based upon PREA Prison and Jail Standards. Secondary to the auditor's reviews of the associated investigations, this was not necessarily the investigative standard applied for this finding in these cases.
- 3.) A large number of the investigations did not include the "Rationale for Finding" in the Investigative Finding Sheet. As noted in Item 1, the investigations had been judged to have been completed in a thorough manner with use of strategic interviews with appropriately associated parties, camera video review, photo montages, review of logs and documentations of offender placement histories, etc. However, the case conclusions failed to provide a documented summary as to why the finding was drawn from the provided evidence. This primary structural component of all investigations, which serves to demonstrate how a case conclusion was drawn. The "Rationale of Finding" necessitates completion by the Superintendent or appropriately designated authority, per Policy, in all PREA allegations for validation of finding.

Corrective action was implemented and institutionalized related to these concerns, as described in the Summary of Audit Findings section to follow.

Information Consolidation: The audit team met frequently throughout the two (2) days to consolidate information and ensure that interviews, documentation reviews, and facility observations gathered across team members were sufficient to support compliance determinations for the required PREA standards. The team mini-meetings were beneficial in establishing on-going communication regarding continued audit needs. During the meetings, the team discussed any discrepancies or deficiencies. When identified the team engaged in dialogue with CCCC staff for clarification and/or remedy. There was a brief exit provided on day one of the site visit to share this information.

At junctures when additional information was required to establish standard compliance requests were made via the CCCC PCM, Superintendent, and/or PREA Coordinator. The management team at the facility was responsive to requests and made every effort to deliver available documentation to provide proof of practice. Furthermore, the facility staff who participated in the site review meetings were receptive to identified deficiencies and began the process of implementing improvement measures in a thoughtful manner. It was apparent that the CCCC Executive members and local employees who were

present during the site review, and participated in the audit discussions, as well as entrance and exit processes sought to ensure sustainability of any corrections to deficiencies. This reflected their stated investment in providing an environment free from sexual abuse and/or sexual harassment for the offender population at CCCC.

Exit Meeting: The audit team conducted an exit meeting on 8/27/19 at which preliminary findings of the review were communicated to the facility's Executive team and Agency PREA Coordinator. The attendees who had been present at the entrance largely also attended the exit. During the exit, the auditor provided a list of identified non-compliant items and described how these related to the standard provisions. She confirmed that corrective actions would be initiated for some of these deficiencies with the exception of those that could be remedied by facility modification and document provision prior to issuance of the Interim Report, as well as those items identified as 'recommendations only'.

For resolution of issues following the exit, the auditor requested that the facility provide outstanding issues to her through photographic evidence or written documentation upon completion via electronic communication, to demonstrate proof of practice. The auditor delineated the difference between date in time evidence and institutionalization of practice corrective actions. Some identified issues involved date in time evidence (e.g., conversion of a locking mechanism on a bathroom door), and could readily be resolved prior to the Interim Report. Other Corrective Actions involved institutionalization of a process, and therefore collection of data over a period of time (e.g., Retaliation Monitoring conducted with follow-up over monthly periods for current and future investigations).

POST-AUDIT PHASE

Upon return from the onsite phase of the audit, the auditor and facility Executive staff agreed to communication by email and telephone during the post-audit phase, regarding any identified need for additional documentation, as well as clarification of questions that arose while collating data. Further, the facility Executive management indicated they would provide the auditor with proof of practice on an ongoing basis, as related to correction of identified deficiencies. Communication with the PREA Coordinator and CCCC PCM was ongoing, with efficient, timely, and thorough responses provided consistently both by email and telephone. Documentation and clarification communication emails facilitated the ability to process the Interim Report. A significant email contact occurred on 9/18/19 with the facility provided proof of practice that they had begun comprehensive work on the identified Action Item List with both auditor identified deficiencies and recommendations.

Audit Section of the Compliance Tool: The auditor began to review documentation and interview notes gathered during the site review and compile information to collate with that already gathered on the compliance tool. The auditor integrated details from the interviews into sections of relevant standards, utilizing the compliance tool as a guide. Upon collation of all gathered document, interview, and observational notations, utilizing the compliance tool, the auditor proceeded standard by standard through each subsection and provision to check the appropriate 'yes' and 'no' boxes. This was later used in the final determination of standard compliance. Following completion of all data review from the audit and analysis via the audit compliance tool, the auditor prepared to make an overall determination of PREA standard conformity, utilizing the evidence collected to support standard determination as 'exceeded', 'met', or 'does not meet' compliance.

Interim Audit Report: The auditor proceeded standard by standard in the determination of standard compliance via the Audit Compliance Tool, and began writing of the Interim Report. The Interim Report included reference to policies and procedures, reports, directives, and supplementary documentation provided by the facility upon PAQ submission, as well as supporting information gathered during site review, including interviews, site inspection, and observations. Aggregated and de-identified information regarding interviews were provided for the purposes of this audit.

The reviewer made the standard determinations item-by-item, reviewing each provision as a stand-alone measure, to ensure that every provision of each standard was evaluated independently for compliance in all material ways over the relevant review period. The auditor incorporated evidence gathered onsite with the PAQ, and through follow-up documentation, as proof for the final conclusion of whether the facility exceeded, met, or did not meet the standard of review. Upon submission of the Interim Report the facility was judged to have exceeded one (1) standard, met thirty-seven (37) standards, and required corrective action for four (4) standards.

The Interim Report was provided to the facility on 10/15/19. The Interim Report was originally due on 10/11/19; however, the State in which the auditor resides experienced unprecedented statewide power outages and network disruptions in the days immediately prior to the due date of the Interim Report, which impeded the auditor's ability to complete the report. The auditor alerted the PREA Coordinator to this unanticipated delay, which WADOC approved both verbally over the telephone and by email contact, both on 10/9/19, delaying the report until 10/14/19. Furthermore, the auditor conferred with the PREA Resource Center (PRC) and received their approval telephonically on 10/11/19 and email sent by the PRC on 10/11/19. Secondly, on 10/14/19, the auditor's home institution was without power and the facility computer network was down. Furthermore, the auditor was pending receipt of two (2) additional clarifications from the Agency and facility, which had not been received secondary to the power and network outages. This was communicated to the PREA Coordinator, and arrangements agreed upon for the submission of the report on 10/15/19. On 10/15/2019, the Interim Report was sent as a .pdf copy to Agency PREA Coordinator, as well as CCCC Superintendent and PCM. The auditor conducted a follow-up teleconference on 10/21/2019 with the CCCC Superintendent and PCM, as well as Agency PREA Coordinator to review the Interim Report findings, discuss any report discrepancies, and ensure initiation of follow-up actions towards addressing the Corrective Action Plan.

Final Audit Report: The corrective action phase occurred over the following six (6) months, and included implementation of all required action items by CCCC, along with assurance in the case of procedural change that the processes were institutionalized. Upon completion of the Final Report (completion date: 5/14/2020) the facility was judged to have exceeded one (1) standard, and met forty-three (43) standards [Corrected 5/4/2021]. The report was sent as a .pdf file to the Agency PREA Coordinator, as well as CCCC Superintendent and PCM with a request for any feedback they may have. The auditor will submit the Post-Audit Report Form to the PRC via the Online Audit System (OAS) within ten (10) days of issuance of the Final Report.

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.

Location: Cedar Creek Corrections Center, located in Littlerock, Washington, is a minimum custody prison facility. Cedar Creek provides an exceptional 'work camp' environment that offers all offenders the opportunity to fulfill their required work responsibilities in preparation for community re-entry.

Offender Demographics: In the review period there was an average daily population housed at CCCC of 470 male offenders, with day one (8/26/19) of the site review at 478, and day two (8/27/19) at 478. The inmate population ethnicity was comprised of 65.7% Caucasian, 23.6% Black, 5.9% Asian/Pacific Islander, 3.3% American Indian, and 1.5% Unknown/Other (Note: 3.8% of the population is of Hispanic

origin). The offenders' ages were between 18 and 80 years of age, and were incarcerated at CCCC for sentences of four (4) years or less length of stay.

Entrance Security Protocol: The main entrance to the facility is through the Public Control Office (PCO), where screening is conducted of all entrants into the facility, including regular staff and visitors (both professional and those visiting offenders). Specifically, at the facility front entrance a screen was conducted with submission of identification in exchange for a visitor's identification badge for all non-facility staff. The central control is staffed with a correctional officer who operated the main entry/exit doors of the facility, has access to facility camera viewing, and is responsible to ensure compliance with regulated entry into and out of the facility. The officer in this area also facilitates coordinator regarding offender exit and return from work release programs into the community, as this entry point functionally served as the primary sally port. Staff and public visitors would utilize the secured side of the building, offenders would utilize the outside perimeter of the building immediately proximate to the search trailers for pick-up of sack lunches and presentation of identification.

Video Surveillance and Monitoring: The facility had fully implemented video camera surveillance as a tool to protect against sexual abuse. At the time of the site inspection, CCCC had thirty-one (31) cameras. The cameras were strategically located throughout buildings, laneways, outdoor areas, and within buildings in order to provide the best coverage over blind spots. Some cameras had pan-zoom capabilities. As such, cameras were mounted strategically throughout the facility. The camera locations included: the Alpine Education/Chapel building (3 cameras), Administrative Segregation corridor and exercise yard, external perimeter gable cameras (3 cameras), kitchen (7 cameras; with 3 in the dining room, 2 in receiving, and 2 in storage), visiting room (3 cameras), parking lot (1 camera), and Public Control Office (PCO, external and internal; 9 cameras). No video monitoring equipment was located in housing units. Primary viewing areas for the camera output were located in the PCO booth and Shift Commander's office with camera observation and footage viewing also available at one of three (3) additional areas, including the visiting room officer's station, Lieutenant's office, and Superintendent's office.

Facility Housing Units: The facility itself has twenty (20) primary buildings, two (2) of which are housing buildings. The housing buildings are named Olympic and Cascade. Each contain discrete housing units, totaling twelve (12), described as follows.

- Olympic Housing is capable of housing 242 offenders. It has two floors with eight (8) housing units, four (4) on each floor. Four (4) of the units are self-contained (i.e., behind individual doors) with two-man double bunk dorm housing, and four (4) are partition-style dorm housing.
- Cascade Housing is capable of housing 238 offenders. It has three (3) wings, which include one (1) open bay wing, and two (2) dorm wings. Cascade also holds the facility's Segregation Unit (referred to CCCC as Secured Housing Unit; SHU) with four (4) cells that are each double bunk capacity. The Segregation Unit, at maximum capacity, would be able to hold eight (8) offenders.

The housing units are each capable of holding sixty (60) offenders, with the exception of Segregation Unit with single housing and thirty (30) cells. Each building has an attached recreation yard, as does the Segregation Unit with a separate yard.

The housing units have primary entrances available for inmate ingress/egress with back entrances, continuously locked for security purposes. The offender commodes and showers are near the front of each unit, before the offenders' bunk locations. The bathrooms are protected from cross-gender viewing by individual partitions for each of the individual showers with curtains and latrines with doors.

Facility Buildings: The facility was split into two functional areas for facility housing and programming needs. The first area held the parking lot, Administration, Public Control Office (PCO), Offender Visiting

area, Olympic and Cascade Housing, Property Shack, Extended Family Visiting (EFV), Alpine Center with Library, Medical Annex/Mental Health (with Chemical Dependency; CD Treatment) facility, Kitchen, Laundry and Warehouse, Grounds Crew Training/Turtle Rehabilitation Area, Greenhouse & Horticulture. There was also a fully functioning Kitchen with associated dry and frozen storage lockers. The Kitchen service provided for all offender meal preparation needs, including sacked meals, and included a dining room area. Concerning the Visiting area, strip searches were done by gender specific staffing. During visits, offenders were allowed to utilize the bathroom, but had a separate offender restroom. There was no offender access permitted in any of the aforementioned building areas in the absence of authorized permission by a staff member, contractor or volunteer.

The second area, called Timberline site had Construction/Vocational, Maintenance Shop, Timberline Training (T-Line), Waste Water Treatment Plant with two buildings, and an in-door recreation room, with gymnasium, and adjoining outdoor recreation area. Each of these buildings were locked with the exception of when staff, contractor or volunteer were present to run activities. In any areas where offenders were present alone there were routine checks conducted on a randomized basis and no areas viewed with potential for offender isolation or significant blind spots following modifications after site review.

CCCC Programming: Through the auditor's discussion with the CCCC Superintendent, and PCM, Executive and local CCCC staff, as well as offenders during the site review, along with her reading of website publications, it was apparent that CCCC offered a variety of unique, growth opportunities for their population. They had a full complement of programming, educational courses, and vocational activities. The facility based participation and enrollment in specific activities offender evaluation and individualized treatment needs, as well as facility needs and available resources. Some of the independent programming available to offenders at the facility included educational development, recreational library, law library, dayroom activities with television viewing, along with a well-furnished indoor and outdoor recreation yard. There were a variety of group activities and services also available. CCCC has had a substantial complement of volunteers, in addition to their state/contract employee staffing resources. At the time of the site review, their volunteers stood at sixty-nine (69) positions, with WADOC state employee and contract staffing at one hundred thirty-five (135) and eight (8), respectively. From the 2019 Staffing Plan, articular offender activities, included:

Education (2nd & 3rd Shift)

- Construction
- Horticulture
- ABE/GED
- Job Search
- Computer Lab
- Roofing and Siding

Employment Opportunities (1st, 2nd, & 3rd Shifts)

- Facility Maintenance
- Janitorial Support
- Food Service
- Grounds Keeper
- Dog Service Handler
- Correctional Industries – Laborer/Equipment
- Forestry Worker
- Community Work Crews
- Library Assistant
- Waste Water Treatment

Religious/Cultural/Self-Improvement (2nd & 3rd Shifts)

- Chaplain Services
- Celebrate Recovery
- Catholic Services
- Jehovah's Witness
- Native American White Bison
- Native Sweat Lodge
- Cultural/Religious Events
- Tallim
- Alcoholics Anonymous
- Native Drumming
- Black Prisoner's Caucus
- Asatru & Beading
- Christian Men's Group

The job opportunities at CCCC merit additional discussion based upon the unique elements of their design and benefit to the community, as well as sustainability self-improvement elements. The facility offers apprenticeship programming with on-site training through the Construction Trades Apprenticeship Preparation (CTAP). The job opportunities offered at Cedar Creek are Community Service Works Crews, in camps workers, including Maintenance, wastewater treatment plant workers, and forestry workers.

The CCCC works closely with the Department of Natural Resources (DNR) and a large part of their population are assigned to DNR work crews. The partnership with DNR allows the offenders to give back to the community through various activities, including: wildland firefighting, tree thinning and tree planting.

Cedar Creek works with the Sustainability Prisons Project (SPP). The CCCC Sustainability job programs involve science, sustainability of resources, and/or contact with living things. Some of these jobs include: animal care and service while training dogs for veterans, recycling, turtle technicians, composting, horticulture, wastewater treatment, and building maintenance, aquaponics, and beekeeping.

CCCC also thrives through a 'Giving Back to the Community' partnership with local schools, businesses and churches to collaborate on several community projects every year. Through their own fundraising events, inmates have donated funds to ROOF, St. Jude's Hospital, Littlerock School, and the Dog Program for Veterans. Additionally, CCCC staff have held food drives for local food banks, supported local non-profits such as Rochester ROOF program, and Adopt-A-Family during the holidays annually.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 1

List of Standards Exceeded:

Audits and Corrective Action:

- 115.401 Frequency and scope of audits

The facility did a phenomenal job in providing documentation, demonstrating full disclosure, and providing documentation in a timely, organized fashion. The Executive team, PREA Coordinator, and facility staff were receptive, positive in demeanor and demonstrated a tremendous willingness to receive feedback and readily implement modifications. They were exceptionally open with their facility processes, structure, challenges and were very well prepared for the audit. The offenders were also engaged in the informal and formal interviews, as well as demonstrated pride in their facility.

The Executive team and local staff clearly communicated to the auditor and her team that CCCC desired constructive feedback, and were enthusiastic about the prospect of any areas in which they could implement improvements. Witnessing this attitude, as an auditor, from a facility towards the audit process is exceptionally encouraging to encounter. In sum, it was evident in the facility's ability to resolve three (3) standards that would have been non-compliant prior to issuing the Interim Report by implementing modifications in a manner that was proactive, efficient, and involved creative thinking that CCCC truly has an investment in developing an environment that emulates standards indicative of a zero-tolerance environment.

Standards Met

Number of Standards Met: 43 [Corrected 5/4/2021]

List of Standards Met:

Prevention and Planning

- 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 inmates [Corrected 5/4/2021]
- 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 technologies

Responsive Planning

- 115.21 Evidence protocol and forensic medical examination
- 115.22 Policies to ensure referrals of allegations for investigation

Training and Education

- 115.31 Employee training
- 115.32 Volunteer and contractor training
- 115.33 Inmate education
- 115.34 Specialized training: Medical and mental health care

Screening and Risk of Sexual Victimization and Abusiveness

- 115.41 Screening for risk of victimization and abusiveness
- 115.42 Use of screening information
- 115.43 Protective custody

Reporting

- 115.51 Inmate reporting
- 115.52 Exhaustion of administrative remedies
- 115.53 Inmate access to outside confidential support services
- 115.54 Third-party reporting

Official Response Following an Inmate Report

- 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
- 115.67 Agency protection against retaliation
- 115.68 Post-allegation protective custody

Investigation

- 115.71 Criminal and administrative agency investigations
- 115.72 Evidentiary standard for administrative investigations
- 115.73 Reporting to inmates

Discipline

- 115.76 Disciplinary sanctions for staff
- 115.77 Corrective action for contractors and volunteers
- 115.78 Disciplinary sanctions for inmates

Medical and Mental Care

- 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

Data Collection and Review

- 115.86 Sexual abuse incident reviews
- 115.87 Data collection
- 115.88 Data review for corrective action
- 115.89 Data storage, publication, and destruction

Audits and Corrective Action

- 115.403 Audit content and findings

Standards Not Met

Number of Standards Not Met: 0

Summary of Institutionalized Practices during the Corrective Action Period (CAP):

Prevention and Planning

- 115.12b Contracting with other entities for the confinement of inmates

Corrective Action: During the CAP, the Agency provided evidence that they worked with the external Agency to reinstate a plan to conduct routine monitoring of the non-compliant contract site (Naselle Youth Camp), and continued monitoring of Green Hill School. The monitoring plan initially demonstrated a constructive aim to gain compliance within a thirty-six (36) month period of all standards found non-compliant upon issuance of the failed FINAL PREA Audit Report at both contract sites.

WADOC immediately initiated corrective action regarding Agency compliance with 115.12b as it related to Juvenile Rehabilitation (JR) and held a meeting on 10/31/2019 with attendees including, WADOC, JR, and the Department of Youth and Family Services (DCYF, which is where JR is organizationally

located). WADOC provided the auditor with meeting minutes in which participants agreed to formal monitoring activities. Through the duration, WADOC continued to meet and follow-up with JR and DCYF officials, receiving monitoring inter-agency agreement documentation for November 2019.

The Corrective Action item had remained in 'pending' status upon issuance, as additional clarification was required. WADOC was required to submit the noted query to the PRC with clarification assembled via the Agency PREA Coordinator regarding actions applicable within the laws, RCW 72.01.410 and E2HB1646 of Washington, and the scope of the Agency's authority to enact action. Both WADOC and the auditor consulted the PRC for further direction regarding applications and Agency enforceability of this standard provision. PRC determined that the agreement was exempt from monitoring based on the newest legislation. WADOC received this notification on 12/11/2019. The Agency forwarded the PRC determination by email to the auditor on 12/18/2019, and the decision made jointly to close corrective action associated with 115.12b.

Official Response Following an Inmate Report

- 115.67c & d Agency protection against retaliation

Corrective Action: Per Policy, the Agency will monitor the offender for at least ninety (90) days for possible retaliation associated with reporting sexual abuse or sexual harassment or participating in an investigation of the same. The components of the monitoring include, but are not limited to the following:

- 1.) The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff;
- 2.) 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;
- 3.) Act promptly to remedy any such retaliation;
- 4.) Monitor any inmate disciplinary reports;
- 5.) Monitor inmate housing changes;
- 6.) Monitor inmate program changes;
- 7.) Monitor negative performance reviews of staff; and,
- 8.) Monitor reassignments of staff.

The Agency will continue monitoring beyond ninety (90) days if initial monitoring indicates a continuing need to do so, and would involve periodic status checks as merited.

In order to demonstrate compliance with the corrective action for this standard the facility provided the auditor three (3) months of comprehensive Retaliation Monitoring case database information by email. On a monthly basis, the facility provided the auditor by email the Retaliation Monitoring Form of those victims under retaliation monitoring. In order to facilitate adherence, the Agency revised the Retaliation Monitoring Form to include, "Date Indicators Reviewed", which the auditor approved. The facility provided the auditor with proof of training to those responsible for retaliation monitoring at CCCC.

Adherence was based upon:

- 1.) appropriate monitoring of all cases;
- 2.) inclusion of clear documentation as related to inmate interview on the Retaliation Monitoring Form;
- 3.) inclusion of clear documentation as related to offender file review as related to components of monitoring #4 through #8 (above), as applicable (offender or staff) on the Retaliation Monitoring Form;
- 4.) Act promptly to remedy any such retaliation;

- 5.) Periodic check-ins, continuation of monitoring, and discontinuation of monitoring, as appropriate.

The corrective action period continued for three (3) months with the institution fully demonstrating adherence to and institutionalization of the Retaliation Monitoring process.

Investigation

- 115.71a & c Criminal and administrative agency investigations

Standard 115.71a: In the original CAP, the results of CCCC investigations were judged by the auditor not to have been objective. Although determinations of substantiated, unsubstantiated, and unfounded were made on a case-by-case basis, and determined independently (as based upon evidence gathered not upon who had submitted the allegation, the manner in which it was received, or the PREA allegation reporting history of the parties involved), the “Rationale of Finding” was either not provided or poorly articulate in the closed cases. During the CAP, the facility provided the auditor with all closed investigation packages, and ensured inclusion of the Superintendent’s “Rationale of Findings”.

The auditor assigned a corrective action regarding closure of PREA allegations to include CCCC ensured each closed investigation had a documented “Rationale of Finding” included in the case summary, which provided an independent summary of the case determination. As it was unknown how many PREA allegations would be made during the CAP, this item remained open throughout the six (6)-month CAP.

There were seven (7) PREA allegations opened during the CAP. In total, of these seven (7) PREA allegations, four (4) were closed; three (3) as unfounded, one (1) as unsubstantiated. Based upon the auditor’s review of closed investigations, CCCC demonstrated improved inclusion of documentation that provided relevant reasoning for “Rationale of Findings”. As related to Standard 115.72 (as follows below), the facility provided the auditor with closed investigation packages and ensured inclusion of the Superintendent’s “Rationale of Findings”. Based upon the closed investigation documentation provided, the auditor deemed the facility to have demonstrated application of evidence and reasoning appropriately to the “Rationale of Findings”. Again, the auditor cautions the facility to be clear regarding findings of ‘unfounded’ versus ‘unsubstantiated’ in case closure based upon PREA definition criteria.

Upon initiation of the CAP, concern was noted that investigations did not necessarily demonstrate prompt initiation, as in ‘immediate’, as the average days from PREA Triage discovery prior to investigation assignment was 25.2 days with a range of 1 to 97 days. Upon completion of the CAP, based upon the four (4) completed investigations the average days from PREA Triage discovery to investigation assignment was 15.5 days with a range of 5 to 27 days. This is a considerable improvement, while the facility is encouraged to continue work to ensure PREA investigations are assigned promptly, meaning ‘without delay’. In December 2019, CCCC implemented an additional practice to assist in reducing the days between PREA Triage discovery and facility investigatory assignment, which includes provision of coverage behind the CCCC PCM, who would then assign cases for investigation in the PCM’s absence.

Upon implementation of the CAP, timeliness of investigation closure was also of concern. There were eleven (11) investigations remaining open with discovery and/or report as early as November 2018, December 2018, and January 2019. Therefore, upon issuance of the Interim Report, these cases were at the point of nearly nine (9), ten (10), and eleven (11) months in process. The auditor had instructed the facility to endeavor to close the eleven (11) open PREA investigations within their jurisdiction. The CCCC PCM provided email confirmation to the auditor, on 4/8/2020 that all previously outstanding cases, as noted upon issuance of the Interim Report, had been finalized through investigation and closed. Their current investigations status involved four (4) open cases, of which the longest had been seven (7) months and most recent three (3) months in process.

The facility was also to promptly provide closure, as quickly as viable with thorough and objective investigation, of PREA allegations. Based upon the closed investigations submitted, the auditor judged CCCC to have demonstrated improvements in timeliness of closure of cases. The auditor reviewed closed cases through the CAP, as there were four (4) PREA investigation closures. The average time from PREA Triage discovery to investigation closure of these cases was 87.25 days, with a range of 46 to 156 days. Based upon the evidence provided it was clear CCCC had enforced good faith efforts towards the timeliness of PREA allegation closure (meaning, 'as viable to ensure thorough and objective investigation has been completed), to include historical cases (above), and current cases received through the CAP.

Corrective action for this provision was considered in concurrence with the provision of documentation submitted for **Standard 115.71c & Standard 115.72a**

The corrective action assigned judged to have been met for this standard provision.

Standard 115.71c: While the breadth, scope, and utilization of direct and circumstantial evidence was judged of excellent quality in the investigative process at CCCC there was one portion that was missing related to a comprehensive review of the alleged perpetrator's history. The component that fell short, as noted, was the facility did demonstrate having conducted a thorough review of prior reports and/or complaints related to sexual abuse involving the suspected perpetrator with inclusion in the investigatory documentation.

In total, of the seven (7) PREA allegations applicable during the CAP, four (4) were closed; three (3) as unfounded, one (1) as unsubstantiated. Based upon the auditor's review of closed investigation files, each contained a review conducted of prior reports and/or complaints related to sexual abuse involving the suspected perpetrator with inclusion in the investigatory documentation. Furthermore, the final revision of the Investigative Finding Sheet [Form 02-378] contained a specific addition of the statement, "I have reviewed the PREA OMNI [Offender Management Network Information] database for prior complaints in regards to the accused". This statement is paired with a checkbox for the Appointing Authority to mark 'yes' or 'accused unknown' with their name, signature, and date provided at the end of the form. Based upon the aforementioned evidence, the auditor judged requirements for this standard provision as compliant.

Corrective action for this provision was considered in concurrence with the provision of documentation submitted for **Standard 115.71a & Standard 115.72a**

115.72a Evidentiary standard for administrative investigations

Corrective Action: During the CAP, the facility provided the auditor with all closed investigation packages, and ensured inclusion of the Superintendent's "Rationale of Findings". The auditor reviewed cases to ensure the determination in the "Rationale of Findings" was appropriate based upon the evidence. This item remained open as a six (6)-month CAP, as it was unknown how many PREA allegations the facility would receive during the follow-up period (while was identified for closure upon receipt of sufficient evidence to demonstrate compliance with this identified deficiency).

There were seven (7) PREA allegations opened during the CAP. In total, of the seven (7) PREA allegations, four (4) were closed; three (3) as unfounded, one (1) as unsubstantiated. Again, the auditor cautions the facility to ensure the use of 'unfounded' and 'unsubstantiated' in case closure based upon PREA definition criteria.

In order to improve the quality of the "Rationale of Findings" section, WADOC vetted through Agency Superintendents a new Investigative Finding Sheet [Form 02-378]. The approved Form 02-378 included

additions of relevant checkboxes related to the, “Rationale of Findings” and a, “Narrative to support finding determination (required)”. Of note, there was a delay in finalization of this form, secondary to misunderstanding of the first iteration, which solely included checkbox additions in the “Rationale for Findings” section, while did not specify assurance of a narrative to support the determination of rationale for findings based upon evidence. Upon becoming aware of this, the auditor requested incorporation of a narrative section into Form 02-378, which WADOC vetted and implemented on 3/16/2020.

While there was insufficient time remaining in the CAP for additional closed investigations to be submitted on the revised ‘Investigative Finding Sheet’, based upon the auditor’s review of the closed investigations, CCCC demonstrated through provision of both narrative documentation inclusion and relevant reasoning for “Rationale of Findings” that requirements of this standard were met.

Corrective action for this provision was considered in concurrence with the provision of documentation submitted for Standard **115.71a & 115.71c**.

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.

The auditor reviewed Agency Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (Rev. 4/25/19), 490.850 Prison Rape Elimination Act (PREA) Response (Rev. 2/6/19), and 490.860 Prison Rape Elimination Act (PREA) Investigation (Rev. 6/1/18) towards compliance findings for the provisions of this standard. In addition, the Agency provided signed Superintendent's Memorandum's of assurance that these policies were in place, and accessible to staff, offenders, and the public.

Standard 115.11a: The Agency Policy 490.800 1.A. materially provided the Agency's written policy mandating zero tolerance towards any form of sexual misconduct, to include sexual abuse and/or harassment. The PREA Prevention and Reporting policy, coupled with Policy 490.850: PREA Response, delineated the agency's approach towards prevention, detection, and response of any sexual misconduct.

Interviews with the Agency Head Designee, Superintendent, and PREA Coordinator, as well as all randomly selected (12 of 12; 100%) and contract (3 of 3; 100%) employees supported a solid understanding of the CCCC policy of zero tolerance towards sexual abuse and harassment. Staff were able to verbalize CCCC efforts related to prevention, detection, and response of sexual misconduct. Specifically, staff readily articulated that they must immediately (i.e., without delay) report all incidents of sexual misconduct, with no exceptions, to a higher-level supervisor. Inmate interviews and site review observations (including PREA posters and pamphlets, completed PREA investigations, and informal discussions with both staff and inmates) provided additional support of the Agency's commitment to zero tolerance of sexual abuse and sexual harassment.

Standard 115.11b: The Agency provided an organizational chart demonstrating the PREA Coordinator position, filled and designated as an upper-level management position who reports to the Deputy Director, Prisons Command A. Policy 490.800 identified the PREA Coordinator responsibilities, and the auditor reviewed the PREA Coordinator job duty statement. The PREA Coordinator has responsibilities to administer development, implementation, and maintenance strategies, departmental policies, and procedural operations for PREA compliance issues. The position also acts as a liaison and subject matter expert to other stakeholders throughout the state. Oversight responsibilities of the PREA Coordinator position include overseeing all PREA investigations assigned to Agency Appointing Authorities, completion of related data analysis for strategic planning and deficiency correction, as well as providing related information to Agency management.

During interview, the PREA Coordinator reported that she had sufficient time and authority to conduct responsibilities associated with the development, implementation, and oversight of PREA standards at all WADOC assigned facilities. She indicated there are twenty-four (24) facility PREA Compliance Managers (PCMs) with whom she had regular interaction, via monthly PREA Advisory Council (PAC) meetings, as well as individual telephone and email contacts.

The PREA Coordinator provided consultation and updates via email regarding the PAQs prior to the CCCC review, and was onsite throughout the entirety of the site review. She was also available for telephone conference calls and by email for the auditor's questions and clarification required after the review. Per interview with the PCM, the PREA Coordinator had been a useful resource to her and available to respond to any institutional PREA-related need in a reliable manner.

Standard 115.11c: The facility provided an organizational chart for CCCC demonstrating an assigned PREA Compliance Manager (PCM) position, titled in the facility's organizational chart as Correctional

Program Manager who reported to the Superintendent. Policy 490.800 identified the PCM responsibilities. The CCCC PCM had responsibilities at the facility to include: coordinate local PREA compliance, serve as a point of contact for the PREA Coordinator, oversee PREA vulnerability assessments, prepare for PREA audit and implement corrective actions, track PREA risk assessments, review PREA training compliance, and manage oversight of the PREA Compliance Specialist. Of note, CCCC does not have a PREA Compliance Specialist position filled.

During interview with the PCM, she reported that she had sufficient time and authority to coordinate CCCC's efforts towards compliance with PREA standards. Based upon her responses to interview questions and the auditor's observations during site review, she demonstrated awareness of the PREA standards and provisions delineated within each. She was able to thoughtfully articulate her associated responsibilities as PCM, and describe how she made efforts towards the fulfillment of assigned duties. She expressed her appropriate use of the PREA Coordinator and PAC to reach out when needs arose. Further, facility staff identified that they would seek her direction regarding PREA-related issues.

The CCCC PCM was present throughout the site review. She was available for both pre- and post-audit contact in order to respond to any questions posed by this auditor. She was receptive to feedback and clearly willing to implement any corrective actions and recommendations offered to the facility. The PCM with the facility also began immediate work to initiate corrective action and kept the auditor apprised of the facility's progress in a timely manner towards the same following the audit.

Through the course of the site review, via both formal and informal observation it was evident that both the PCM and PREA Coordinator continuously engaged in providing direction and appropriate guidance as related to the Agency's Sexual Abuse Prevention policy. Specifically, each were able to effectively express the Agency's policy regarding zero tolerance of sexual abuse and sexual harassment, appropriate reporting mechanisms, as well as the effective implementation of PREA standards towards compliance.

While the PCM coordinates an extraordinary amount of PREA assignments, the auditor assessed that it would be of benefit to the facility to have a PREA Compliance Specialist assigned to assist with PREA-related duties. Given the volume of PREA cases at twenty-six (26) during the reporting period with eleven (11) cases still pending closure, and the associated needs of responding to these investigations (e.g., victim notification, log data collection, corrective action plan (CAP) monitoring, retaliation follow-up, etc.), amongst additional PREA-related duties, an additional position would assist in addressing PREA standards compliance. The current PCM primary position was designated as a Correctional Program Manager (CPM) with additional workload, separate from PREA-compliance. The facility would benefit by having one assigned position designated to address PREA-related issues. Therefore, it is strongly advisable that the facility be permitted to activate and fill a PREA Compliance Specialist position.

No corrective action was required for this standard.

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

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 4/26/19); IX. Contracted Confinement of Offenders; current contracts; Agency report of completed PREA Audits from contracted facilities; PREA FINAL Audits for Naselle Youth Camp and Green Hill School; and two Memorandums (from facility Superintendent [dated: 6/17/19] and PREA Coordinator [dated: 7/18/19]) with relevant content for PREA standard provisions 115.12a & b towards compliance determinations with this standard.

Standard 115.12a: Agency Policy 490.800 IX.A stated that any new or renewed contract is to include verbiage that the obligations as indicated in the provision of this standard were a requirement of the contract. Since the last PREA Audit conducted in March of 2017, per the PAQ, the Agency had entered into or renewed three (3) contracts for the confinement of inmates. The Agency indicated that all of these contracts required contractors to adopt and comply with PREA standards in full. There were no (0) contracts that permitted contractors to not adopt or comply with PREA standards. Agency contracts reviewed by the auditor included language that conformed to this provision. This verbiage was included in the contracts, entitled as, Section 2.05 Prison Rape Elimination Act (PREA) and Sexual Misconduct.

During interview with the Agency Contract Administrator, they affirmed upon the initiation of contracts the standard provision language, as a 'PREA shell', is included. She explained that the contract includes that it is the entity's obligation to comply with the PREA standards. She also stated that the

PREA Coordinator holds responsibility to review and follow-up with each entity regarding the audit process and on-going monitoring, if necessary. The PREA Coordinator expressed her awareness of this responsibility.

Standard 115.12b: Agency Policy 490.800 IX.B states the Agency is also required to monitor the contractor's compliance with PREA standards. The Agency provided documentation by Memorandum regarding the cycled monitoring of contracted facilities aimed to ensure each contracted site remained in compliance with PREA standards. Associated verbiage was included in the contracts reviewed, entitled, 30. Right of Inspection. The Agency Contract Administrator confirmed that all contracts were reconciled on a consistent basis by the PREA Coordinator. The Agency Contract Administrator affirmed that she is responsible for contract monitoring, conducted at minimum on a monthly basis, to ensure continued compliance with PREA standards.

The auditor reviewed a report of completed PREA Audited contract sites. The report included agency contracts (American Behavioral Health Systems, Rehabilitation Administration, and Yakima County Jail) and interstate compact contracts (Iowa and Minnesota). Of the provided sixteen (16) individual entities, two (2) sites demonstrated PREA Audit non-compliance (Naselle Youth Camp: FINAL Report 8/12/18; 33 compliant, 10 non-compliant; and Green Hill School: FINAL Report 5/18/19; 30 compliant, 7 non-compliant, 6 not applicable). These two (2) sites were under the Rehabilitation Administration interagency agreement with WADOC to house those offenders under the age of 18 sentenced as adults. The interagency agreement currently has no expiration date.

As of 7/1/19, the authority of the youth incarcerated at the two non-compliant sites transferred from the Department of Social and Health Services to the Department of Child, Youth, and Families. However, the contracts remained under the jurisdiction of WADOC. The PREA Coordinator confirmed that she reconciled all contracts on a consistent basis with agency contract monitoring conducted by the Agency Contract Manager, as stated above. Specifically, contract monitoring is expected to occur at the two non-compliant sites aimed to maintain compliant standards and bring non-compliant standards into compliance with all PREA standards.

The Agency PREA Coordinator had been working with the PREA Administrator of the contracted agencies to submit monthly compliance reporting at the non-compliant sites. At the time of the Interim Audit the Agency was able to produce monthly auditing for Green Hill School; however, the contracted agency had not provided PREA compliance monitoring updates regarding Naselle Youth Camp (NYC) since May 2019. On 10/7/19, the auditor met telephonically with Agency Department Headquarters representatives, including the PREA Coordinator to request documentation regarding NYC. At that time, the Agency had determined it would be best to proceed with a formalized meeting with the Administrators for the contracted sites to discuss PREA requirements regarding the aforementioned contract and needs for compliance.

There was corrective action required for this standard:

During the CAP, the Agency provided evidence that they worked with the external Agency to reinitiate a plan to conduct routine monitoring of the non-compliant contract site (Naselle Youth Camp), and continued monitoring of Green Hill School. The monitoring plan initially demonstrated a constructive aim to gain compliance within a thirty-six (36) month period of all standards found non-compliant upon issuance of the failed FINAL PREA Audit Report at both contract sites.

WADOC immediately initiated corrective action regarding Agency compliance with 115.12b as it related to Juvenile Rehabilitation (JR) and held a meeting on 10/31/2019 with attendees including, WADOC, JR, and the Department of Youth and Family Services (DCYF, which is where JR is organizationally located). WADOC provided the auditor with meeting minutes in which participants agreed to formal

monitoring activities. Through the duration, WADOC continued to meet and follow-up with JR and DCYF officials, receiving monitoring inter-agency agreement documentation for November 2019.

The Corrective Action item had remained in 'pending' status upon issuance, as additional clarification was required. WADOC was required to submit the noted query to the PRC with clarification assembled via the Agency PREA Coordinator regarding actions applicable within the laws, RCW 72.01.410 and E2HB1646 of Washington, and the scope of the Agency's authority to enact action. Both WADOC and the auditor consulted the PRC for further direction regarding applications and Agency enforceability of this standard provision. PRC determined that the agreement was exempt from monitoring based on the newest legislation. WADOC received this notification on 12/11/2019. The Agency forwarded the PRC determination by email to the auditor on 12/18/2019, and the decision made jointly to close corrective action associated with 115.12b.

Corrective action was completed for this standard.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No n/a
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No n/a
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No n/a
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?
 Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?
 Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 110.110 Work Release Management Expectations (Rev. 8/1/14); 300.500 Work Release Screening (Rev. 10/12/10); 400.210 Custody Roster Management (Rev. 6/19/19); 110.100 Prison Management Expectations (Rev. 6/8/18); 400.200 Post Order/Operations Manuals and Post Logs (Rev. 10/17/11); and 420.370 Security Inspections (Rev. 10/16/13); as well as the 2019 Staffing Plan in support of the facility's best efforts to develop, document, and comply with an adequate level of staffing plan that protected offenders against sexual abuse and demonstrated compliance towards the provisions of this standard.

Standard 115.13a: Per Policy, the Agency conducts a staffing plan review annually, and more frequently if required. Per Policy, the Annual Staffing Plan, included the assessment, determination, and documentation of whether adjustments were needed to the existing staffing plan, the facility's deployment of video surveillance systems and other monitoring technologies, as well as any additional resources the facility had available to commit to ensure adherence to the staffing plan, and overall offender sexual safety.

The facility has provided a documented 2019 Staffing Plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse. Attendees at the facility's Annual Staffing Plan meeting included: Superintendent, PCM/Correctional Program Manager, Chief of Security/Correctional Lieutenant, Administrative Assistant 4, and Roster Manager. In calculating adequate staffing levels and determining the need for video monitoring, the staffing plan has taken into consideration:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy ~ not applicable;
- Any findings of inadequacy from Federal investigative agencies ~ not applicable;
- Any findings of inadequacy from internal or external oversight bodies ~ not applicable;
- 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;
- The 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; and
- Any other relevant factors.

A supplementary component to the Staffing Plan produced proactively by CCCC is a facility vulnerability assessment that is completed to identify and address areas or processes creating risk. The auditor reviewed the current Vulnerability Assessment and associated Corrective Action Plan

related to the 2019 Staffing Plan. The CCCC Superintendent, PCM, and Agency PREA Coordinator each confirmed that the eleven (11) criteria listed above were considered during the Staffing Plan meeting when evaluating the needs associated with appropriately staffing the facility.

Per CCCC's 2019 Staffing Model, "WADOC maintains custody and non-custody staffing models for all prison facilities. The custody staffing model has been approved by the Legislature following an extensive review of national correctional practices". Based on the auditor's evaluation of the 2019 Staffing Model, the CCCC staffing plan was predicated on the average daily number of inmates at 480, with the reported actual average daily population of offenders for 2018 slightly less at 473. Documentation utilized in the development of the staffing review, and also provided to the auditor, included:

- 1.) Custody Staffing Model (including vacancies),
- 2.) Non-Custody Staffing Model (including vacancies),
- 3.) Movement Schedule,
- 4.) Vulnerability Assessment,
- 5.) Master Custody Staff Roster, and
- 6.) Non-Relievable Posts

The CCCC Staffing Plan and associated meeting conformed to the provisions as described in this standard provision, per the auditor's assessment of the documentation provided, as well as input gathered during interviews with participants who attend the meeting, including the CCCC PCM and Facility Chief of Security.

Standard 115.13b: Per Superintendent's Memorandum (dated: 6/17/19) there were no (0) documented cases which necessitated deviation from the staffing plan. Per documentation provided to the auditor, program cancellation has occurred secondary to determinations regarding shifting program staff based on weather (e.g, icy condition); however, no documented circumstances were indicative of staffing model deviations that would jeopardize offender safety, facility security, or cause inadequate staffing levels to protect offenders from sexual abuse within the facility.

Per Policy, to prevent deviations from the staffing plan, each facility will identify posts that may be temporarily vacated, absent any uncommitted authorized leave, training, or sick leave relief. Non-Relievable Posts have then been identified with a minimum standard. Per the Superintendent's Memorandum, "The staffing model has consistently proven effective in prison operations. The plan contains an exception process with review and approval elements for use as needed for prison facility management. Although the non-custody staffing model is not legislatively mandated, it is implemented in a similar manner". The facility provided the auditor with roster samples of mandatory posts being filled with overtime or pulling from non-mandatory posts. On an annualized basis, quality assurance audits have been conducted at every WADOC facility, to include CCCC, to ensure custody staff are deployed in accordance with the model.

The facility utilizes the quality assurance audit as a tool to ensure that no modifications or exceptions to the staffing model are indicated. In such cases as deviation from a staffing plan must be made, per Policy, the facility shall provide justification and documentation thereof. During interview with the Superintendent, he discussed that he meets with Executive staff to review staffing rosters, specifically utilization of overtime and staffing placements to ensure the facility maintained appropriate staffing levels, thereby avoiding shortages. He was aware of the need to both provide justification for and documentation of any situations that involved CCCC's deviation from the staffing plan.

Standard 115.13c: Per policy and in practice, the facility consulted with the PREA Coordinator, no less than once annually, while whenever appropriate, as related to PREA needs. The facility's discussions with the PREA Coordinator have been utilized to assess, determine and document whether adjustments were required to the facility's:

- master staffing plan established pursuant to 115.13a,
- deployment of video monitoring or other monitoring/surveillance technologies, and
- resources available to commit to ensure adherence to the staffing plan.

Furthermore, the Coordinator indicated willingness to provide consultation to the facility for this purpose whenever necessary. The PREA Coordinator had an established role providing continuous oversight for the annual staffing plan review process and was the process designee for all high-level, PREA-related Agency-related concerns.

Standard 115.13d: Agency Policy 110.100, 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...
2. At a minimum, the following must be toured each week:
 - a. Restrictive housing units,
 - b. Food Services, including mainline operations,
 - c. Health Services, and
 - d. Off-site work crews.
3. Facility executive management team members will routinely modify their work schedules to conduct tours and interact with employees on all shifts.
4. Tours will include observation of performance related to core processes to ensure operational practice is aligned with reported performance.

An Assistant Secretarial Directive from five (5) Assistant Secretaries (D. Armbruster, K. Bovenkamp, D. Schrum, R. Herzog, K. Waterland; dated: 5/4/17) of different prison Divisions was sent to all Supervisors, entitled, Documentation of Supervisory Tours, as related to standard 115.13d. Per Superintendent’s Memorandum (dated: 6/17/19), the CCCC Superintendent, Correctional Program Manager (PCM), Lieutenant, and Duty Officers conduct weekly unannounced area visits throughout the facility during all three (3) shifts. “Staff are aware of and follow the policy requirements that prohibits alerting other staff members that a ‘walkabout’ and/or area visit is being conducted”.

Agency Policy prohibits staff from alerting other staff members that supervisory rounds are occurring. During the site review, three (3) interviews were completed with Intermediate or Higher-Level Facility Staff, in which each indicated they had conducted and documented unannounced rounds, and were able to state that staff were not permitted to advise or contact other buildings to inform them of unannounced rounds occurring. Further, they indicated that they conducted these rounds at different times to ensure that staff would not be aware of their occurrence. They also reported they utilized strategies like entering through different doors, coming on weekends, being present in the mid-shift (including 1st watch). Randomized staff interviews (12/12; 100%) confirmed that unannounced rounds occurred and that staff knew the prohibition regarding sharing this information with surrounding peers at the facility.

Based upon auditor review during the physical site inspection unannounced rounds were clearly documented by intermediate and higher-level staff across each of the housing buildings, and all logs available for review. The unannounced rounds documentation was observed during the facility inspection to be randomized, occurring reliably with greater frequency than the weekly minimum Agency Policy requirement, and conducted on all three (3) shifts with the date, time, and name of the supervisor legibly indicated.

The logs were reviewed, both those submitted for the PAQ upload, and those viewed during the physical plant review, and as cited above unannounced rounds were found to have been documented across shifts. The auditor had difficulty locating some of the supervisory tours as on occasions they were annotated with the same color pen, with the exact verbiage used by the officer logging daily entries or solely stated the presence of the supervisor on the unit. Instead, the auditor recommends writing these supervisory tours in a different color of pen, and citing the rounds as “Supervisory Tour” or

“PREA Rounds” would make the occurrence of Supervisory Tours more visible in the logs. On 10/7/19, the auditor was provided photographs of this modification, as ‘Unannounced Rounds’ documented in the logs occurring in the Supervisory Tour documentation on a regular at the facility since the auditor’s site visit.

Rounding within each of housing unit was occurring at approximate but not greater than fifteen (15) minute increments, and upon review of the log paperwork the audit team noted that the randomization of the fifteen minute increments was appropriate. All logs submitted with PAQ upload also demonstrated randomization. Informal discussion with officers in the units indicated that they were aware of their responsibility to monitor on regular basis with efforts towards ensuring their rounding was continuous, yet not predictable increments of time.

The facility had fully implemented video camera surveillance as a tool to protect against sexual abuse. At the time of the site inspection, CCCC had thirty-one (31) cameras. The cameras were strategically located throughout buildings, laneways, outdoor areas, and within buildings in order to provide the best coverage over blind spots. Some cameras had pan-zoom capabilities. As such, cameras were mounted strategically throughout the facility. The camera locations included: the Alpine Education/Chapel building (3 cameras), Administrative Segregation corridor and exercise yard, external perimeter gable cameras (3 cameras), kitchen (7 cameras; with 3 in the dining room, 2 in receiving, and 2 in storage), visiting room (3 cameras), parking lot (1 camera), and Public Control Office (PCO, external and internal; 9 cameras). No video monitoring equipment was located in housing units.

The audit team inspected all of the aforementioned areas during the site review, and camera placement was apparent in blind spots, isolated areas, and high traffic areas to enhance the Agency’s ability to protect offenders against sexual abuse. Concerning who had access to viewing the camera output, there was a primary camera hub at the PCO booth and Shift Commander’s office. Camera observation and footage viewing also was available at one of three (3) additional areas, including the visiting room officer’s station (while visits were in progress), Lieutenant’s office, and Superintendent’s office. None of the camera output areas had designated positions with staff for constant video stream observation purposes. No gender restrictions of staff assigned to posts for the purpose of viewing cameras were in place. As noted, no cameras were located inside of the offender housing units or where the offenders would be in any manner of undress; thereby, causing no potential for cross-gender viewing.

During the physical plant inspection it was clear that the facility had placed a great deal of emphasis on identifying blind spots and providing either camera monitoring, mirror coverage or entirely blocking off areas to offender access. There were limited areas identified, which were all remedied prior to the auditor issuing the interim report. The identified issues were, as follows:

- In the Medical Annex and Chemical Dependency (CD) Treatment area, the offender bathroom had a key-locking door, which created an area for potential offender isolation. The facility controlled offender access to the restroom and decided to install a window in the bathroom door. This modification was completed on 9/25/19 with photograph provided to the auditor.
- There was a locking mechanism on the inside of the offender bathroom in the woodshop, which created an area for potential offender isolation. The facility removed the lock. This modification was completed on 9/26/19 with photograph provided to the auditor.
- There was a door on the porter closet in the woodshop, which created an area for potential offender isolation. The auditor received confirmation that the door was removed prior to the end of the site review.
- The blinds on the windows of the tactical training room created potential for offender isolation and blind spots. The auditor was present when this modification was completed.
- There was a locking mechanism on the offender bathroom in the Construction Trades Apprenticeship Preparation (CTAP), which created an area for potential offender isolation.

The facility removed the lock. This modification was completed on 9/25/19 with photograph provided to the auditor.

- There was no visibility into Plant Manager's office from inside of the building, which created an area for potential offender isolation. The facility installed a window in the office door. The modification was made on 9/20/19 with photograph provided to the auditor.
- A consideration for potential area of isolation behind the horticulture shed. As of 12/24/19, the facility had installed the necessary mirror and provided photographs by email of the modifications to the auditor.

Through immediate remedial action, the facility has converted locks to resolve the considerations for potential offender isolation and in one (1) case blind spots. There were no additional areas viewed during the site inspection to be found as potential for blind spots or offender isolation.

Corrective action was not required for this standard.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.14 a-c: The auditor reviewed Agency Policy DOC 320.500 Youthful Offender Program (Rev. 12/10/12) towards compliance determinations with the provisions of this standard.

Per Agency Policy 320.500 Youthful Offender Program (Rev. 12/10/12), Policy I. all youthful (i.e., under the age of eighteen (18)) offenders under the WADOC’s jurisdiction will be housed within the Department of Social and Health Services Juvenile Rehabilitation Administration (as of 7/1/19, authority transferred to the authority of the Department of Child, Youth, and Families).

Per the Superintendent’s Memorandum (dated: 6/17/19), if a youthful offender was sentenced and arrived at CCCC, it would be based on exigent circumstances and the offender would be placed where safety of the offender could be maintained and a transfer to the appropriate reception center immediately requested. Policy 320.500 delineates PREA compliant standards associated with safe housing and protection of youthful offenders at the Washington Corrections Center (WCC) or the Washington Corrections Center for Women (WCCW) Reception Diagnostic Center pending their transfer to Juvenile Rehabilitation Administration.

As stated on the PAQ, CCCC facility rosters across the reporting period showed no occurrence of youthful offenders received and/or housed at CCCC. As stipulated in Agency policy and per Superintendent’s Memorandum, there were no youthful offenders observed by auditors throughout the site review. This information was consistent with the previous PREA Audit of March 2017. The auditor judged this standard to be met materially because the facility does not house offenders under the age of eighteen (18).

No corrective action was required for this 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?
 Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed that Agency Policy 420.310 Searches of Offenders (Rev. 1/1/14); 420.312 Body Cavity Search (Rev. 10/27/14); 420.325 Searches and Contraband for Work Release (Rev. 4/20/15); 320.265 Close Observation Areas (Rev. 4/28/17); 490.800 PREA Prevention and Reporting (Rev. 4/25/19); and 490.820 PREA Risk Assessments and Assignments (Rev. 6/18/18) towards compliance determinations with the provisions of this standard.

Standard 115.15a & c (portion 1): Per Policy, the facility indicated that cross-gender strip searches or cross-gender visual body cavity searches of offenders were only conducted in exigent circumstances. Agency Policy delineates that no facility shall conduct cross-gender strip or visual body cavity searches with the exception of emergency circumstances or when performed for health care justified reasons by medical practitioners. Furthermore, all searches of such nature shall be thoroughly documented and provide justification of the search. Per Policy 420.310, all strip searches will be documented before the search, or as soon after the completion of an emergent strip search, regardless of the gender of employees conducting the search (p.4). Furthermore, when conducting offender strip searches, "1. 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:... (b). Strip searchers 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 doing the strip search, but will not be in direct line of sight with the offender. 2. If a strip search is conducted that does not meet these gender requirements for staffing, a confidential report will be completed in IMRS and submitted before the end of the shift. The distribution will include the PREA Coordinator (p.5).

The PAQ and Superintendent's Memorandum indicating there were no (0) cross-gender strip or visual body cavity searches conducted secondary to exigent circumstances during the reporting period. Random offender interviews (26 of 26; 100%) supported the same, as well as those conducted with the Superintendent, a facility Investigator, PCM, and facility staff (12 of 12; 100%). CCCC Executive team and staff members were aware that an IMRS report was required should strip search gender requirements not be met. Per Assistant Secretary's Directive (dated: 8/18/16), all Superintendent's were notified that strip search logs had been modified to contain a component to designate both the gender role of each officer conducting a strip search, with an (S) identifying the Searching Officer and (O) identifying the Observing Officer.

There was an area where strip searches are performed in the trailers that was identified during the site review to need of partitions related to the potential for cross-gender viewing and privacy concerns, particularly as related to any individual walking by during strip searches. The auditor requested that a modification be made with installation of privacy screens at either end of the trailer. These screens were implemented on 9/26/19, for which the auditor was provided photographic evidence. The facility also added signage outside of the trailer where strip searches occur, that officers can slide back and forth to indicate when a strip search is taking place. The facility provided photographic evidence of this signage to the auditor on 12/24/19.

Per the Superintendent, PCM and PAQ, if a cross-gender strip or body cavity search was to occur it would be documented in the IMRS. Strip searches at CCCC are conducted in Cascade Unit, Ofsite Work Crew Strip Trailer and the Visit Room. Specific logging and documentation with verification, tracking, and log retention processes are maintained in each area, per Superintendent's Memorandum. There was no information discovered during site review, including interviews and documentation review, contrary to the incidence of zero (0) occurrences of either as reported per PAQ and facility Superintendent Memorandum (dated: disclosure. As indicated, through random interviews with twelve (12) facility staff and thirty (30) inmates it was reported that cross-gender strip and visual body cavity searches do not occur at CCCC.

Standard 115.15b & c (portion 2): Per PAQ and facility report CCCC has not housed female and/or transgender male offenders during the reporting period, and no female or transgender male offenders were observed during the facility site review. Moreover, Policy 420.325 states, "Pat searches will be conducted by a trained employee of the same gender as the offender being searched, except in emergency situations (p.3)". Therefore, the auditor judged 115.15b, and the second portion of 115.15c to be materially met as not applicable.

Standard 115.15d: Agency Policy 490.800 states directly that all offenders shall be afforded the opportunity to shower, perform bodily functions, and change clothing absent of non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia with the exception of emergency situations or when such viewing is incidental to routine cell checks (p.8). Staff and offender interviews during the site review confirmed that the delineated opportunities are afforded to the inmate population.

At CCCC, offenders were permitted in the shower area to change clothing, and perform bodily/hygiene functions; a practice confirmed through staff and offender interviews. The bathroom shower and latrine stalls throughout CCCC were private. The showers with curtains and toilets with doors in each housing unit were single stalls with partitions, permitting inmate privacy in both areas.

There was a door missing on one of the latrine stalls noted in the Cascade Unit lower tier which provided the potential for cross gender viewing noted during the site review. The facility made the modification of door replacement on 10/7/19 and the auditor was provided a photograph for proof of practice.

Per WADOC Policy, the Agency has standardized a “knock and announce” process within each of its facilities when staff of the opposite gender enter offender housing units. Per Assistant Secretary Directive (dated: 12/13/16), entitled, “PREA Announcements in Prison Living Areas”, guidelines for opposite gender announcements were provided regarding throughout course of shift should one remain on the unit and entry into assigned post versus unassigned location, as well as upon entry, exit and re-entry. During the site inspection it was observed that female staff announced their presence in a loud voice prior to entry into the housing areas. Informal interviews while conducting the physical site inspection with both offenders and staff confirmed that these announcements occur even when the auditor was not present.

In the Secured Housing Area there are surveillance cameras while these record the hallways and yard only with no potential for cross-gender viewing of the offender in an unclothed state or while using the toilet. However, if an offender requires a one-to one watch for suicidality, staff would be utilized until transfer. Only in exigent circumstances would an officer of the opposite gender of the offender be assigned to this watch, per Superintendent’s Memorandum (dated: 6/15/19). There is signage provided in the housing buildings at CCCC regarding a ‘Privacy Notice’, stating, “Female personnel may be in the unit/area at any given time...” Close observation Area posting for suicide watch offenders have a posting, which reads “Camera in use and may be viewed by female staff”. There was one (1) offender placed on Suicide Watch during the review period who had been observed by staff of the same gender.

Standard 115.15e: The Agency Policy 490.820; Section VII. Transgender and Intersex Offenders, stipulates that staff are prohibited from searching or physically examining a transgender or intersex inmate solely for the purpose of determining their genital status. Per Policy, “If the offenders genital status is unknown, it will be determined by health care providers during conversations with the offender, by reviewing medical records, or, if necessary, as part of a broader medical examination conducted in private by a health care practitioner (p.8)”.

Per the PAQ, no (0) such searches had occurred at CCCC in the audit reporting period. All random staff interviews (12 of 12; 100%) acknowledged their awareness of this Policy, supporting the staff’s understanding that they are prohibited from conducting searches or physical examinations for the sole purpose of determining an inmate’s genital status. All random staff denied ever having been asked to or having performed such a search. The (1) identified transgender offender queried regarding whether to the best of their recollection they had experienced such a search at the facility, emphatically denied having been searched and/or physically examined while in CCCC custody for the sole purpose of determination of their genital status.

Standard 115.15f: The auditor reviewed WADOC supported Staff Training Lesson Plan on pat search training for cross-gender, as well as searches of transgender and intersex offenders, as utilized at for WADOC staff. The curriculum contained a section with training exercises, consistent with security needs, on conducting both cross-gender pat downs, as well as transgender and intersex offender searches in a professional and respectful manner. Of note, Agency Policy 420.325 states, “Pat searches will be conducted by a trained employee of the same gender as the offender being searched, except in emergency situations (p.3)”. Therefore, it is only in exigent circumstances that cross-gender pat down searches would occur.

The PAQ included confirmation that all staff (100%) had been trained on this Lesson Plan. Per the Superintendent’s Memorandum (dated: 6/17/19) this Agency training had been provided as a one-time online learning course at CCCC in February of 2014 with subsequent training occurring only in the Correctional Worker CORE or applicable academy class environments and not at the facility. In the random staff interviews, staff generally were able to note receipt of this training and knowledge of how to perform the same. There did not appear to be onsite documents retained regarding completion for

this particular training in 2014 and it was not a component of the annual PREA on-line Learning Management System training.

Corrective action was not required for this standard.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

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

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

WADOC Policy 310.000 Orientation (Rev. 10/26/18); Policy 450.500 Language Services for Limited English Proficient (LEP) Offenders (Rev. 1/14/13); Policy 490.800 PREA Prevention and Reporting (Rev. 04.25.19); Section III. Offender Accommodations; and Policy 690.400 Offenders with Disabilities (Rev. 4/25/17), as well as the contracts for sign language interpretation (SLI) and language

interpretation services were reviewed by the auditor towards compliance determinations with provisions of this standard.

Standard 115.16a: Based upon the auditor's review, the Agency and facility have provided appropriate steps to ensure that offenders with disabilities have equal access regarding PREA efforts. The auditor's review included interviews with the Superintendent, PCM, PREA Coordinator, Agency Head Designee, as well as one offender with hearing impairment and one offender with mental illness (2/2; 100%). Taken together, the documents cited above and information gathered during site review, it was clear the Agency has made identifiable steps to ensure that inmates with disabilities have an equal opportunity to engage in and benefit from all elements contained within the Agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Per policy, orientation material, of which PREA is a component, must be provided orally and in writing in "...a manner that is clearly understood". The Superintendent's Memorandum (dated: 6/17/19) indicated that each offender's specific needs are reviewed through pulling their PULHESDXTR (P-General Health Service Utilization; U-Medical delivery requirements; L-Limitations of mobility; H-Developmental disability; E-Sensory disability; S-Mental Health Service Utilization; D-Dental Service Utilization; X-ADA Accommodation; T-Transport) report prior to their arrival at CCCC during the weekly Multi-Disciplinary Teams (MDTs). The Superintendent, Correctional Program Manager, Lieutenant and Correctional Unit Supervisors attend the MDTs. If the MDTs identified a specified offender to need additional support, the MDTs directs the unit counselor to provide one-to-one consultation with the offender. Per Agency Policy, staff members are obligated to ensure effective communication has been established with the inmate.

Per Policy, the Agency had developed service provisions for inmates related to all categories as cited in 115.16a. The Agency has service provisions for inmates who have:

- deafness or are hard of hearing (written materials and an SLI service contract);
- blindness or low vision (a video in which PREA information is read aloud; PREA material was also available through one-to-one discussion with the inmate's counselor);
- have intellectual disabilities (one-to-one housing unit counselor consultation to further discuss content of PREA brochure and standards);
- have psychiatric disabilities (Mental Health and Medical staff were available onsite with individualized treatment services available);
- have speech disabilities (onsite counselor and educators were available to discuss PREA-specific questions); and/or
- have any other not previously identified impairments (i.e., any exceptional situation involving difficulty in communication, referral would be made to consult with the PCM).

Per the Superintendent's Memorandum (dated: 6/17/19), during the review period there were no (0) reported needs for SLI provision or targeted orientation material used to provide PREA information to offenders with special needs. The offender with a hearing impairment noted above utilized hearing aids and was able to have his needs accommodated with use of his hearing aid assistance. The offender with a mental illness noted indicated that he received PREA material in a manner he understood, and if he required additional clarification, he would speak with the building officers.

Standard 115.16b: PREA materials were visible throughout the institution in both poster and brochure format. WADOC statewide PREA posters, handbooks, and brochures were accessible in English and Spanish, and all were available at the facility. Inmates received brochures at intake in their Orientation Packet, in either English or Spanish. If the offender needed to view the orientation video in Spanish, the facility would provide the offender with an opportunity for a special viewing of the Spanish language PREA video within orientation timelines. Per policy, if the offender spoke any other primary language and was Limited English Proficient (LEP), the Agency would translate the brochure into the offender's primary language, as necessary to accommodate the offender's language needs.

Per the Superintendent's Memorandum (dated: 6/17/19), WADOC had identified translation services. The Agency has current in-person vendor contracts for translation services that offer both court-certified and non-court certified language service. However, per Spreadsheet documentation from the Headquarters' Correctional Manager responsible for oversight of the contracted language services it appears that presently the Agency does not have any contracted in-person vendors who service CCCC facility referrals (offered for PAQ within standard 115.17). The Agency also offers telephonic translation services (CTS Language Link and Linguistica International). The previous Superintendent had informed CCCC staff of these services through Superintendent's communication (dated: 11/13/15). Per this Directive, telephonic translation services shall be utilized secondary to in-person translation.

The information provided to the auditor showed how to request an interpreter via the telephonic services along with the languages available for translation. The services covered through the telephonic language services had 24 hours per day, 7 days per week availability. During randomized interviews with staff, they were able to identify the facility's translation services (10/12; 83%), how to access interpreters, and the need to utilize these in any PREA situation (12/12; 100%). Per Superintendent's Memorandum (dated: 6/17/19) no such translation service needs have occurred during the reporting period.

Standard 115.16c: Agency policy 490.800, Section III. Offender Accommodations A.1. specifically prohibits the use of offenders, family members, and friends as interpreters or translators. Further, during Random Staff interviews, all of the staff members were aware that offender translators were not permitted to assist with PREA related reporting or assistance. The responses during Random Staff interviews further confirmed their ability to request translation and/or any required language assistance when necessary, either interpreter services in-person or telephonically, specifically as this would relate to reporting of sexual abuse or sexual harassment by an offender.

There were no (0) offenders housed at the facility who were identified to be non-English monolingual (or required language assistance), limited English proficient, or vision impaired. Site review information was consistent with facility reports as there were no (0) individuals identified who appeared to meet any of these categories based on audit team observation, as well as staff and inmate report. Per the PAQ and Superintendent's Memorandum (dated: 6/17/19), there were no (0) instances of the use of offender interpreters in the performance of First Responders duties during the reporting period at the facility.

No corrective action was required for this standard.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 4/25/19); 810.015 Criminal Record Disclosure and Fingerprinting (Rev. 11/1/17); 810.800 Recruitment, Selection, and Promotion (Rev. 11/1/17); 400.320 Terrorism Activity (Rev. 9/12/11); and 800.005 Personnel Files (Rev. 11/1/13), along with two (2) Superintendent's Memorandums (dated: 6/17/19) towards compliance determinations with the provisions of this standard.

Standard 115.17a: Policy 490.800 PREA Prevention and Reporting; Section V. Staffing Practices explicitly states that the Agency, to the extent permitted by law will not knowingly hire, promote, or enlist the services of anyone (staff or contractor) who has been engaged in the conduct outlined in 115.17a. The CCCC Human Resources staff and Superintendent's Memorandum (dated: 6/17/19) affirmed this process was in place.

Standard 115.17b: Policy 490.800 PREA Prevention and Reporting; Section V. Staffing Practices specifies, that the Agency, "...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 (p.6)". Interview with the CCCC Human Resources staff and Superintendent's Memorandum (dated: 6/17/19) supported that consideration was given to any prior incidents of sexual harassment when determining whether to enlist the services of staff or contractors who may have contact with inmates.

Standard 115.17c & d: According to Policy, the Agency will complete a criminal background check prior to initial appointment or rehiring staff (i.e., all applicants), and best efforts will be made to contact all prior institutional employers regarding information related to queries of substantiated allegations of sexual abuse. All employees and contractors at CCCC received a background criminal record through the WASIS (Washington State Identification System)/NCIC (National Crime Information Center) III Check and WACIC (Washington Crime Information Center)/NCIC Check prior to initial offer of appointment or rehire.

Documentation provided with the PAQ showed a sampling of nine criminal record checks performed prior to hire. Of note, the data input on the top portion of the WASIS/NCIC III Check NCIC/WACIC form was inconsistent. Some did not have the date of request, type of request, and more importantly, on one the findings were incomplete as neither yes/no box was checked for 'Clear Criminal History', while the appropriate yes/no box was checked for 'Clear Warrants and Arrests'. Of the nine provided forms, four were not clear for criminal history, which required additional review from the Superintendent (Note: the aforementioned individual without a checkbox was one of the four requiring Superintendent's clearance). Per additional supporting spreadsheet provided during the site review, the previous Superintendent had completed these reviews.

During site review, documentation review of twelve staff personnel files confirmed that the appropriate initial criminal record checks process was in place. Of the staff reviewed, seven (7) of the files reviewed were not applicable for the initial hire background check, as these staff had been hired prior to implementation of this process, while all had received five year Criminal Record Checks in subsequent years (six of six; 6/6; 100%; one [1] n/a as employee is on long-term leave). Of the new staff hired all (5/5; 100%) had initial background checks on file.

Documentation provided with the PAQ supported the facility's attempts to contact prior institutional employers for information regarding applicants' potential history of substantiated allegations of sexual abuse. This process was completed for new hires with all cases provided (3/3; 100%) showing a positive effort in obtaining an answer and results written on the applicant's personnel file. In the two cases provided of employee transfer for lateral or promotional hire, personnel does not appear to have contacted prior outside institutions.

During interview, the CCCC Human Resources staff expressed awareness of the requirement to complete a background record check for both employees and contractors, as well as making best efforts to contact all prior institutional employers regarding information necessary for provisions 115.17c & d prior to any staff initial appointment or rehire.

Standard 115.17e: The Agency has a process in place to conduct criminal background record checks at least every five (5) years for current employees and contractors who may have contact with inmates.

The Agency has designated the Corrections Record Supervisor to be responsible for tracking required completion of background criminal record check information by date for all current contractors and staff. This individual is then responsible for the facilitation of ensuring timeliness and compliance with continuous completion of background check documentation for staff and contractor files within a five (5) year timeframe. The Correctional Program Manager is responsible for oversight, including the documentation, of this process.

Supporting documentation, provided with the PAQ, demonstrated both inclusion of staff and contractors in the background record check five-year review. Per Superintendent Memorandum (dated: 6/17/19) the secondary criminal record 5-year review process has been and continues to be in place at CCCC. The Memorandum had attached two (2) Spreadsheets for both facility staff and contractors. The spreadsheet provided for all facility staff, included a date run, results, and notes sections, with up-to-date 5-year criminal record checks for all active employees. The second spreadsheet documented current dates of background checks for all SLI vendors, which were up-to-date, within the five (5) year timeframe. Upon site review, twelve of the randomly selected employees (12/12; 100%) and two of two contractors (2/2; 100%) personnel files had up-to-date secondary criminal record checks, all current within the five (5) year criminal record check review period.

Standard 115.17f & g: The Agency has a hiring process in place to address each of the components of the following standard provisions, 115.17f, g, & h. During the application portion of a hire or promotion, these standard provisions were made available to the potential employee with a signature to indicate acknowledgement by the employee on forms in the application packet. Per Policy, the Agency asks all applicants and employees who may have direct contact with inmates about previous misconduct described in provision 115.17a in applications for hiring or promotions, via the Sexual Misconduct Form. The Agency also asks all applicants and employees who may have contact with inmates directly about previous misconduct described in provision 115.17a during annual reviews, conducted on current employees through written self-evaluations, as a DOC PREA Annual Fiscal Year Disclosure on the Learning Management System (LMS). Furthermore, the Agency has imposed upon employees a continuing affirmative duty to disclose any such misconduct of which applicants have been made aware upon their hire and/or through annual PREA training. Per Agency Policy, the provision of materially false information or the omission of details related to sexual misconduct shall be the grounds for termination.

The Human Resources staff confirmed that employees were aware of their responsibilities to both respond truthfully and maintain a continuing affirmative duty to disclose any misconduct. Staff interviews confirmed their understanding of these responsibilities.

As stated above, Agency Policy 490.800 prohibits the hiring or promotion of any applicant who may have contact with inmates and who have engaged in the three (3) criteria outlined in standard 115.17a. These criteria include: 1.) sex abuse in a confinement facility, 2.) convicted of engaging or attempting to engage in sexual activity in the community by force, threats, coercion or non-consent of victim, or 3.) has been civilly or administratively adjudicated to have engaged in the activity described in the preceding parts 1.) & 2.) (above).

During the document review, the audit member reviewing the staff documents found the three questions consistently documented for all applicable staff files (i.e., those hired or promoted following implementation of the PREA Standards) with responses for the three Mandatory PREA Questions contained on the Sexual Misconduct Disclosure form (4/4; 100%). All staff and contractor files reviewed also had up-to-date DOC PREA Annual Fiscal Year Disclosure forms documented in their training files, which included updated responses to the three questions Mandatory PREA Questions (11/11 staff; 100%; 1 employee reviewed was on extended leave and their file, thereby, not applicable; and 2/2 contractors; 100%).

Standard 115.17h: Should the Agency receive requests from an institutional employer regarding an employee who has previously worked at the facility, the Agency Policy authorized disclosure of information related to substantiated allegations of sexual abuse or sexual harassment. The Agency has created release of information documents for the applicant to sign, and a section of the applicant's interview package to indicate attempts made towards contacting relevant facilities with the dates of attempted contacts and outcome of these calls/emails.

During the Human Resources staff interview, facility procedures held the PCM responsible to respond to associated facility-to-facility applicant information requests, a procedure which aimed to minimize disclosure of potentially sensitive information. The PCM acknowledged her responsibility to do so. As cited above, CCCC has completed facility-to-facility contacts for their own applicants, and maintained appropriate documentation. However, the responding facility was not required to maintain documentation for providing a response to a facility-to-facility inquiry, per 115.17h provision nor Agency Policy.

No corrective action was required for this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy 490.800: PREA Prevention and Reporting (Rev. 4/25/19); VII Prison and Work Release Physical Plant A & B was reviewed by the auditor towards compliance with the provisions of this standard. This Policy required the Agency to consider possible effects on its ability to protect offenders from possible sexual misconduct when designing a new facility, planning expansions or modifications to existing facilities, and/or installing/updating video monitoring, electronic surveillance systems or other monitoring technology.

Standard 115.18a: Per the PAQ there had been no significant expansions to the facility, or upgrades; however, there was one building acquisition (or modification), since the previous PREA Audit in March 2017. A modular classroom build had occurred at the facility. Per Superintendent's Memorandum (dated: 6/17/19), in preparation for the August 2019 PREA Audit it was discovered that no documentation was retained demonstrating consideration of PREA and the facility's vulnerability assessment associated with this modular classroom. On 6/6/19, the facility had completed a PREA vulnerability assessment on the modular classroom with findings indicating two (2) blind spots, requiring installation of a mirror on the southwest corner and a mirror on the northeast corner. The facility corrected the identified deficiencies in the classroom modular prior to the PREA Audit.

At the time of the site review, the modular classroom was not yet in use, and remained not cleared by Labor and Industries. While inspecting the site, it appeared to the auditors that only basic remodeling and general maintenance upkeep had occurred at the facility, with the exception of installation the one (1) modular classroom building, as indicated in the PAQ. This modular classroom remained unused, as reported, however, had completed a PREA vulnerability assessment, which had been resolved for PREA-related blind spot deficiencies. The audit team viewed no other associated PREA-related issues with the modular classroom.

Standard 115.18b: Since the previous PREA Audit in March of 2017, there had not been any additions to the video monitoring system, electronic surveillance system, or other monitoring technology. The previous audit indicated the facility had submitted a proposal for additional cameras; however, per the Superintendent's Memorandum (dated: 6/17/19) following the PREA Audit the facility discovered that they did not have the infrastructure to support accommodating proposed new camera installation.

The auditor discovered that the previous PREA Audit had not delineated the number or location of cameras observed during the site review. At the time of the current site review, CCCC had thirty-one (31) cameras. The cameras were strategically located throughout buildings, laneways, outdoor areas, and within buildings in order to provide the best coverage over blind spots. As such, cameras were mounted strategically throughout the facility. The camera locations included: the Alpine Education/Chapel building (3 cameras), Administrative Segregation corridor and exercise yard, external perimeter gable cameras (3 cameras), kitchen (7 cameras; with 3 in the dining room, 2 in receiving, and 2 in storage), visiting room (3 cameras), parking lot (1 camera), and Public Control Office (PCO, 9 cameras; external and internal). Some cameras had pan-zoom capabilities. No video monitoring equipment was located in housing units. In having no cameras located in housing units the auditor was able to ascertain that no video surveillance was directed into areas where offenders may be visible in

any manner of undress to perform bodily functions and/or for hygiene purposes (e.g., showering, toileting).

The audit team inspected all of the aforementioned areas during the site review, and camera placement was apparent in blind spots or isolated areas. Concerning who had access to viewing the camera output, there was a primary camera hub at the PCO booth and Shift Commander's office. Camera observation and footage viewing also was available at one of three (3) additional areas, including the visiting room officer's station (while visits were in progress), Lieutenant's office, and Superintendent's office. None of the camera output areas had designated staff for constant video stream observation purposes. No gender restrictions of staff assigned to posts for the purpose of viewing cameras were in place. As noted, no cameras were located inside offender housing units or areas where offenders would be in any manner of undress; thereby, causing no potential for cross-gender viewing. Designated staff could access recorded and archived footage captured from the cameras by computer screen in the visiting room, Lieutenant or Shift Commander's office. Video footage was retained for thirty (30) days on each camera.

The Agency Head Designee and Superintendent indicated that the facility looks at areas with increased PREA allegations to determine the best places to deploy resources should access to additional cameras become available. The Agency Head Designee reported that the Maintenance Group and Capital Outlay were aware of PREA requirements and that PREA knowledge has been applied when designing projects, specifically video monitoring. During interview, she also emphasized that the Agency has always looked to secure funding to upgrade video technology. The Superintendent acknowledged the importance of electronic surveillance, while emphasized maximizing the use of facility staffing, particularly in the realm of supervision levels, and prevent staff reliance on video monitoring in the prevention of PREA incidents.

During the site review, conversation with the Superintendent and PCM indicated that the facility continued to consider the use of video surveillance in the development of a new proposal, as the previous one had not been viable. The current proposal would include how to utilize video monitoring to provide greatest coverage over blind spots and high traffic areas to enhance the facility's ability to protect offenders against sexual abuse. The facility PREA Investigation Review Committee has supported this proposal in the provision of recommendations in substantiated and unsubstantiated PREA incidents regarding how to utilize video surveillance further to enhance offenders' protection from sexual abuse.

It was clear to the auditor that WADOC, and CCCC specifically, had taken into consideration the implementation of video surveillance technology to increase the Agency and facility's ability to protect inmates from sexual abuse incidents. In discussion, the PREA Coordinator and PCM supported the Superintendent and Agency Head Designee's statements regarding the facility and WADOC's use of video monitoring technology, and iterated the ongoing request, as funding is available, to follow through with additional camera installation at CCCC.

No corrective action was required for this 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.)
 Yes No NA

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.21 (e)

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

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes 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 *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Agency policies 490.850 PREA Response (Rev. 2/6/19); 490.800 PREA Prevention and Reporting (Rev. 4/25/19); 600.000 Health Services Management (Rev. 8/25/14); 600.025 Health Care Co-Payment Program (Rev. 7/24/15); and 610.025 Health Services Management of Offenders in Cases of

Alleged Sexual Misconduct (Rev. 10/14/16) were reviewed by the auditor towards compliance with the provisions of this standard.

Standard 115.21a: Per Policy 490.850, the Agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. These processes include utilization of an Aggravated Sexual Assault Checklist, PREA Response and Containment Checklist, Crime Scene Containment/Preservation/Processing Checklist, and Crime Scene Security Log. Furthermore, the Agency has a Sexual Assault Evidence Protocol: Uniform Evidence Protocol, along with a Forensic Medical Exam Procedure for DOC Health Care Staff, and Forensic Medical Exam Procedures – Transport Staff Procedures.

Per Policy 490.800, local law enforcement officials will conduct criminal investigations related to PREA allegations. Specifically, Thurston County Sheriff's (address: 2000 Lakeridge Dr. SW., Building 3, Olympia, WA, 98502) has been designated as the first law enforcement agency contacted for all criminal investigations and related evidence collection. However, the facility was responsible to conduct administrative investigations. The Superintendent designated appropriately PREA-investigations trained WADOC staff to conduct administrative PREA allegations. There were twenty-six (26) administrative investigations initiated during the review period and investigated by assigned WADOC staff. Eleven (11) of the twenty-six (26; 11/26; 42%) remained open/pending at the time of the site review, while still actively being processed. During the review period, WADOC Headquarters Workplace Investigation Service (WIS) had conducted all allegations involving evidence collection (three; 3 allegations; all of which remain open at the time of the site review), which was consistent with the auditor's review of investigatory documentation reports. Two administrative (2) PREA investigations during the reporting month period rose to the level of consideration for criminal prosecution and were referred to local law enforcement. Local authorities determined not to pursue one for prosecution, while the second case remains open and pending determination.

Throughout the course of the randomized staff interviews all facility staff (12/12; 100%), staff who have acted as First Responders (3/3; 100%), and medical staff interviewed (1/1; 100%) were able to describe the Agency's uniform evidence protocol to maximize the potential to obtain useable physical evidence towards administrative and criminal prosecution of alleged sexual abuse cases. The staff emphasized that their first responsibility would be to ensure the safety of the alleged victim, by ensuring separation (in all forms; physical, visual, auditory) of the alleged victim from the alleged abuser. Staff indicated they would notify a higher-level supervisor immediately (meaning as soon as the alleged victim's security had been established), and seal the location of the incident as a crime scene. Again, all staff noted demonstrated awareness that PREA allegations required specialized training. They reported that it was their responsibility to act as a First Responder in establishing the safety of the alleged victim through separation from the alleged abuser and initiating the preservation of evidence. However, staff expressed that they would not conduct any investigatory evidence-gathering processes pursuant to sexual abuse and harassment allegations. No staff, of the sixteen above (16/16; 100%) interviewed indicated they would independently proceed in initiating a PREA investigation.

Standard 115.21b: The facility does not house youthful offenders as indicated in the evidence provided in 115.14 – Youthful Inmates; thereby, the auditor judged this portion of the provision as materially met, being not applicable.

Per Superintendent's Memorandum, WADOC utilized the following publications as the basis for sexual misconduct investigation evidence protocols: 1.) A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents, Second Edition, U.S. Department of Justice, Office on Violence Against Women (April 2013); and 2.) Recommendations for Administrators of Prisons, Jails, and Community Confinement Facilities for Adapting the U.S. Department of Justice's A National

Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents; U.S. Department of Justice, Office on Violence Against Women (August 2013).

Standard 115.21c: Agency Policy 490.850, stated that the Agency shall offer all victims of sexual abuse access to forensic medical examinations, "...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 (p.6)." If a SAFE/SANE was not available, a qualified medical practitioner would perform the examination. Furthermore, per Policy, work releases were to develop local procedures to ensure alleged victims of aggravated sexual assault would receive emergency medical care to include forensic medical examinations, as applicable.

The Superintendent's Memorandum indicated a documented partnership with Providence St. Peter's Hospital (Olympia, WA), identified as the community health care facility to provide forensic medical examinations to any alleged victims of sexual abuse at CCCC. Furthermore, per Superintendent's report, the CCCC Administrators have met with the Providence St. Peter's Hospital Administrators to develop procedures and agreements in advance of the need for any forensic medical examination. Per the PAQ and auditor's review of the fifteen (15) provided PREA investigations conducted during the review period, there were no documented PREA allegations during the reporting period requiring provision of SAFE/SANE forensic exams. This was supported by the auditor's interview with the Providence St. Peter's Hospital SANE representative who confirmed that forensic nursing service provision was available to CCCC on a twenty-four (24) hours per day, seven (7) days per week basis, and to the best of her knowledge no (0) SANE/SAFE forensic examinations or referrals had occurred during the reporting period.

Per Policy 600.000 Health Services Management: Section I. Part A. all forensic medical examinations were offered without cost to the victim (p.6). Furthermore, the Agency Policy 600.025 Health Care Co-Payment Program: Directive, Section I. General Requirements, Part B. stated, "Offenders will be charged a co-payment for all visits, except...Part 6. Medical and mental health services allowed under the Offender Health Plan related to sexual misconduct defined in DOC 490.800 PREA Prevention and Reporting (p. 2-3)".

The SANE interviewee acknowledged agreement with the facility's disclosures, including twenty-four (24) hour, on-call SAFE/SANE service provision, and that the Hospital provided forensic examination related services free of cost to the offender. She indicated there was a current call schedule for all trained forensic nurses at Providence St. Peter's Hospital, and continuously trained physicians available to respond in the absence of SAFE/SANE nurses. She expressed that the SAFE/SANE nurses worked on a twenty-four (24) hour rotation; therefore, if a SANE called in sick and was not onsite, the next SANE on schedule would come in for response to the patient requiring care. Emergency treatment for the alleged victim would be triaged with forensic medical examination made available as quickly as possible by a SANE trained provider. Per Agency Directive, the facility was to call the Emergency Room (ER) prior to patient transport to ensure contact had been made with the SANE by the SANE's response to the ER. The SANE interviewee was able to articulate protocol for PREA uniform evidence gathering (e.g., not bathing, ensuring clothes were retained).

Standard 115.21d & e: WADOC has a current offender advocacy support interagency agreement with the Department of Commerce, Office of Crime Victim Advocacy (OCVA). Through this interagency agreement, each WADOC facility was partnered with a Community Sexual Assault Program. Every Community Sexual Assault Program has trained and specifically designated advocates who were able to respond to the community health care facility whenever an offender was transported for a forensic medical examination. In the case of CCCC, the victim advocate was to respond to Providence St. Peter's Hospital.

Per Superintendent's Memorandum (dated: 6/17/19), CCCC has been partnered with Safe Place to provide services to victims. The auditor reviewed minutes provided of a partnership meeting, conducted 2/26/19, between CCCC and Safe Place representatives. The discussion in the minutes contained and supported the responsibilities of a victim advocate during the processing of a SAFE/SANE examination and subsequent investigatory processes. Per the minutes, the Safe Place advocates agreed to provision of services in the associated locations, both at the Hospital and facility.

The contact number for OCVA was available on posters throughout the facility. The auditor tested this number during the site review with a positive result. The OCVA Support Specialist service does not retain a call log for dissemination regarding offender calls, as the terms of their service provision explicitly require offender call confidentiality and do not require entry of an inmate identifier prior to any calls. Therefore, OCVA is unable to provide information related to the number of offender calls initiated from CCCC directly during the reporting months. Of note, the auditor's contact with the Safe Place Lead Advocate supported that there had been no specific requests for service provision at CCCC.

During interview with Safe Place's Lead Advocate, they expressed that rape victim advocates are able to both respond to the hospital and engage in follow-up care with offenders at the facility. This agreement was included in the partnership minutes reviewed by the auditor. The SANE nurse was also aware of the alleged victim's right to have a rape crisis advocate (i.e., Safe Place) present. She expressed that should an alleged victim be brought for forensic examination, the SANE would ensure prior to the initiation of services that the alleged victim is aware of the availability of Safe Place advocates to accompany the victim during the forensic medical examination process. Furthermore, the SAFE/SANE would establish upon arrival of the victim advocate that they were PREA certified and verify the advocate's identify.

The Providence St. Peter's SANE nurse articulated that the Safe Place advocate was permitted in the room with the patient should the victim request. However, PREA-related victims would have visual or auditory privacy, from all others, as necessary. The forensic medical examination privacy would be accomplished by way of utilizing the curtain and sliding glass privacy partitions, specifically, the curtain shut with glass door partition open for physical examination and the curtain open with glass-door privacy partition closed during conversational history. This takes into consideration the alleged victim's needs for privacy while maintaining safety and security.

As indicated, the victim advocate from Safe Place may accompany and support the alleged victim through the forensic medical examination process and investigatory interviews. The auditor further corroborated this through review of the partnership minutes between CCCC and Safe Place on February 26, 2019, in which discussion regarding advocacy presence during the forensic medical examination at the hospital and any subsequent interview processes at CCCC was established. During interview with the Safe Place Lead Advocate, he expressed understanding and agreement with this responsibility for rape crisis advocates. Per discussion with the Lead Advocate, he also expressed that as requested by the victim, the victim advocate would provide emotional support, crisis intervention, related-information, and appropriate referrals, as applicable. Per auditor review, the WADOC contract with OCVA delineated these elements of advocacy in the Services section (p.5-6).

Per Policy, 490.800 (p.12), offenders may call toll-free from Monday through Friday 0800h to 1700h and reach an OCVA PREA Support Specialist. These calls were not be monitored or recorded and an Inmate Personal Identification Number (PIN) was not required. In-person consultations may be available to supplement phone-based support for eligible offenders. Communication between the offender and the OCVA PREA Support Specialist was confidential and not disclosed to the facility. Posters and brochures of the OCVA were made accessible to offenders.

During random and specialized inmate interviews, offenders believed that they would be able to reach out and receive rape victim advocacy support whenever needed. Specifically, some indicated they could request counseling through mental health and that phone numbers with addresses were available at the facility. However, only one (1) offender readily proffered the terminology, “victim advocate”, and none (0/26; 0%) appeared familiar with the OCVA acronym. While this information is available by posters and in the offender orientation packet, it may be beneficial to spell out the acronym with greater in-depth discussion of its purpose during future inmate orientations. Another manner to improve offender knowledge of this service is to explicitly state the purpose of the WADOC and OCVA partnership in bolder font on the associated posters and within the offender orientation packet.

Standard 115.21f: The agency itself was not responsible for investigating criminal allegations of sexual abuse. Through agreement with local law enforcement, Thurston County Sheriff’s was their responding investigating agency. WADOC maintained requirements regarding investigation, and CCCC held annual meetings with Thurston County Sheriff’s to delineate investigatory needs, standards, and expectations. The auditor reviewed meeting minutes of 2/25/19 between Thurston County Sheriff’s Office and CCCC, which included discussion regarding the need to maintain compliance with PREA standards. If local law enforcement was unable to respond or refused to investigate the crime scene the Washington State Patrol (WSP) Crime Scene Response Unit could conduct a criminal investigation at the facility. WADOC maintained a Memorandum of Understanding (MOU) with the WSP for conducting investigations in general. This MOU gave precedence to applicable and federal state statutes and regulations, which would include PREA.

Standard 115.21h: The Agency had an MOU with OCVA for the provision of victim advocates, and each facility was partnered with a rape crisis center. Per the PCM, the rape crisis center advocates must be certified and provided through the OCVA Coalition. Specifically, CCCC has been partnered with Safe Place for the provision to *always* make a victim advocate from a rape crisis center available to victims. Thus, the auditor judged this standard provision to as met materially to be not applicable.

No corrective action was required for this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Agency Policy 490.800 PREA Prevention and Reporting (Rev. 4/25/19); 490.850 PREA Response (Rev. 2/6/19); and 490.860 PREA Investigation (Rev. 6/1/18) and the WADOC public website with PREA information were each reviewed by the auditor towards compliance with the provisions of this standard.

Standard 115.22a: The Agency Policy 490.860 PREA Investigation includes that, "The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department (p.2)". This Policy ensured completion of administrative or criminal investigation for all allegations of sexual misconduct, to include both sexual abuse and sexual harassment by definition. Policy 490.860 further stated that every allegations shall be investigated to completion 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 (p.2)".

The Superintendent and PCM responsible for oversight of PREA allegations were both aware that all cases must be carried through until completion, including when to referral was appropriate for criminal investigations and/or prosecution. Further, all staff interviewed, both specialized and those from randomized staff interview, knew their responsibility to report any allegation of sexual misconduct. Based upon site and documentation review there was no evidence to indicate that an investigation, either administrative or criminal, had failed to be opened when a PREA allegation was received at CCCC during the reporting period.

During the review period, there were twenty-six (26) allegations of sexual abuse and/or harassment received. Investigation was initiated in all cases, with eleven (11) cases remaining open. The fifteen (15) closed cases had findings of three (3) substantiated, two (2) unsubstantiated, and ten (10) unfounded.

Per the PCM, the Agency documented all sexual abuse referrals locally through a detailed log. The facility PCM was responsible to upload all PREA allegations to the Incident Management Reporting System (IMRS) within the Offender Management Network Information (OMNI) system. The PREA Coordinator made Agency-wide aggregated results available through the PREA Annual Reports. The auditor reviewed PAQ uploaded facility reports and website published copies of associated Agency documents towards compliance determinations for this standard provision.

Standard 115.22b & c: The Agency had both Policy and practice in place to ensure that allegations of sexual abuse or sexual harassment were referred for investigation to local law enforcement to conduct criminal investigations, unless the allegation did not involve potentially criminal behavior. WADOC staff had no law enforcement powers or certification, and as such, were not authorized to conduct any type of criminal investigation. Per Policy, the local sheriff's office was the primary investigator for a crime committed within the facility. WADOC maintained requirements regarding investigation, and CCCC held annual meetings with Thurston County Sheriff's to delineate investigatory needs, standards, and expectations. The auditor reviewed meeting minutes of 2/25/19 between Thurston County Sheriff's Office and CCCC. As noted if the local agency, which has been identified as Thurston County Sheriff's, was unable or refused to investigate, the WSP would conduct a criminal investigation at the request of the facility and per Agency MOU. Therefore, per Policy, local law enforcement shall investigate all sexual abuse allegations.

During the interview with a facility Investigator, he acknowledged that he would solely conduct administrative investigations. He indicated that for any PREA allegations involving potential criminal conduct local law enforcement would be contacted. In such cases, the facility investigators would assist only to provide information and access as requested by local law enforcement, in addition to tracking the case for completion. He understood his responsibility to thoroughly document any PREA allegations during the investigation process, and follow each investigation through to conclusion. Furthermore, he articulated the facility's process for referral to the local prosecutor of substantiated PREA investigations judged to have risen to a criminal level for administrative PREA allegations.

Two (2) of the fifteen (15) closed PREA-allegations during the reporting period had been referred for consideration of criminal prosecution, with these two (2) initially having been carried out as administrative investigations. This demonstrated that in practice the facility referred PREA allegations of sexual harassment considered potentially to be criminal in nature to a law enforcement agency for consideration of prosecution. One of these cases was declined for prosecution, and the second remains pending determination as an open case. The facility was able to provide the auditor with a log indicating the date these allegations were referred to local law enforcement and the outcome of each, thereby, providing documentation of their referrals.

The Agency's Policy regarding the referral of sexual abuse and sexual harassment allegations for criminal investigation was published on the Agency website. The auditor reviewed the Agency's website, which included information about processing of administrative and criminal PREA allegations. Specifically, the Agency had included both Policy 490.800 PREA Prevention and Reporting (in English and Spanish) and 490.860 PREA Investigations on their Agency website. The WADOC website was a publicly available platform. This auditor visited the website in June of 2019 and confirmed the Agency Policy was both public and available.

No corrective action was required for this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 4/25/19), as well as Agency PREA 101 Initial Training Curriculum, PREA 102 Annual Refresher Update Curriculum, and PREA 102 Facilitator's Guide towards compliance determinations with the provisions of this standard.

Standard 115.31a: Agency Policy 490.800 PREA Prevention and Reporting: Section X; Training Requirements; Part B. was reviewed by the auditor towards compliance with the provisions of this standard. Policy 490.800 stated that all new employees and annual in-service training included the following components (p.9-10):

- a.) The Agency's zero-tolerance policy for sexual abuse and sexual harassment;
- b.) How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- c.) Offenders' right to be free from sexual abuse and sexual harassment;
- d.) The right of offenders' and employees' to be free from retaliation for reporting sexual abuse and sexual harassment;
- e.) The dynamics of sexual abuse and sexual harassment in confinement;
- f.) The common reactions of sexual abuse and sexual harassment victims;
- g.) How to detect and respond to signs of threatened and actual sexual abuse;
- h.) How to avoid inappropriate relationships with offenders;
- i.) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and
- j.) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The auditor reviewed lesson plan curriculum for the staff/contractor training and it was found to contain all items indicated above. Through responses of twelve randomized facility employees during interviews (12/12; 100%) and training record review the auditor confirmed that CCCC had appropriately implemented the above-defined training components.

Standard 115.31b: Per Agency Policy, the PREA training for employees will address gender-specific issues. However, uniquely so, WADOC has created curriculum directed to both male and female offenders. The CCCC supported lesson plans, as assessed by the auditor, were not gender specific, and thereby, written for female and male offenders. Thus, the training prepared employees for the ability to work at either a male or a female facility. Any staff reassigned to CCCC from another facility had received the identical Agency-wide supported training upon their entry into the facility and did not require a Modified Orientation specifically to receive instruction on PREA learning objectives for a male facility.

As noted, the auditor reviewed proof of practice through reading the Agency PREA 101 Initial Training Curriculum, PREA 102 Annual Refresher Update Curriculum, and PREA 102 Facilitator's Guide. This practice was further confirmed by interview with the PREA facility Trainer. Random staff interviews also substantiated receipt of PREA gender-specific training related to both males and females upon initial employment, and on an annualized basis.

Standard 115.31c: The facility is above this standard provision for the two-year requirements for PREA Refresher training every two years, as per Agency Policy and CCCC reviewed the PREA lesson plan via the Learning Management System (LMS) on-line with staff on an annual basis through in-service training. Facility-wide documentation provided through Superintendent's Memorandum documented that upon gathering information for the PAQs, there were 107 of 113 employees at CCCC who had completed the annual training (107/113; 95%), which had not excluded employees who were away from the institution on long-term leave.

The facility PCM reported that any additional information related to PREA updates throughout the year was made available by providing copies as on-the-job training, and as the auditor noted could be made available through Superintendent's Directive. Further, randomized staff interviews indicated that as part of the annual training they were provided with a PREA brochure, and an informational card to keep on their person. The PREA card was created to assist staff with the continuous ability to identify incidents of sexual abuse and sexual harassment, including detection, response, and reporting

instructions. During interviews, some staff would refer to this card, which demonstrated its utility, and the auditor took this opportunity to review the card, which conformed to PREA standards.

Standard 115.31d: Per Agency Policy, staff will acknowledge their understanding of the PREA training by way of signature or e-signature on electronic documents. At CCCC, staff signature was provided on the PREA Training Acknowledgement form (DOC 03-478) for Initial PREA training. As indicated, per Policy, part of the signature process was that the employees' acknowledged they understood the material presented and had the opportunity to have any of their questions answered regarding the WADOC PREA training.

Furthermore, based upon randomized (12/12; 100%) and Specialized staff interviews, all had received annual, and timely in-service training. Per the PCM, all facility staff received annual in-service training, at which PREA was part of the In-Service Agenda. The PCM and CCCC PREA Trainer indicated the facility maintained completion documentation of all In-Service Training. During the onsite documentation review, of twelve (12) employees randomly sampled, all relevant files (11/11; 100%; n/a for employee on long-term leave) had current training documentation on file.

No corrective action was required for this standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 4/25/19), Policy 530.100 Volunteer Program (Rev. 11/1/17), as well as Agency PREA 101 Initial Training Curriculum, PREA 102 Annual Refresher Update Curriculum, and PREA 102 Facilitator's Guide towards compliance considerations of the provisions of this standard.

Standard 115.32a: Per Policies 490.800 and 530.100, all volunteers and contractual staff were provided with the same training as staff regarding sexual abuse, sexual harassment prevention, detection, and reporting. Per Superintendent's Memorandum (dated: 6/17/19), PREA curriculum provided for staff at CCCC was the same lesson plan for contractors. The auditor reviewed the lesson plan curriculum for volunteers and judged the material to provide volunteers' with their responsibilities under the Agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The PREA training at the PREA 102, annualized, level was administered to contractors via the Learning Management System (LMS) and to volunteers via the DOC.WA.GOV website, both with self-certification for completion. The contract language for outside contractors contained the PREA language, as part of the contract shell, and outside contractors were required to complete initial and annualized PREA training as a basis of contract continuation (per Correctional Manager's Memorandum, dated: 7/20/18 and Superintendent's Memorandum, dated: 6/17/19).

Per Superintendent's Memorandum (dated: 6/17/19), all facility contractors (9/9; 100%) and many of the facility volunteers (39/66; 59%) had received the PREA 101, and annualized PREA 102 training. Those volunteers who were non-compliant with PREA training were issued suspension letters until their training was brought into compliance. The auditor received a sampling of copies of the suspension letters for confirmation. The training practice of providing WADOC supported PREA training to all contractors, and modified training to volunteers was confirmed by the PCM, as well as during interviews with contractors (2/2; 100%) and volunteers (3/3; 100%).

Standard 115.32b: Per Policy and as reviewed by the auditor, both lesson plans for volunteers and contractors, included the WADOC's zero-tolerance of sexual abuse and sexual harassment, as well as how to report such incidents. Further, each volunteer and contractor was to receive a copy of the same brochure staff received related to sexual abuse detection, prevention, and reporting. Interviews with three volunteers (3/3; 100%) and two on-site contractors (2/2; 100%) confirmed that they had received PREA trainings through the facility. Each were able to articulate the Agency's zero-tolerance policy towards sexual abuse and sexual harassment, as well as how to report any PREA-related incidents.

Standard 115.32c: Per Policy, the Agency maintains documentation to confirm that volunteers and contractors understand the training they received. Specifically, upon receipt of the Initial PREA training and related brochure, volunteers sign and date a Training Acknowledgement – Unlawful and Sexual Harassment form, and PREA Disclosure and Training Acknowledgement form. Upon receipt of Initial Training, contractors sign and date a PREA Training Acknowledgement, and annualized training through self-certification in the LMS. By providing a signature on the associated forms, the volunteer or

contractor acknowledged their understanding of the material presented in the PREA training provided and the opportunity to have had their questions related to this material answered.

Based upon the onsite record review, the facility had nine (9) contractors employed at the facility and sixty-six (66) volunteers (66) permitted to provide services onsite. As indicated above, all of the contractors had received the required PREA training, and thirty-nine (39) volunteers had received the required training, with the remaining twenty-seven (27) having received letters of suspension until their PREA training requirements had been brought into compliance. Site documentation evaluation consisted two (2) contractors and two (two) volunteer file reviews for signed, appropriate PREA acknowledgement of training forms. In all four (4/4; 100%) cases the appropriate documentation of training records was available and dated within appropriate timeframes. All outside contracted individuals, for example language and SLI interpreters, were trained by web-based training portal. The auditor received a spreadsheet that documented current dates of training for all SLI and language vendors, which were up-to-date, within the five (5) year timeframe (Note: four (4) interpreters had received suspension notices secondary to overdue training, who could pursue reinstatement upon meeting appropriate training requirements). Per Superintendent's Memorandum (dated: 6/17/19), the Agency allows for vendors and service providers who have limited, unescorted contact with offenders to complete PREA Acknowledgement Prior to Training form (DOC 03-478) and be provided with the current PREA brochure for staff, contractors, and volunteers. These individuals would typically include those filling vending machines or repairing office equipment, cleaning kitchen equipment, delivering supplies, or performing short-term services in maintenance. The auditor received a copy of the vendor list with their dates of PREA instruction, and a random sampling of vendors' signed PREA Acknowledgement Prior to Training form DOC 03-478.

No corrective action was required for this standard.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 310.000 Orientation (Rev. 10/26/18); and 490.800 PREA Prevention and Reporting (Rev. 4/25/19), 690.400 Offenders with Disabilities (Rev. 4/25/17), as well as WADOC Agency PREA brochure, and viewed the PREA Orientation video (provided both in English and Spanish; both with subtitles) towards compliance determination with the provisions of this standard.

Standard 115.33a & b: Per Policy, offenders arriving at every WADOC facility, including CCCC, were provided a copy of the WADOC PREA brochure in their institutional orientation packet immediately upon arrival. The brochure, as reviewed by the auditor, clearly contained information detailing WADOC's zero-tolerance policy. The brochure also included multiple resources (internal and external to the facility) for reporting sexual abuse and sexual harassment. At CCCC, information was also provided in poster format throughout the intake area explaining how to report incidents or suspicions of sexual abuse or sexual harassment related to PREA, as well as victim advocacy support. The auditor confirmed evidence of these posters in the intake area during site review.

Per Agency Policy and Superintendent's Memorandum (dated: 6/17/19), inmates transferring between facilities in WADOC were provided the opportunity to view the PREA orientation video while in transit or within a short period of arrival. Typically, offenders transferred to CCCC on a Friday with the facility Offender Orientation session conducted on the following Monday, during which the PREA Comprehensive Offender Education was provided.

While the auditor was present for site review on a Monday, there had been no offender intakes at the facility the prior Friday; therefore, no Offender Orientation session was scheduled. Instead, the audit team member's discussion with the Intake Coordinator affirmed that during intake, as stated, "...right off the bus", offenders at CCCC were provided with the WADOC PREA brochure. The brochure, as noted, stated the Agency's zero tolerance policy towards sexual abuse and sexual harassment. According to the Intake Coordinator, during Offender Orientation, the PREA brochure would be discussed, and WADOC-supported PREA video shown, if it had not already been viewed by the offenders in transit. The verbal and video portions of the session stipulated the offenders' rights to be free from sexual abuse and sexual harassment; rights to be free from retaliation for reporting such incidents; and Agency policies and procedures for responding to such incidents. The PREA information session also provided the opportunities for offenders to receive information regarding victim advocate services available through OCVA, and participate in a question and answer session regarding PREA.

Standard 115.33c: Per Agency Policy and Secretary Directive (dated: 3/10/06), all WADOC offenders were to receive the comprehensive PREA Offender Education, referenced in 115.33a & b, initially upon intake at Reception Center. Thereafter, all inmates were to continue to receive PREA education upon transfer to a different facility via orientation. WADOC Policies were statewide thereby, standardizing policy implementation. While this PREA standard provision specifies that offenders transferred within the Agency were required to receive additional information only to the extent that PREA policies and procedures differ from those at the offender's originating facility; in practice, the Agency provided all transferring offenders with the same PREA information they received upon entry into the WADOC

system. Upon transfer, offenders were to receive a PREA informational brochure immediately upon arrival at their new facility. Following, per Policy 490.800, they were to complete orientation (i.e., intake) to the new prison within the first week, and as related to PREA, be provided additional PREA information during formal orientation, "...or per local procedures for offenders arriving directly to restrictive housing or the infirmary (p.13)".

During random interviews, twenty of twenty-seven inmates (20/27; 74%) confirmed that they specifically recalled having received a PREA brochure relating to the Agency's zero tolerance policy and associated reporting processes within the intake period upon arrival to CCCC. As indicated, the PREA brochure included in the Orientation Package contained multiple reporting resources for sexual abuse and prevention. Of the seven (7) offenders who did not recall having received a brochure at intake, all expressed that they had participated in a timely intake process, where they had been provided with information regarding the Agency's zero tolerance policy and the facility provided avenues for reporting sexual abuse or sexual harassment. All of the offenders interviewed (27/27; 100%), for both randomized and Specialized interviews, were able to articulate the Agency's zero tolerance policy, describe a variety of reporting mechanisms, and stated that Comprehensive PREA Offender Education was received well within a week, generally within a three (3) day time span of their arrival to CCCC.

During the audit team member's interview with the two (2) Intake Counselors, each explained that to confirm offenders' understanding of PREA education, the PREA Brochure material was discussed in detail during the Orientation session. Furthermore, Medical staff and a Housing Unit Counselor saw the individual offender during their initial days at the facility. Following this, during Intake Committee, the Intake Counselors reported the offender had an additional opportunity to discuss PREA-education specifics to include the Agency's zero-tolerance policy towards sexual abuse and sexual harassment, and answer any additional PREA-related questions the offender may have.

Through interviews with offenders and Intake Counselors, as well as supporting PAQ materials, the auditor judged that PREA Offender Education with the necessary components occurred timely upon offender arrival at CCCC. With all evidence taken into consideration, the facility meets these standard provisions.

Standard 115.33d: Per Agency Policy, PREA material was to be made available to the inmate population both orally and in writing in a manner that is clearly understood by the individual receiving the orientation. Per Superintendent's Memorandum, PREA material was made available and accessible to all offenders, regardless of their particular disability. Specifically, accessibility provisions noted, at CCCC, included:

- by way of video through closed captioning (in English and Spanish) for anyone who was deaf or had hearing-impairment;
- PREA material was available in written format for those with hearing impairments or who were deaf;
- Sign Language Interpreters (SLI) could be used for individuals with hearing impairments;
- PREA material was read aloud to anyone who had visual limitations;
- Materials, including the video, brochures, and posters, were available in Spanish;
- for those inmates who did not speak English, including those who spoke Spanish, translation services contract were available. The Agency offered telephonic translation services (CTS Language Link and Linguistica International). These services included multi-lingual interpretation twenty-four (24) hours per day, seven (7) days per week;
- use of inmate education in formats accessible to inmates who have limited reading skills. The Agency has developed and facility utilized resource materials, "End Silence – The Project on Addressing Prison Rape – September 2013", aimed to those with learning disabilities and low comprehension;

- for those with have intellectual disabilities, one-to-one housing unit counselor consultation to further discuss content of PREA brochure and standards;
- for those offenders who have psychiatric disabilities, Mental Health and Medical staff were available onsite with individualized treatment services available;
- for those inmates who have speech disabilities, an onsite counselor and educators were available to discuss PREA-specific questions;
- accessibility for otherwise disabled individuals with specific provision of a counselor one-to-one session to discuss the content of the PREA brochure and standards to ensure effective communication had been established; and/or
- for individual offenders who have any other not previously identified impairments, one-to-one consultation would occur with the counselor and follow-up referral made for consultation with the PCM to ensure effective communication regarding PREA has been met.

Per the Superintendent's Memorandum (dated: 6/17/19) these Specialized Orientation/Offender Accommodations were occurring at Cedar Creek. Per Agency Policy 690.400 Offenders with Disabilities, the identification process of offenders requiring accommodation will be interactive, and include, but not limited to the PULHESDXTR report (as cited in Standard 115.16a), offender reports, documentation of offender disability and staff observations. Over the reporting period, CCCC had not received any Specialized Orientation requests from offenders. The auditor was provided with copies of offender signed, Interpreter Request/Refusal forms during the reporting period, each refusing the need for an interpreter.

Standard 115.33e: Per Superintendent's Memorandum (dated: 6/17/19), there were 583 offender intakes at CCCC during the reporting period, 580 of whom received the WADOC PREA brochure and appropriate intake PREA reporting information within the mandated timeframe (580/583; 99.5%). Per Policy, documentation of offender completion of orientation was maintained in the Offender Management Network Information (OMNI) system via Offender Orientation completion. The auditor reviewed the associated Offender PREA Orientation Spreadsheet, confirming these results. CCCC self-disclosed that in preparation for the audit, the facility discovered that offenders returning from court were not required to view the PREA orientation video. The facility proactively resolved this issue and once identified required all offenders returning to the facility to attend orientation.

Furthermore, inmate participation in the initial and local orientation, to include the PREA Comprehensive Education, is available in facility offender files, as a signed document, entitled, Offender Orientation Checklist. Inmate files were reviewed to assure uniformity with the Offender PREA Orientation Spreadsheet. Based upon the eighteen (18) inmate files reviewed, all (17/17; one (1) not yet due; 100%) had documentation available in their inmate file confirmed by offender signature on receipt of Offender Orientation Checklist within thirty (30) days of Intake.

At the facility Orientation Session, the offenders sign the Orientation Checklist. These Acknowledgement Forms state the offender has: viewed the video and discussed; been presented Policy 490.800 PREA Prevention and Reporting of Sexual Misconduct & 490.850 Response to and Investigation of Sexual Misconduct; understand the Agency's zero tolerance stance; been provided definitions of sexual misconduct; prevention and intervention; been instructed on precursors to sexual misconduct; received various methods to report victimization; learned all allegation of sexual misconduct will be taken seriously and thoroughly investigated; been informed of confidentiality for sexual misconduct cases; been made aware of available treatment and counseling; learned staff mandatory reporting requirements; been informed of protection from retaliation; and instructed about disciplinary actions for making false allegations. From the offenders interviewed, the majority reported their Orientation and PREA inmate education session had occurred within their 'first few days' to a 'week' of their arrival.

Standard 115.33f: Policy indicated that PREA information, such as posters, and brochures (in English and Spanish) must be continuously available throughout the prison. Moreover, Agency Policy required monthly checks to ensure the continued availability of such PREA-related resource material. Per Superintendent's Memorandum (dated: 6/17/19), in preparation for the site review, the facility noted that the offender brochures were not readily accessible to offenders' without requesting a Counselor to retrieve them. Proactively, as of 4/23/19, the facility had installed pamphlet holders accessible to offenders, which held PREA brochures. The facility ensured routine checks for the condition, readability, and availability of PREA posters throughout the site.

Based on site review, PREA materials (including posters and brochures) were continuously visible throughout the facility. The posters were visible in areas available to offenders, in both English and Spanish, throughout housing units, Counselors' offices, facility buildings, Health Services, as well as areas accessible to the public, including the Public Control Office (PCO) and visiting room. Inmates and staff noted during interview that posters and PREA resources (including brochures) were prominent throughout the facility. During the site review exit, the auditor recommended the addition of PREA information in the offender library. The facility completed this modification by installing a highly visible PREA brochure pamphlet holder (English and Spanish) in the library on 10/1/19, and provided a photograph to the auditor.

No corrective action was required for this 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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

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

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 4/25/19); 490.860 PREA Investigation (Rev. 6/1/18); and 880.100 Corrections Training and Development (Rev. 10/17/11), as well as the Washington Administrative Code (WAC) 139-05-240 Requirements of basic law enforcement academy; WAC 139-05-250 Basic law enforcement curriculum; WAC 139-25-110 career-level certification for law enforcement & corrections personnel; and House Bill (HB) 1109 Supporting Victims of Sexual Assault towards compliance determination with the provisions of this standard.

Standard 115.34a & b: To the extent that the Agency conducts sexual abuse investigations, its investigators receive training to conduct such investigations in confinement settings. Per Superintendent's Memorandum (dated: 6/17/19), WADOC was responsible for conducting all administrative investigations related to PREA. However, WADOC staff had no law enforcement power and, as such, were not authorized to conduct any type of criminal investigation. Per Policy, the local sheriff's office was the primary investigator for a crime committed within the facility. As noted, if the local agency, which has been identified as Thurston County Sheriff's, was unable or refused to investigate, the WSP would conduct a criminal investigation at the request of the facility and per Agency MOU.

Requirements of the basic law enforcement academy were provided to the auditor for review, which included, amongst others, components on criminal law, criminal procedures, crisis intervention, report writing, and criminal investigation. Moreover, to address PREA-related investigations, WADOC initiated PREA investigator training in 2011 when a specialized course (Version 1) was initially launched. Once the final PREA standards were released, an updated PREA investigator course (Version 2) was developed to ensure compliance in November 2013. Existing investigators received new information and additional practice in interviewing and report writing by form of a 'booster' training. While investigators training after November 2013 participated solely in the updated Version 2 course. The WADOC specialized investigator training provided information regarding how to conduct all PREA-related investigations, and includes, but is not limited to:

- 1.) How to conduct an investigation in confined settings;
- 2.) Techniques for interviewing sexual abuse victims;
- 3.) The proper use of Miranda and Garrity Warnings;
- 4.) Evidence collection; and
- 5.) Criteria and evidence required to substantiate a case for administrative action or prosecution referral.

During interview with one (1) of the facility Investigators, they were able identify the specific components related to PREA-specialized training, and how to utilize these appropriately in the course of an administrative investigation. Furthermore, the facility investigator was clearly able to articulate the need, as well as process to refer any cases to local law enforcement should the case be judged criminal in nature.

The process by which administrative investigations were assigned was explained in the Superintendent's Memorandum (dated: 6/17/19). The Appointing Authority was responsible for the investigation, and was required to identify an appropriate investigator from the list of qualified individuals based on successful course completion. The Appointing Authority may secure an investigator from within the facility or across the Agency. Factors taken into consideration when selecting an investigator, included, but were not limited to:

- Complexity and sensitivity of the investigation
- Experience of the investigator
- Impartiality of the investigator in light of the allegation itself (e.g. outside of the investigator's chain of command, any potential conflicts of interest, etc.)

Standard 115.34c: The Agency maintained documentation that investigators have completed the required specialized training in conducting sexual abuse investigations. Per the PAQ, the Agency has nine hundred and sixty-six (966) trained investigators, with CCCC having fourteen (14) trained investigators available onsite to conduct administrative investigations. There auditor reviewed an Agency-wide Spreadsheet documenting each the investigators' participation in each of the three required trainings (PREA Investigator Version 1; Booster; PREA Investigator Version 2) along with dates of completion and comments (with the notation of color coding clearly indicating individuals who have been de-activated from investigations work). Documentation of training completion was also available through the individual employee's Learning Center transcript, which documented the date of completion. Courses were entitled: DOC Administrative Investigations, DOC PREA Investigator Booster, and DOC PREA & Workplace Investigator Training. The auditor reviewed a sample of the Learning Center transcripts, which she judged provided uniformity with the Agency-wide spreadsheet.

No corrective action was required for this standard.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

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 or the agency does not employ medical staff.)
 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 4/25/19); 610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct (Rev. 10/14/16); and 880.100 Corrections Training and Development (Rev. 10/17/11) towards compliance determinations with the provisions of this standard.

Standard 115.35a: Agency Policy 490.800 ensured that all full- and part-time medical and mental health care practitioners, to include employees and contract staff, who work regularly in its facilities, have been trained in additional position-related training, to include:

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.

The auditor reviewed a copy of the lesson curriculum and found it to contain the above-cited elements. Furthermore, based upon interview with Specialized Medical and Mental Health staff, each were able to provide evidence of training to support their ability, as related to their defined role, to detect signs of sexual abuse, professionally interact with victims, preserve physical evidence, as well as perform health care reporting and documentation responsibilities within the scope of their practice.

Standard 115.35b: The facility does not conduct forensic medical examinations, which was confirmed in interviews with facility Medical and Mental Health staff. Forensic medical examinations have been contracted for provision by SAFE/SANE or otherwise qualified staff at Providence St. Peter's Hospital. Thus, the facility staff had not received training in conducting forensic examinations. The auditor judged this standard to be materially met as not applicable.

Standard 115.35c: The Agency required all training requirements to be up-to-date, including WADOC PREA and WADOC PREA for Health Services Training. Per the Superintendent's Memorandum (dated: 6/17/19), WADOC utilized the Learning Management System (LMS) to document and track official department training for employees and contractors. Facility training managers enter official department training for their facility into the LMS. The WADOC Training and Development Unit, oversees and manages the LMS on a statewide basis.

The auditor was provided with a Spreadsheet list of all regular medical practitioners with detailed completion dates of both WADOC PREA and WADOC PREA for Health Services Training. Sample documentation confirming completion from the LMS was generated for the auditor's review, which demonstrated uniformity to the Spreadsheet provided for this standard provision. Per the PAQ, CCCC has eleven (11) onsite Medical and Mental Health practitioners, who at the time of reporting demonstrated 92% (10/11) compliance with both required trainings. Furthermore, the Medical and Mental Health staff interviewed during the site review supported their participation in both the Agency PREA general and WADOC PREA for Health Services trainings.

Standard 115.35d: Agency Policy 490.800 stated that all agency staff, including Medical and Mental Health care practitioners, to include employees and contract staff, must complete the Agency supported PREA training requirements, reviewed in Standard 115.31. Policy indicated that all new employees and annual in-service training included all ten components required in 115.31a. As reviewed by the auditor, the PREA training curriculum was comprised of a lesson plan mandated for agency employees to take at in-service training, and included the required components of 115.31a. As noted above, Agency health services staff indicated during interview their participation in the Agency supported PREA training, which was also supported by the LMS training records.

No corrective action was required for this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The auditor reviewed Agency Policy 490.820 PREA Risk Assessments and Assignments (Rev. 6/13/19); 280.310 Information Technology Security (Rev. 1/4/19); 280.515 Electronic Data Classification (Rev. 8/22/11); 490.800 PREA Prevention and Reporting (Rev. 4/25/19); and 490.860 PREA Investigation (Rev. 6/1/18) towards compliance determinations with the provisions of this standard.

Standard 115.41a: The Agency has a comprehensive Policy in place for the screening of offenders upon intake into WADOC and continued screening throughout the process of inter-facility transfers for the risk of sexual abuse victimization by and/or sexual abusiveness toward other offenders. All offenders upon intake to WADOC Reception Centers are screened with the PREA Risk Assessment (PRA) associated in determining their risk status as, “No Risk”, “Potential Victim”, “Potential Perpetrator”, or “Dual Identifier (i.e., both “Potential Victim & Potential Perpetrator”). Upon transfer to a new facility, the PRA from the prior facility will be considered valid for the first 72-hours to effect appropriate housing. Within 72-hours the new facility is required, per Policy (and Agency Directive from Secretary Dan Pacholke, entitled: Changes to PREA Risk Assessment Requirements; dated: 10/28/15), to conduct a new PRA, which will then be the current risk level for the offender, by which the facility will make all housing, programming, and placement determinations.

CCCC received weekly incoming offenders, typically on Fridays. The facility would receive information prior to the offenders’ arrival, via a transfer manifest list. Designated staff will prescreen each offender on the transfer manifest for PREA-related risk issues, per DOC 300.380 Classification and Custody Facility Plan Review. Specifically, the transport employees will have reviewed the transfer manifest before finalizing to minimize PREA-related issues before, during, or immediately after transport. The transfer manifest information is reviewed by Multi-disciplinary Teams (MDTs) at CCCC the Monday prior to the intake arrivals, comprised of the Superintendent, Correctional Program Manager, Lieutenant and Correctional Unit Supervisors, and are responsible for initial housing and placement determinations. No offenders with conflicting screening information will be housed together or with offenders already in the facility noted to have screened with conflicting PRA risks. Of note, any offender who for whatever reason has not had a previously completed PRA to determine risk level will have a screening completed before housing is assigned at CCCC.

Per discussion with the Superintendent, PCM, and CC II the offender’s PRA screen risk levels were considered regarding housing placement, and those offenders who met potential victimization concerns placed in the cells proximate to the officers’ station. Further, all cases of “Potential Victim” and “Potential Perpetrator” were separated from cell and when possible housing placements. “Dual Identified” offenders could only be placed with “No Risk” offenders. Randomized offender (26/26; 100%) interviews and informal conversations established that the inmates believed their own perceptions were considered by the facility in making placement decisions with each reporting they felt safe at the facility.

Based upon onsite review, designated staff knew how to utilize the manifest transfer list to make initial housing decisions by reviewing offenders for assessed PRA risk prior to placing offenders in their housing units and cells. The PRA information received upon intake was from the screening conducted at the originating facility and used to inform housing placement (through the first 72-hours until the SVAT reassessment at CCCC occurred). The facility utilized PRA intake reassessment information, as conducted within the first 72-hours at the facility to make subsequent placement decisions (e.g., housing, jobs, programming, etc.).

Standard 115.41b: The audit team interviewed one (1) staff who performed PRA Screenings, a Classification Counselor II (CCII), and they understood their responsibility to meet with intake offenders at CCCC within seventy-two (72)-hours to provide the facility's administration of the PRA. After their administration of the PRA with the inmate, the staff reported they corroborated information provided by the offender during interview with that contained in the inmate's chart and previously completed PRAs.

The Superintendent's Memorandum (dated: 6/17/19) reported 99.7% (500/502) of offenders had completed the PRA within the mandated timeframes. 503 offenders had arrived at the facility, with one transferred out before the 72-hour time-frame; 500 of the 502 had been completed timely. The auditor reviewed the CCCC PRA Tracker List Initial Assessment log for the reporting period, which demonstrated uniformity with the information provided regarding intake PRA completion on the Superintendent's Memorandum. Per audit team member's randomized inmate file review (18 of 18; 100%), the PRA was consistently recorded in the offender's file. Randomized offender interviews further confirmed that the inmates were able to recall having participated in the PRA processes upon intake within the first three (3) days at CCCC. All of the interviewed offenders (26 of 26; 100%), as well as those spoken to informally, believed their sexual safety needs were consistently considered by CCCC custodial staff in decisions about their housing and placement.

Standard 115.41c: The PREA Risk Assessment (PRA), a sample of which the auditor reviewed, was judged to be an objective screening tool. The assessment is comprised of questions designed to elicit responses that are aimed to best determine if an offender is at risk while incarcerated, based upon established risk factors, of being at "No Risk", or having risk as a "Potential Victim" of sexual abuse, as a "Potential Predator" of sexual offending behavior, or for both, as indicated by "Dual Identifier". It is not given to the offender to self-administer, but instead used as a tool to inform through interview and later corroborated with inmate chart information and prior PRAs to make determinations regarding individualized offender risk.

Standard 115.41d: The PRA form has risk factors, including: (1.) whether the inmate has a mental, physical or developmental disability; (2.) The age of the inmate; (3.) the physical build of the inmate; (4.) whether the inmate has previously been incarcerated; (5.) whether the inmate's criminal history is exclusively nonviolent; (6.) whether the inmate has prior convictions for sex offenses against an adult or child; (7.) whether the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (AND the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI); (8.) whether the inmate has previously experienced sexual violence; (9.) the inmate's own perception of vulnerability; and (10.) whether the inmate is detained solely for civil immigration purposes (while, as noted previously, there were no offenders at CCCC held solely for civil immigration purposes, thus, item 10 was not applicable). Regarding item number seven (7), there was an Agency-wide Directive from the Deputy Secretary (D. Pacholke; dated: 3/11/15) sent to all Classification Counselors, entitled: Affirmatively Inquire Offender LGBTI Status, which established guidelines to fulfill criteria for PRA question 7 responses.

Through audit team member's discussion with the CC II responsible for PRA and offender intake assessment, they described that during interview the offender was queried regarding each of the aforementioned risk factors. Subsequently, the CCII combined the interview information with that discovered through chart review. The CC II described, per the required PRA scoring method, risk factors scoring used consideration of the offender's self-report, interviewer's perception of some items, chart history, and previous PRAs, as well as relative salience of particular item(s). They described that by the PRA scoring process particular indicators would be more heavily weighted in consideration of PREA-flag implementation.

Standard 115.41e: The screening specifically considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in the scoring of this tool. During interview with the CC II, they reported that the PRA included consideration of risk factors indicated in 115.41e, while emphasized that this information was not solely based upon inmate report. Instead the screen, per the Classification Counselor II, involved an integration of the Counselor's interview with the inmate, their perceptions of the offender's veracity, along with a review of the offender's case factors and details found documented within the offender's chart, combined with prior PRA screenings.

Standard 115.41f: Follow-up with PRA, as a facility reassessment, per Policy, is to be conducted within twenty-one (21) to thirty (30) days of the offender's arrival with the assigned Counselor. The Counselor is to meet with the offender on a second occasion to discuss any concerns associated with adjustment to the unit, regarding sexual safety, potential victimization, concerns regarding predatory behavior or abusiveness, and any reports received from collateral sources (e.g., housing officers, inmates, programming assignments) regarding the offender's conduct that would merit readjustment of their PRA scores.

The Superintendent's Memorandum reported 98.3% (547/556) offenders had the PRA completed within the mandated timeframes for follow-up. The auditor reviewed the CCCC PRA Tracker List Follow-up Assessment log for the reporting period, which demonstrated uniformity with the information provided regarding follow-up PRA completion on the Superintendent's Memorandum. Per audit team member's randomized inmate file review (17 of 17; 100%; with one (1) not yet due), the PRA follow-up was consistently recorded in the offender's file. During random offender interviews, the offenders were generally able to recall having participated in a follow-up PRA, and continued to support that their Counselors and the facility appropriately addressed their sexual safety needs.

Standard 115.41g: Per Policy, at any time that a referral, incident of sexual misconduct, request, or receipt of additional information that would bear on an individual's risk of sexual victimization or abusiveness a PRA reassessment will be completed. There were examples of this nature secondary to CCCC's PREA allegations received during the reporting period, as provided with the PAQ, and Superintendent's Memorandum (dated: 6/17/19). Three (3) substantiated investigations required a 'for cause' risk assessment. There were seven (7) incidents for which offenders were found guilty of infractions that had the potential to impact their PRA risk identifiers; in each case a 'for case' PRA re-assessment was completed. However, during the review period there were no (0) receipts of information from other jurisdictions, offender self-disclosures, or behavioral observations that merited a need to initiate a 'for cause' PRA re-assessment. Based upon documentation provided, the auditor found that the PRA reevaluations were conducted appropriately for the ten (10) offenders indicated, for potential victimization and/or abusiveness (as merited), implemented per provision within this standard, and appropriate rescoring of the PRA completed with relevant considerations made regarding program, work, bed, etc. The auditor also spoke with members of the MDT who indicated once 'for cause' PRA re-assessments were completed when warranted, the offender's housing, placement, programming determinations would be re-evaluated to ensure consistency with their current risk rating.

Standard 115.41h: Per the Superintendent's Memorandum (dated: 6/17/19), and interview with the Classification Counselor responsible for intake and risk screening, as well as Agency Policy 490.820, "Offender are not obligated to answer PRA questions and cannot be disciplined for refusing to answer or not disclosing complete information in response to assessments (p.5)". This Policy encompasses offender refusal to answer or non-disclosure of questions pursuant to 115.41d1, d7, d8, & d9. No (0/30; 0%) offender reported having been disciplined associated with their responding patterns to the PRA during interview. The auditor did not discover any disciplinary incidents associated with failure or refusal to respond to PRA assessment questions, as based upon documentation and site review.

Standard 115.41i: The Agency has implemented appropriate controls regarding dissemination within the facility of responses to questions asked pursuant to 115.41, in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. Agency Policy 280.310 Information Technology Security and 280.515 Electronic Data Classification establishes appropriate controls on sensitive information. All PREA data containing personal identifying information will be maintained as Category 4 data. The results of the PRA were considered Category 4 Data, which per WADOC Policy is restricted information.

Per Policy and interview with the PCM, CCCC had implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to the PRA. Such controls were designed to ensure that sensitive information cannot be exploited to the offender's detriment by staff or other offenders. Should the PRA results determine PREA victim or predator potential this information was entered into the Offender Management Network Information (OMNI) system database. The final results of the PRA are maintained on a face sheet in the general status portion of ONNI to ensure accessibility to staff members who make determinations regarding housing, bed placements, education, work positions, and program assignments, while these staff members would not have full access to detailed PRA information unless required by position designation. The OMNI system access for full PRA viewing has been granted to the following (per Superintendent's Memorandum; dated: 6/17/19):

- Classification Counselors and Work Release Community Corrections Officers responsible for the completion of assessments
- Correctional Unit Supervisors, Community Corrections Supervisors, Correctional Program Managers, Associate Superintendents, Superintendents, and the Work Release Program Administrator responsible for override approval and ensuring assessments are completed as required in Agency Policy
- Staff as identified by the facility Superintendents' and the Work Release Program Administrator responsible for oversight of risk assessment for offenders who do not have an assigned Classification Counselor or Community Corrections Officer generally due to vacancy
- Identified Information Technology and PREA Unit staff responsible for system maintenance

Designated position controls have been granted to the PREA Coordinator, who establishes system access and approval.

No corrective action was required for this standard.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.820 PREA Risk Assessments and Assignments (Rev. 6/13/19); and 300.380 Classification and Custody Facility Plan Review (Rev. 1/1/19); as well as Assistant Secretary’s Directive (R. Herzog; entitled: PREA standard 115.42 (g); dated: 8/29/19) towards compliance determinations with the provisions of this standard.

Standard 115.42a: This section of Agency Policy addresses the appropriate assignment of those inmates at high risk for sexual victimization or sexual abusiveness. Specifically, the policy states that information gathered through the risk screening shall be utilized in the determination of: (1.) housing; (2.) bed placements; (3.) work assignments; (4.) education; and (5.) program with the aim of separating

those offenders who demonstrate high risk of being sexually victimized from those who show high risk of sexual abusiveness. Per Superintendent's Memorandum (dated: 6/17/19), "Prior to assigning an offender to a multi-person cell/dorm area, the PREA Risk Assessment [PRA] is reviewed to ensure he/she is not assigned to an area that would place him/her at risk for victimization".

In addition, the facility uses the [PRA], per the Superintendent's Memorandum, in transfer decisions by MDT review with summary documented in OMNI system, entitled Incoming Transport Job Screening (OTJS). PRA intake results are documented in the ITJS if an offender displays increased potential to be sexually victimized or for predation with instructions noted for any necessary safety/monitoring plans. Classification staff will complete the Initial Transfer PRA, and 30-day Follow-up PRA with the offender and create an Intake Classification Custody Facility Plan Review. If the offender demonstrates increased potential for sexual victimization or predation, based upon these PRA re-assessments, the monitoring plan will be included in the comment section of the Custody Facility Plan in OMNI. This review will be updated either every six (6) months or annually depending on the offender's sentence structure. Furthermore, appropriate actions will be taken to evaluate the offenders sexual safety on an on-going basis should their PRA risk assessment classification change.

Upon intake, staff rely on the PRA information from the originating facility, via the transport manifest, for placement decisions within the first seventy-two (72) hours of the offenders' arrival to CCCC. Once the intake assessment PRA has been completed at CCCC (within 72-hours), the PRA completed at CCCC becomes the basis for subsequent custodial decisions; to include offender housing, bed placement, work assignments, education, and programming. At CCCC, per interview with the PCM and Classification Counselor II, Intake staff and members of the multidisciplinary team (MDT), staff use the PRA to inform determinations about the aforementioned five (5) placement, assignment, and programming considerations.

As indicated during interviews with the PCM, as well as Intake and housing unit Counselors (who each are involved in risk assessment screenings), there is a clear effort to utilize the information gathered through the PRA, the risk screening required by standard 115.41, to keep separated those offenders with potential for sexual victimization from those with potential for sexual abusiveness. Furthermore, the PCM and Counselors recognized the risk screening as a fluid process and that it was important to continuously be aware of, and re-assess as necessary, every offender's individualized risk level to ensure appropriate placement and the sexual safety of all offenders at the facility.

Standard 115.42b: The facility staff with authorized access to screening information utilized the PRA results to make individualized determinations about how to ensure the safety of each offender. Specifically, information was applied on a case-by-case basis to make custodial decisions regarding each offender. Per informal interviews with the MDT members, as well as observation during the site review, the Executive team and local CCCC staff who participated in the site review took great pride in the decision-making processes associated with appropriate placement of each, individual inmate. The offenders interviewed, formally and informally, indicated they had been placed in a location where they felt sexually safe and able to participate in programming to maximum benefit.

The facility provided the auditor with a Spreadsheet for review with Standard 115.62, which also related to this standard provision, of fifteen (15) offenders who had been identified by the PRA as PREA potential victims. The auditor evaluated a sampling of monitoring plans and housing assignment reviews from the offenders' electronic records. The auditor judged these documents to have been completed on a continuous, individualized basis with thoroughness in assessments. Furthermore, the case of one (1) transgender offender was provided to demonstrate continuous check-ins performed on a routinized basis to ensure their perceived safety and acknowledgement by the facility of their heightened risk of victimization.

Standard 115.42c: The auditor reviewed Agency Policy 490.820, Section VII. Transgender and Intersex Offenders and judged to materially meet policy requirements regarding compliance towards standard provisions 115.42c-g.

As stated in Policy, the agency considers whether to assign a transgender or intersex inmate to a male or female facility on a case-by-case basis. The Agency Policy and practice does and has, per public report and interview with the PREA Coordinator, housed transgender individuals not specifically in accordance with their external genitalia. In making facility placement decision, the Agency must ensure the inmate's health and safety, as well as whether a placement would present management or security problems. When making subsequent housing or other program assignments for transgender or intersex inmates, the agency policy stipulates consideration on an individualized basis, again ensuring the inmate's health and safety, and evaluating the potential for any management or security problems.

The Superintendent, PCM, and PREA Coordinator all indicated that, per Policy and practice, WADOC and CCCC provide an inclusive environment for transgender or intersex offenders with an aim that all inmates feel safe. They each emphasized that placement and assignment decisions (including housing and programming) for transgender or intersex offenders would be made on a case-by-case basis with assurance towards the offender's health and safety, and consideration of any possible management or security problems. The auditor also spoke with the one (1) transgender offender, specifically related to their safety and programming at CCCC. The offender interviewed indicated that they believed the facility evaluated their cases on an individualized basis, took their perspectives into consideration when determinations were made about their housing, and program placement with attention given towards their health and safety. The auditor also reviewed documentation regarding a transgender offender housed at CCCC during the reporting period, which conformed to an individualized approach with the inmate's self-expressed statements included in the MDT commentary, specifically as related to their perception towards their safety. Based upon the auditor's judgement, placement determinations for both offenders were made on a case-by-case basis towards that which would ensure the inmate's health and safety, and whether a placement would present management or security problems.

Standard 115.42d: Agency Policy indicated that placement and programming assignment review for each transgender or intersex inmate will be done initially with reassessment and subsequent reviews conducted, at minimum, every six (6) months (or when a change in housing assignment is indicated) to review for any threats to safety experienced by the inmate. Decisions will be made on an individualized basis regarding transgender or intersex offender facility assignments, with input from the offender and review of any threats experienced by the offender. Per the Superintendent's Memorandum (dated: 6/18/19), the housing review process will also consider any management or security problems that may result from placement options. Determinations made following housing reviews will be documented on a DOC form 02-384 Protocol for the Housing of Transgender and Intersex Offender, as completed by the local MDT and forwarded to the Deputy Director of Prison Command A for final approval.

Based upon specialized interview with one (1) self-identified transgender offender, they indicated that their placement and assignment reviews were conducted every six (6) months at CCCC. However, they denied having received any threats to their safety while housed at CCCC. The auditor was able to review files associated with the facility's completion of housing reviews for transgender offenders, which supported that reviews were completed on a biannual basis. Furthermore, interviews with the PCM and other members of the MDTs confirmed that reassessments of transgender offenders were individualized and conducted at least twice a year. On an Agency-wide basis, the PREA Coordinator oversees each transgender and intersex case to ensure that every case has a review completed at six (6) month intervals, as required per Policy.

Standard 115.42e: Per policy, each transgender or intersex inmate's own views with respect to their own safety is to be given serious consideration when making facility and housing placement decisions

and programming assignments. The Classification Counselor II expressed during interview that an important element of the biannual review is to discuss the transgender or intersex offender's own perceived level of safety through self-monitoring. The PCM also confirmed that when making facility and housing placement decisions, as well as programming assignments, the transgender or intersex offender's views with respect to their own safety were given deliberate consideration. The Target interview with one (1) transgender offender and documentation reviewed by the auditor regarding historical placement of one (1) transgender offender during the review period confirmed the same. During interview with the self-identified transgender offender, they expressed that the MDTs take into consideration their stated safety needs when making housing and programming assignments.

Standard 115.42f: Policy states specifically that transgender and intersex offenders shall be given the opportunity to shower separately from other offenders. The one (1) identified transgender offender, per interview, and additional transgender offender per documentation review, had both been afforded the opportunity to shower separately from other offenders. Upon site review inspection, the facility physical plant is such that all shower stalls are separated by partition and have a curtain providing coverage for each. Therefore, there was an existing physical barrier in place to ensure that transgender offenders would be given the opportunity to shower separately regardless of where they were housed. Notwithstanding, both LGBTI, transgender identified offenders had been provided with separate times to shower, per documentation and interview.

Standard 115.42g: The Agency is not in connection with a consent decree, legal settlement, or legal judgment related to this provision of Standard 115.42. Per Assistant Superintendent's Directive (8/29/19), the Agency Superintendents were directed to ensure placement does not occur of lesbian, bisexual, transgender, and intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status. This placement prohibition was extended by Directive to 'gender non-conforming' offenders.

Housing assignment placement processes for LGBTI offenders was confirmed through discussion with the Superintendent, PREA Coordinator and PCM, as well as randomized staff (12/12; 100), and LGBTI inmate interviewees (2/2; 100%) who all denied this practice to occur within the facility. From site observation, this information was judged to be consistent with Policy and report, as there did not appear to be any areas separated from the main population for offenders who may be perceived or identified as lesbian, gay, bisexual, transgender, and/or transgender. The identified LGBTI offenders denied to their knowledge ever having been placed in a dedicated wing, facility, or unit while incarcerated within WADOC solely based on their identification or status.

No corrective action was required for this standard.

Standard 115.43: Protective Custody

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

115.43 (a)

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

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?
 Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Agency Policy 320.255 Restrictive Housing (Rev. 10/26/16); 320.260 Secured Housing Units (Rev. 10/26/16); and 490.820 PREA Risk Assessment and Assignments (Rev. 6/18/18) were reviewed by the auditor towards compliance with the provisions of this standard.

Standard 115.43 a-e: Policy 490.820 states that placement of offenders at potential risk of sexual victimization should not be housed in the same cell/room with an offender who scores at potential risk for sexual predation. However, prior to placement in involuntary segregation every potential alternative must be considered, per Policy, with the reason(s) each was determined unsuitable documented in a PREA Housing chrono entry. Agency Policy mandates that the offender who is at risk of potential victimization not be placed in protective custody housing unless a thorough evaluation of alternatives has been conducted, and determination made that there is no viable alternative to separation of the victim from abuser. Policy also requires that any placement be immediately evaluated with an assessment completed within twenty-four (24) hours.

Agency policy requires that if the involuntary segregation placement is made the facility shall permit the offender access to programs, privileges, education, and work assignments to the extent possible. Furthermore, if any programming is restricted the facility is required to document the limited opportunities, duration of which, and reason. Any placement extending past thirty (30) days, per policy, necessitates documentation which provides justification for the extension. In the event that the placement lasted more than thirty (30) days, a review would be conducted, based on Agency Policy, to determine the continued need for the involuntary segregation placement.

In the case of facilities with dormitory/open housing, Policy mandates, each facility will establish procedures for appropriate bed assignment for at risk offenders. CCCC is a stand-alone minimum facility, and ensures that offenders who are screened to be at risk for sexual victimization are placed in an environment that is safe from individuals who have been screened to be at risk for sexual predatory behaviors. Furthermore, any offenders who are placed in secured housing cannot be retained there for greater than 14 days with up to a 3-day extension as approved by the Deputy Director. Per the Superintendent's Memorandum (dated: 6/18/19), placement in involuntary segregation for offenders at risk of sexual victimization at CCCC would only occur if no suitable alternative housing exists and last

at for a period of twenty-four (24) hours until arrangements can be made for transportation of the offender to a different facility could be facilitated.

Per interview with the Superintendent, housing of inmates who may be at risk for sexual victimization is managed with consideration given to their safety on the basis of the offender's cell, pod, housing unit, and facility, with all options considered. He expressed that offender movement of the individual at risk for sexual victimization to involuntary segregation would be utilized as the last alternative.

CCCC reported that there were no offenders who were placed in secured/restricted housing based upon their risk for sexual victimization during the review period. A Memorandum provided by the Superintendent indicated that during the review period the facility did not have any instances of holding an inmate at high risk of sexual victimization in involuntary segregated housing because there was no available alternative means of separation from the likely abuser(s). According to the PAQ, there were zero (0) inmates at risk of sexual victimization who had been assigned to involuntary segregated housing in the reporting period. There were two (2) offenders placed in the segregated unit during the site review, while their placement was unrelated to the provisions of this standard, per facility report and documentation review. Based upon information gathered during the site review, the information regarding no (0) offender placement in secured housing based upon risk for sexual victimization was consistent with both staff and offender interviews, as well as documentation review. This was further confirmed through investigation review, and receipt of a log from the facility of offenders whose PREA Risk Assessment indicated risk of sexual victimization along with their current housing at CCCC. None of these offenders were housed in the Restricted Housing area, and each had been placed in an housing area evaluated to be clear from offenders whose PREA Risk Assessment indicated potential risk of sexual predation.

There were no instances of involuntary segregated housing assignment made pursuant to 115.43a, thereby, the auditor was unable to review any documentation pursuant to inmate involuntary segregation placement secondary to risk of sexual victimization. However, based upon Specialized interviews with the Superintendent and PCM, the facility was clearly aware to document the basis for the facility's concern for the inmate's safety if involuntary segregation was utilized for this purpose. Furthermore, in such cases, the facility was aware to clearly document the reason why no alternative means of separation could be arranged.

No corrective action was required for 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? Yes No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 450.100 Mail for Prison Offenders (Rev. 12/27/17); 450.110 Mail for Work Release Offenders (Rev. 11/21/15); 490.800 PREA Prevention and Reporting (Rev. 4/25/19); and 490.850 PREA Response (Rev. 2/6/19) towards compliance determinations with the provisions of this standard.

Standard 115.51a: Per Agency Policy, when choosing to speak with a staff member offenders shall be allowed to make PREA allegation reports to a staff member with whom they are comfortable in speaking about the allegations. Reports could include incidents of sexual abuse, sexual harassment, perceived retaliation that may have occurred secondary to the reporting of such incidents, as well as perceived staff neglect or violation of responsibilities that may have contributed to the occurrence of such incidents.

The Agency had multiple processes in place for offenders to report PREA allegations, internally, including:

- Confidential toll-free hotline (use of the hotline does not require input of the inmate's personal identifying number (IPIN) and calls are not recorded by the facility);
- Kiosk report;
- Direct, verbal reports to any staff members;
- Legal mail to designated individuals (legal mail includes correspondence to and from the Agency's PREA Coordinator, State Attorney General, or the Office of the Governor);
- Kites or written notes; and
- Grievances.

Information regarding these reporting mechanisms is provided in the inmate handbooks (available in English and Spanish), which is provided with Orientation Packet at intake.

During randomized and specialized inmate (26/26; 100%), as well as randomized staff interviews (12/12; 100%), all were able to articulate internal ways to privately report any sexual abuse, sexual harassment or retaliation PREA-related allegations. The most cited response was direct, verbal report to a staff member. Internal means of privately reporting at CCC, also frequently cited by the inmate and staff interviewees, included calling the hotline, kiosk report, and submission of a kite. During the site review, the auditor established that the toll-free telephonic system was appropriately receiving submitted reports. Furthermore, after the site review, the facility ensured the installation of the PREA Hotline number, framed and visible, directly above offender telephones. These modifications were complete on 9/18/19 and photographs sent to the auditor.

Standard 115.51b: The facility had provided offenders with the ability to contact a private and public entity, outside of the WADOC, via the mail. Both those receiving legal mail and the external reporting agency, Colorado Department of Corrections were responsible to follow up on any allegations of sexual abuse, sexual harassment or retaliation they received while allowing the offender, upon request, to remain anonymous.

The Agency had multiple processes in place for offenders to report PREA allegations, externally, including:

- Third party reporting (through peers, family, lawyers, and external contacts);
- Legal mail to designated individuals (legal mail includes correspondence to and from the Agency's PREA Coordinator, State Attorney General, or the Office of the Governor); and
- Anonymous and confidential reporting by sending allegation information to the Colorado Department of Corrections, who serves as the Agency's external reporting entity (via use of DOC 21-379 Report of PREA Allegation Form; available in offender accessible areas along with pre-addressed, pre-franked envelopes, which may be dropped in the offender grievance box for mailing).

Information regarding these reporting mechanisms was also provided in the inmate handbooks (available in English and Spanish), which is contained within the Orientation Packet and further discussed at intake. All offenders with disabilities, including those who are illiterate, are to contact their facility ADA Coordinator for assistance in using an audio recording that would be sent for transcribing and submission, confidentially, and to remain anonymous, upon request (WADOC ADA Compliance Memorandum, R. Klemme; dated: 1/14/19).

During offender randomized interviews, writing a letter, using a third party, and sending a kite were cited as resources to confidentiality, and if desired anonymously submit reports of sexual abuse and/or retaliation. However, the offender population indicated that the most likely and viable manner in which they would submit an anonymous report would be via to use the Agency hotline, and not provide their name, despite the fact that this was not necessarily an 'external' reporting mechanism. Based upon the auditor's review of the investigations log there were confidential (hotline) and third party reports included. The auditor was also readily able to obtain a copy of the Colorado Department of Corrections pre-addressed envelope with associated DOC 21-379 Report of PREA Allegation Form in an offender accessible area.

Per facility report and onsite observation, there were no offenders at the facility detained solely for immigration purposes.

Standard 115.51c: Agency Policy addresses that all reports of sexual abuse and sexual harassment shall be reported to the Shift Commander (unless a conflict of interest exists at which point the Superintendent should be notified) immediately (meaning without delay), and documented in an Incident Report prior to the end of the shift. All facility employees, contractors, and volunteers are required by Policy to report all PREA allegations received, regardless of the manner in which it was obtained, and those who fail to report may be receive corrective or disciplinary action for failure to do so. This Policy is delineated in WADOC Initial PREA Training and annualized training, as well as the PREA brochure provided to staff, contractors, and volunteers.

Based upon random interviews with twelve (12) facility staff were aware of their responsibility to both accept any reports provided to them from offenders related to sexual abuse, harassment, and/or retaliation, regardless of the manner in which it was received, to include: written, verbal, third party, or anonymously. The facility staff expressed that their first responsibility besides First Responder duties (i.e., ensuring the victim's safety), included the immediate notification of their appropriate supervisor regarding the alleged occurrence. Following, all interviewed staff identified the importance of documentation of all reported PREA allegations as incidents on an Incident Report in as prompt a manner as possible, with emphasis added that the Incident Report would most definitely be completed prior to the end of their shift.

Standard 115.51d: Per Policy, all CCCC staff interviewed for randomized (12/12; 100%) and First Responder interviews (3/3; 100%) were informed regarding their responsibility to ensure established private ways to report sexual abuse, sexual harassment, and/or retaliation related to reporting of such. Staff reporting PREA-related incidents shall be afforded the opportunity to privately report such information to their immediate Supervisor, Shift Commander, PCM, or via the WADOC Sexual Assault Hotline to the PREA Coordinator. Staff were informed of these procedures through annual training, brochures, and institutional posters. Email via the WADOC website was also an option available to all staff. Based upon randomized staff interviews (12/12; 100%), staff were aware of their responsibility to report PREA allegations privately, and believed they had resources available to privately report any knowledge of sexual abuse, harassment or retaliation that had occurred from reporting of such incidents.

No corrective action was required for this standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

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

inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 4/25/19); and 550.100 Offender Grievance Program (Rev. 1/3/18), as well as Secretary Directive (S. Sinclair; dated: 1/10/19) towards compliance determination with the provisions of this standard.

Standard 115.52a-g: PREA standard provision 115.52a states that, "...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". Per Policy 550.100, Section III, "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 (p.2)". Furthermore, the Secretary's Memorandum (dated: 1/10/19), stated that WADOC does not process PREA-related allegations through the offender grievance process. Therefore, CCCC is exempt from this standard, as the Agency does not have administrative procedures to address inmate grievances regarding sexual misconduct, per Agency Policy and Directive.

When CCCC receives a grievance from an offender alleging any PREA-related sexual misconduct, a copy of the grievance was immediately forwarded to the WADOC PREA Triage unit for processing. If the grievance is determined to be PREA-related, the Triage unit assigns the grievance a PREA allegation number in the Incident Management Reporting System (IMRS), and returns the allegation to the CCCC Superintendent who assigns the case for investigation. If the PREA Triage Unit determined that the grievance issue is not PREA-related, the offender may pursue the issue through the grievance process, and this grievance will not be considered a PREA allegation. This information is available to offenders in the grievance policy and the offender handbook.

The facility is responsible to investigate and complete the PREA allegation, which had originally been filed as a grievance, per investigatory requirements of all PREA-related cases. If the allegation is administrative in nature local or Agency PREA-trained investigators may complete the investigation,

with the Appointing Authority making the final decision. If the allegation is judged to be criminal in nature the Superintendent is responsible to refer the case to the assigned outside law enforcement agency for investigation.

Since PREA allegations have been removed from the grievance process there are no time limits imposed for reporting an allegation of sexual misconduct, and offenders do not have to exhaust administrative remedies. Furthermore, as the PREA Triage unit returns the grievance, converted to a formal PREA allegation, to the Superintendent to initiate an investigation, in no manner must the offender engage with staff member who is the subject of the complaint in order to submit, attempt to resolve, or investigate the offender's grievance (now PREA allegation).

Per Superintendent's Memorandum, and interview with the Grievance Coordinator confirmed that during the review period CCCC received nine (9) grievances that were separated into thirteen (13) individual incidents, as some grievances named more than one accused. All grievances were processed through the PREA Triage Unit, per Policy and procedure. Per the auditor's review of the Offender Complaint's Log, attached to the Superintendent's Memorandum (dated: 6/17/19), the PREA Triage Unit's determination resulted in the inclusion of each as appended 'information included in existing investigation' with the exception of one (1) which was determined not to be a PREA and was 'returned for local action, as needed'. Offenders received notification from the Grievance Coordinator stating, "Your complaint has been informally [sp] resolved. Per page 24 of the GPM PREA related complaints will not be investigated through the offender grievance program. Complaint referred to PREA triage unit". Subsequently, they received a letter indicating the nature by which the PREA allegation would be processed. It appeared that when the grievance was returned as not a PREA allegation, offenders had not been appropriately informed. The facility took appropriate steps to resolve this by which the prior Superintendent sent a Memorandum (dated: 5/16/19) to all CCCC staff, which stated, effective immediately, all returned grievances from the PREA Triage Unit shall:

- 1.) When allegations are returned from PREA Triage, the PREA Coordinator will notify offenders of the outcome both in person and via letter in accordance with DOC Policy 490.860 – PREA Investigation.
- 2.) When allegations are returned from PREA Triage as **Not PREA** the PREA Compliance Manager will also notify the Grievance Coordinator.
- 3.) If an Incarcerated Individual chooses to continue with the grievance process after receiving a **Not PREA** response, the Grievance Coordinator will be prepared to continue with the grievance process.

During the reporting period, none (0) of the thirteen (13) total grievances were initially filed nor judged by the PREA Triage Unit to be emergency in nature. While per interview with the Grievance Coordinator and PCM, an emergency grievance judged to have merit, would be managed by the facility in the same regard as consideration for imminent sexual abuse, and the offender's safety ensured per institutional practices described in 162a.

Third parties are permitted to assist offenders with the filing process of PREA allegations. Agency Policy, stated, "Visitors, offender family members/associates, and other community members can report allegations by calling the PREA hotline, writing a letter to the PREA Coordinator, or sending an email to DOCPREA@doc.wa.gov (p. 16)." The auditor confirmed posting of this information on the Department's website. Agency Policy permitted receipt of PREA allegations from third parties (e.g., fellow inmates, staff members, family, attorneys, and outside advocates).

Agency Policy prohibits disciplinary action or offenders from being infraacted against for a report of sexual abuse made in good faith when it is based upon reasonable belief that the alleged conduct occurred, even when an investigation does not substantiate the allegation. During the review period at the facility, per PAQ, documentation review, and information gathered during site review, including

inmate (randomized and targeted) and staff (random and Specialized) interviews, no (0) offenders were identified to have been disciplined for filing reports in good faith of sexual abuse. There were, to the best of the auditor's knowledge, no (0) offenders disciplined or infractioned for filing any PREA-related grievances during the reporting period.

The Grievance Appeals Coordinator explained the process of screening out PREA-appeals to the auditor. He stated that grievance forms are available in each housing unit, by which inmates may fill them out and hand it directly to staff or place it in the appeals box. The facility routinely monitored the appeals box for grievances and emptied at minimum weekly; however, the Grievance Coordinator stated that he checked it on every occasion that he is at the facility and within the proximity of the boxes. He also holds the responsibility to review all appeals. If he discovered the appeal to contain substance judged to be a PREA allegation/PREA-related or if he was uncertain as to whether the content of the grievance pertained to PREA, he reported it to the Shift Commander. Each grievance deemed to be PREA-related was then submitted to the PREA Triage Unit. If the PREA Triage Unit determined that it met PREA criteria, the investigatory process, as noted above would be initiated. If the PREA Triage Unit deemed the appeal not related to a PREA allegation, it would be returned to the appeals coordinator to manage through local procedures applicable to the appeals channels.

Even though the Agency is exempt from this standard, as per Policy, the Agency does not have procedures in place to address inmate grievances of sexual misconduct, the Policies and practices that are in place comply with this standard.

No corrective action is required for this 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? 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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 4/25/19); WADOC-OCVA current contract; OCVA brochures and posters (English and Spanish), as well as Assistant Secretary's Directive (S. Sinclair; dated: 8/11/15), entitled, PREA Advocacy towards compliance with the provisions of this standard.

Standard 115.53a: The Agency has entered into a contracted partnership with the Office of Crime Victim Advocacy (OCVA) to provide support to all victims under the Department's jurisdiction. The auditor was supplied with and reviewed the current contract. The support services through OCVA are coordinated centrally and available to the victim via toll-free phone contact. The offender victim may call and speak with a support specialist who, as needed, will transfer the call to the community sexual assault program partnered with the facility. The victim advocate will arrange with the victim for the provision of continued scheduled support, either telephonically or by coordinating support at the facility through an in-person visit(s). Through the WADOC-OCVA partnership, each WADOC facility has been partnered with a specific sexual assault advocacy center. CCCC has been partnered with SafePlace to provide offenders with access to established sexual assault victim advocacy.

Via Superintendent's Memorandum (dated: 6/19/19), it was described throughout CCCC the OCVA telephone number (including toll-free access, with days of the week and hours of service) were visible in poster form (both English and Spanish) near inmate phone access. The OCVA information has also been provided in brochure form (both English and Spanish) upon offender intake. Communication with OCVA was available through hotlines, without the victim entering their identification number, thus, reasonable communication had been provided in as confidential manner as possible. The auditor tested the toll-free phone line and was readily able to access a support specialist during the site review. The auditor found that site review interviews with the Superintendent, PREA Coordinator and PCM, as well as telephonic interview with SafePlace Lead Advocate supported this information.

Additionally, CCCC has made offenders aware of and provided with information from the Washington Coalition of Sexual Assault Programs (WCSAP) regarding community sexual assault programs available throughout the state following their release from incarceration. This is of particular benefit to offenders at CCCC who may be facing the possibility of community reentry in short periods of time. Having knowledge about community resources with direct access may provide assistance with successful community reintegration efforts for both the offenders and their families.

The second portion of the provision of this standard does not apply to CCCC, related to the facility providing persons detained solely for civil immigration purposes mailing addresses and telephone numbers of local, State, or national immigrant services agencies. During the reporting period, per the PAQ, PCM and all offender interviews (randomized and targeted), as well as audit team site review observations there were no known individuals held at the facility solely for civil immigration purposes. As the facility *never* (to the auditor's knowledge during the reporting period and site review) has persons detained solely for civil immigration purposes, the facility materially met this portion of the standard provision as not applicable.

Standard 115.53b: The facility did not continuously record nor listen to or subject to routine audio surveillance the offender phone calls. Solely if there was suspected abuse or misuse of the OCVA service would a particular offender's use of the phone be evaluated. In such occasions, through investigative processes phone call conversations were subject to review and possible disciplinary action. However, details of misuse of the OCVA line and mandatory sexual abuse reporting laws were included in the OCVA orientation content, brochures, and Advocate Confidentiality Summary. The Agency, facility, and OCVA advocacy services, indicated their attempts to make support services available to offenders, which was further supported by the Assistant Secretary's Directive (S. Sinclair; dated: 8/11/15), entitled, PREA Advocacy.

Of note, the laws of Washington specify confidentiality standards for community victim advocates, to include:

- (Part 7) A sexual assault advocate may not, without the consent of the victim, be examined as to any communication made between the victim and the sexual assault advocate.

Per Superintendent's Memorandum (dated: 6/19/19), "...the Violence Against Women Act (VOWA) prohibits disclosure of information collected in connection with services requested, utilized, or denied through grantees' and sub-grantees' programs within the informed, written, reasonably time-limited consent of the person. Due to these more restrictive confidentiality parameters, the advocates providing services and support to offenders require a signed release prior to disclosure of information".

Offenders were made aware of OCVA community victim advocates access, VOWA confidentiality parameters, and mandatory reporting laws via intake brochures and through the PREA Orientation video, along with discussion during the Intake Orientation Session. During informal interviews the offenders were able to note the location of posters in the housing units near the telephones for OCVA hotline access. Offenders interviewed indicated they were able to receive victim advocacy services in a manner, which they believed was as confidential as possible. No targeted offender interviewees acknowledged having accessed services through OCVA. However, the offenders were able to articulate the limits of confidentiality, during both random and Targeted interviews, regarding self-harm, harm-to-others, and mandatory sexual abuse reporting laws when receiving victim advocacy services.

Standard 115.53c: The agency provided on PAQ upload a renewed contract through OCVA with current expiration of 6/30/21 for provision of coalition advocacy services for inmates related to sexual abuse. Per the interview with the PREA Coordinator, the agency's intention was to continue services with OCVA. Per the PAQ, OCVA was not permitted per elements of the negotiated contract to release identifying information about individual contacts; however, they are able to provide aggregated

information regarding numbers of calls throughout the course of monthly periods across the Agency. Their totals in the fiscal year, corresponding to the reporting period for this audit, of responding to calls across the Agency were 505, 473, 32 and 85, with Community Sexual Assault Program Hours of Service in Quarter 1 at 38.75 hours; Quarter 2 at 29.5; Quarter 3 at 34.5, and Quarter 4 at 39.5. Per communication with SafePlace there were no specific call-outs for victim advocacy based upon inmate requests from CCCC directly during the audit reporting period. This corresponded to information the auditor gathered based upon investigatory reviews, randomized and targeted offender interviews, and interviews with staff, which suggested that no (0) specific requests for victim advocacy had been placed by the offenders at CCCC during the reporting period.

No corrective action was required for this standard.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 4/25/19) towards compliance determinations with the provision of this standard.

Standard 115.54a: Agency Policy, stated, "Visitors, offender family members/associates, and other community members can report allegations by calling the PREA hotline, writing a letter to the PREA Coordinator, or sending an email to DOCPREA@doc.wa.gov (p. 16)." The auditor confirmed posting of this information on the Department's website. Agency Policy permitted receipt of PREA allegations from third parties (e.g., fellow inmates, staff members, family, attorneys, and outside advocates). Per

the auditors documentation review, CCCC had investigated filings from third parties, as there were hotline calls recorded on the investigation log. Per offender interviews, both randomized and targeted, no (0) offenders reported having requested third party assistance with filing a PREA allegation. However, the offenders were able to articulate how to make a report through a third party or on behalf of a peer who required their assistance in filing a PREA allegation.

Agency Policy required PREA information to be publicly posted, including how to report PREA allegations. CCCC had posted this information in the Perimeter Control Office – Public Access and in the Visiting Room. Upon site review, the visiting room area did not appear to have appropriate PREA information coverage. On 10/7/19, the auditor was provided photographs of modifications that the facility had remedied the availability of PREA posters and made them visible in the facility visiting room. The facility had installed a bulletin board with posters hung in both English and Spanish. Furthermore, the facility provided accessibility of PREA third party reporting information through the placement of a brochure holder in the Visiting Room with PREA Visitor Information pamphlets (in English and translated Spanish version). Per this standard provision, information was readily available on various reporting mechanisms for third parties regarding how to report inappropriate sexual conduct in public areas throughout the facility on the PREA posters, in the Visitor’s PREA Information Brochure, and on the Agency website.

No corrective action was required for this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?
 Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The auditor reviewed Agency Policy 490.850 PREA Response (Rev. 2/6/19); and 350.550 Reporting Abuse and Neglect/Mandatory Reporting (Rev. 4/19/19) towards compliance with the provisions of this standard.

Standard 115.61a: According to Agency Policy 490.850 and the included PREA Reporting Process diagrammatic, all staff, including employee, contractor or volunteer, must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff reporting, per Agency Policy, extended to immediate reporting of any knowledge, suspicion, or information regarding perceived retaliation against inmate(s) or staff who had reported an incident of sexual misconduct. Furthermore, WADOC Policy cited that all staff must immediately report any knowledge, suspicion, or information regarding staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment or retaliation. Agency Policy had provided a PREA Reporting Process by which all three of these reporting requirements were identified with the appropriate reporting channel indicated by way of a matrix diagram.

Throughout contractor (2 of 2; 100%), volunteer (3 of 3; 100%), and randomized staff interviews (12 of 12; 100%), it was apparent that each understood the aforementioned responsibilities. Each could clearly identify their specific duty to immediately report any incident of sexual abuse, sexual harassment or retaliation related to the reporting of sexual abuse and sexual harassment, as well as any staff neglect or violation of responsibilities that may have contributed to an incident of sexual misconduct or associated retaliation. When queried as to what the term, 'immediate', meant, all of the associated interviewees expressed responses that indicated as soon as they had received the information and without delay.

Standard 115.61b: Per Policy, reporting parties shall only reveal information related to the sexual abuse or sexual harassment to the Watch Commander directly. Policy graphic, PREA Reporting Process, specifically cited, "Staff will confidentially deliver the information directly and immediately to the Shift Commander (DOC 490.850 Attachment 4)". Specifically, staff were obligated to share details of the incident confidentially, and only to the extent necessary to make treatment, investigation, and other security and management decisions. For the purposes of investigation, typically, the Appointing Authority, PCM, investigations staff, and designated supervisors would each be included amongst those who were necessary for disclosures, unless any of which were cited in the particular allegation. Staff were only to disclose necessary incident details, and per Policy, those who breached confidentiality may be subject to corrective/disciplinary actions.

During randomized interviews, staff (12 of 12; 100%) again were clear about their responsibilities to hold confidential the details related to sexual abuse and sexual harassment allegations with disclosure provided only to those on a 'need to know basis'. The staff were able to provide mechanisms by which they would report sexual misconduct, retaliation, or staff neglect which may have contributed to such situations confidentially, including in-person or by direct telephone communication.

Standard 115.61c: Per Agency Policy and WADOC PREA Health Services mandatory training, Mental health and Medical staff, per Agency Policy, are also required to report any detected signs of potential sexual misconduct that are discovered during routine medical examinations and/or appointments. The offender has been informed of this Duty to Report by way of the WADOC Offender Handbook, "When an inmate discloses information about or displays signs of sexual misconduct to a medical or mental health provider, the provider also has to report the information. A release of information is only required when the inmate discloses sexual abuse or assault that didn't happen while incarcerated or under supervision (p.11-12)". The auditor was provided a copy of the handbook to review towards compliance determination for this standard provision.

Per the two (2) Medical and Mental Health facility staff interviewed, the Mental Health and Medical Duty to Report was delineated to all facility offenders during Offender Orientation, prior to receipt of any mental or medical health care, as part of the Health Services portion of the Orientation session. Each practitioner described their duty to report and the limitations of confidentiality. Offenders during both Targeted and random interviews (24/27; 89%) were largely also informed regarding the limits of confidentiality during treatment with Medical and Mental Health providers.

Standard 115.61d: Per Agency Policy 350.550, if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons' statute, the Agency holds mandatory reporting laws of the allegation to the designated State or local services agency under the applicable statute. Specifically, regarding the juvenile portion of this standard provision, WADOC has interpreted this as applying to allegations regarding periods when the alleged victim is/was incarcerated. All such allegations were to be reported to Child Protective Services (CPS), law enforcement, and the applicable facility administrator if outside of WADOC jurisdiction. Regarding the vulnerable adult portion of this standard provision, WADOC Policy stipulated that reports of such

conduct will be made to the law enforcement agency with jurisdiction where the act is believed to have occurred. All other reports involving a vulnerable adult victim will be made to Adult Protective Services.

Per the Superintendent's Memorandum (dated: 6/18/19), there were no reports filed associated with vulnerable adults during the audit reporting period. There had been five (5) offenders incarcerated at CCCC during the reporting period who had at some time met the criteria for vulnerable adult. Individuals were not removed from the list for having later evaluations that determined they were not a "vulnerable adult". There had been no offenders under the age of eighteen (18) held at the facility during the reporting period. However, staff had reported a case concerning a staff – offender misconduct allegation at Echo Glen Children's Center. The case was assigned an investigation number, yet CPS was not notified. A process has been put in place to ensure any future allegations are reported appropriately. Through inmate and staff conversations at the onsite review and review of the investigation reports, it appeared that there were no PREA allegations judged to have met the criteria for endangered/vulnerable adult status at CCCC during the reporting period.

Standard 115.61e: As the facility directly assigned an investigator(s) to the case as deemed appropriate by the Appointing Authority, cases within WADOC were not directly forwarded to the facility's investigators. However, per the Superintendent's Memorandum (dated: 6/17/19), "WADOC has established the following process in lieu of reporting allegations to designated investigators [which ensured reporting and completion of all PREA-related allegations, including third party and anonymous reports]:

- The staff member (employee, contract staff or volunteer) receiving the allegation is required to confidentially deliver the information directly and immediately, as follows:
 - Prisons: Reported to the Shift Commander who ensures the information is submitted via the Incident Management Reporting System (IMRS), which is automatically forwarded via email to the PREA Coordinator/designee.
 - The PREA Coordinator/designee reviews all allegation information 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 then assigns the investigation to a trained investigator.

The auditor analyzed the facility's complaints log, which demonstrated submission and assignment of anonymous and third-party reported PREA-related allegations from the facility. During interview, the Superintendent and PCM both confirmed that all reported allegations of sexual abuse and sexual harassment were forwarded by IMRS for PREA Triage review to determine the need for investigation, including those received anonymously and from third parties. Per interview with one (1) facility Investigator, all reports of alleged sexual abuse and harassment were investigated on an administrative level, and those deemed to be criminal forwarded to local law enforcement for investigation.

Onsite review based upon offender (Targeted and randomized) and staff (Specialized and randomized) interviews, as well as examination of investigations completed indicated that all PREA-related filings, including third-party and anonymous reports, received during the reporting period were judged to have been appropriately investigated.

No corrective action was required for this standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The auditor reviewed Agency Policy 490.820 PREA Risk Assessments and Assignments (Rev. 6/18/18); and 490.850 PREA Response (Rev. 2/6/19) towards compliance determination with the provision of this standard.

Standard 115.62a: Per Agency Policy, Section III. Monitoring Plans; Part B. "Immediate actions will be taken to protect the offender when it has been determined [they are] at substantial risk of immediate sexual assault or abuse (p.6)". Per the Superintendent's Memorandum (dated: 6/15/19), when an offender is assessed as a potential victim according to a PREA Risk Assessment (PRA), a monitoring plan was developed. The plan was individualized; therefore, based on the identified needs and identified risks for the offender. When a housing assignment was made, offender risk identifiers were reviewed to ensure cellmate(s) compatibility. Monitoring plans and housing reviews were documented in the offender's electronic record.

Moreover, per Superintendent's Memorandum (dated: 6/15/19), at CCCC when an allegation of sexual misconduct was received, the Shift Commander, Duty Officer, and/or Appointing Authority reviewed all available information regarding the alleged victim's needs, timeframes, severity, housing and job assignments of the named individuals, and any other factors to determine if immediate actions are needed to prevent harm. In protecting inmates from potential immediate sexual misconduct harm, response by CCCC may include housing reassignments, housing unit changes, or facility transfers of the alleged abuser and/or alleged victim. Decisions were to be documented in a response checklist, as well as within the Incident Management Report System (IMRS) reports.

Based upon interview with the Superintendent, when the facility learned that an offender was at substantial imminent risk of sexual abuse, immediate action was taken to assess and implement protective measures to adjust for vulnerabilities identified, as it would in any other investigation. During the Superintendent's interview, they indicated that during such instances the alleged perpetrator would be moved housing units, placed in segregation or transferred to another facility prior to the victim in a situation involving substantial risk of imminent sexual abuse. Further, Per the Superintendent's Memorandum (dated: 6/15/19) it was clear that staff members involved in PREA allegations would be

removed from their post and placed on Administrative Leave, prohibiting them from access to the potential victim in situations indicative of risk, resulting from sexual abuse allegations.

Per PAQ documentation and information received during the site review, over the review period, the facility identified two (2) inmates who were potentially subject to substantial risk of imminent sexual abuse. The facility immediately implemented risk mitigation and protection strategies against sexual misconduct. These individuals were protected from the offenders and staff members who were the alleged aggressors by the suspects removal from the facility, by transfer and administrative leave, respectively. The Housing Unit Counselors initiated a monitoring plan with both offenders. Both offenders were offered contact and support from Mental Health.

The facility also provided the auditor with a Spreadsheet for review of fifteen (15) offenders who had been identified by the PRA as PREA potential victims. The auditor evaluated a sampling of monitoring plans and housing assignment reviews from the offenders' electronic records. The auditor judged these documents to have been completed on a continuous basis with thoroughness in assessments. Furthermore, the case of one (1) transgender offender was provided to demonstrate continuous check-ins performed on a routinized basis to ensure their perceived safety and acknowledgement by the facility of their heightened risk of victimization through sexual misconduct.

During informal and randomized offender interviews, the inmate population at CCCC largely felt safe in their environment. Specifically, the offenders expressed that should they have a concern for their sexual safety the facility would prioritize management of the situation. Largely, the inmates expressed a belief that facility staff would expeditiously separate the alleged victim and abuser. Random interviews with twelve (12/12; 100%) facility staff also demonstrated their awareness that intervention in a situation involving substantial risk of imminent sexual abuse must occur without unreasonable delay. Specifically, all staff interviewed identified that such a situation involved immediate assessment and implementation of protective measures, with their primary response as a first responder being to ensure the separation of the alleged victim(s) from the alleged abuser(s).

There was no corrective action required for this standard.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

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The auditor reviewed Agency Policy 490.850 PREA Response (Rev. 2/6/19); and 490.860 PREA Investigation (Rev. 6/12/18) towards compliance determination with the provisions of this standard.

Standard 115.63a & b: Per Policy, the Appointing Authority or designee will notify the appropriate Appointing Authority or facility administrator within seventy-two (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.

Per the Superintendent Memorandum (dated: 6/18/19), there was one (1) allegation of sexual abuse received at CCCC which required notification to another facility/jurisdiction. CCCC made the notification to the administrator of the applicable facility, of which the auditor received evidence. However, per self-report, CCCC had not completed the notification to the other facility within the seventy-two (72) hour timeframe required by the standard provision 115.63b.

The facility identified this issue prior to the audit, and in order to provide remedy, a Superintendent's Directive was sent to All CCCC staff (dated; 6/18/19), entitled, Process for notifying other facilities PREA allegations. This Directive re-iterated Agency Policy that when a PREA allegation is reported which requires the notification of other facilities the CCCC Superintendent [or their Designee] will notify the Superintendent/Designee of the applicable facility/jurisdiction.

Standard 115.63c: In the allegation received at CCCC, which CCCC subsequently forwarded to another jurisdiction, the facility maintained documentation of this notification by way of email thread. The documentation demonstrated that CCCC had initially sent the notification, and by email response, the receiving facility indicated their receipt of this notification. Furthermore, WADOC PREA Triage requested and maintained email "carbon-copy" of the notification and confirmation of notification emails for record keeping purposes.

Standard 115.63d: Per Agency Policy, "The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of [WADOC] (p.2)". Furthermore, "Investigations will be completed even if the offender is no longer under

Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department (p.2)".

Per Superintendent's Memorandum (dated: 6/18/19), at CCCC, notifications received in this manner regarding PREA allegations were thoroughly investigated in accordance with Agency policy. There were reportedly four (4) allegations of sexual abuse received at another facility for which CCCC received notification during the reporting period. The facility processed each case through PREA Triage and formally investigated all cases as PREA allegations to closure.

Based upon interview with the Superintendent, PCM, and a facility Investigator, each were able to describe the necessary protocol related to **Standards 115.63a-d**. There was no evidence gathered during the auditor's review of the site or PAQ information that CCCC had failed to communicate any PREA allegations received that occurred at other facilities or not investigated PREA allegations once a notification received under Standard 115.63 criteria.

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

115.64 (b)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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The auditor reviewed Agency Policy 420.365 Evidence Management for Work Release (Rev. 1/1/14); 420.375 Contraband and Evidence Handling (Rev. 1/8/16); and 490.850 PREA Response (Rev. 2/6/19) towards compliance determinations with the provisions of this standard.

Standard 115.64a: The Agency has a standardized Aggravated Sexual Assault Checklist (DOC 490.850 Attachment 1) for Agency First Responders. Per Policy 490.850, the first staff responding to the scene of an allegation of an, 'aggravated sexual assault', defined by the Agency as, "Sexual acts perpetrated by either staff or an offender that occurred within the previous one-hundred twenty (120) hours and involve penetration or exchange of bodily fluids", are required to:

- a. Ensure the alleged victim, accused, and possible witnesses have been separated
 - Request the alleged victim and ensure the accused not destroy physical evidence on their bodies (e.g., no washing, brushing teeth, changing clothes, drinking, eating, urinating, defecating, smoking) unless directed by medical or as needed to transport the offender
- b. Dispatch an officer to the scene with the PREA Response Kit and a camera for crime scene photographs only
 - Photographs of the alleged victim will be taken at the designated community health care facility
- c. Designate an officer to secure and maintain scene, as applicable
- d. Activate PREA Response Team
- e. Ensure law enforcement is notified, requesting response to the facility or designated healthcare facility in the community, as applicable
- f. Ensure the following notifications are made:
 - Appointing Authority or facility/section Duty Officer
 - Onsite medical and mental health employees/contract staff, or Medical and Mental Health Duty Officers
 - Chief Investigator, as applicable [as cited within Aggravated Sexual Assault Checklist]

During randomized staff interviews (12 of 12; 100%), and those identified as First Responders (3 of 3; 100%), it was uniformly clear that all staff understood their responsibilities and Agency policy associated with victim/accused separation, crime scene security, and evidence maintenance for both victim and abuser involved in an allegation of sexual abuse.

Per the Superintendent's Memorandum, there were five (5) PREA allegations made during the reporting period directly to facility staff member; however, upon auditor review, two (2) of these allegations were not related to sexual abuse, but contained content of sexual harassment and/or

retaliation. Of the remaining three (3) sexual abuse related PREA allegations, reporting in two (2) cases was made directly to a security staff and (1) reported to a non-security staff member. One of these allegations involved one (1) victim with two (2) accused, which resulted in two (2) separate allegations. Therefore, in total, there were two (2) separate PREA-sexual abuse related incidents reported. None (0) of these allegations were received by the facility in a time period that conformed to the ability to collect usable physical evidence. However, two (2) of the allegations allowed for the physical separation of victim and abuser, the two allegations with one (1) victim permitted separation from the two (2) accused, which was completed by the facility in an expedient fashion. In the other incident, the accused was noted as unknown, and thereby, victim separation from offender was not possible.

Through the auditor's review of investigation notes for these allegations it appeared the First Responders in these cases followed the appropriate protocol as listed in 115.64a. Further, investigations provided with the PAQ and interviews with the Superintendent, PCM, facility staff, First Responders, and a facility Investigator, CCCC was judged to have appropriately implemented First Responder duties.

Standard 115.64b: Per Superintendent's Memorandum (dated: 6/17/19), "All staff are trained in emergency response procedures to include isolation and containment of emergency situations. Any actions beyond the initial containment of emergency incidents would be managed under the direction of the Shift Commander, Duty Officer, or Appointing Authority". Therefore, even if the first staff responder is not a security staff member, the facility responder is required to follow the above protocol in 115.64a, and request that the alleged victim not take any actions that could destroy physical evidence, and then notify the Shift Commander.

During interviews with non-security staff (including Medical, Mental Health, and contractors), and facility volunteers it was again uniformly clear that each understood their responsibilities related to responder duties, specifically, to maintain the immediate safety of victim, and contact the Shift Commander.

Per the PAQ submitted there were no (0) incidents of sexual abuse allegations submitted during the audit reporting period at the facility in which the First Responder was a volunteer, while per Superintendent's Memorandum, one (1) PREA allegation directly reported to a non-security staff. As noted above, the non-security staff First Responder's actions were judged to have followed the appropriate protocol as related to this standard provision. Based upon examination of investigations provided from the reporting period and facility interviews, as noted above, the auditor judged that non-security first responders were aware of their requirement to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff should they be made aware of any PREA allegation involving sexual abuse.

There was no corrective action required for this standard.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.850 PREA Response (Rev. 2/6/19) towards compliance determinations with the provision of this standard.

Standard 115.65a: Per Policy 490.850, Section II. PREA Response Plan; Section A. the facility shall be responsible to maintain a PREA Response Plan, "...providing detailed instructions for responding to allegations of sexual misconduct (p.4)". The coordinated response shall consist of four (4) sections, to include:

- 1.) Response to Aggravated Sexual Assault Allegations
- 2.) Response to all other Sexual Misconduct Allegations
- 3.) Checklists and Forms for use in all Sexual Misconduct Allegations
- 4.) Policies/Operational Memorandums

The PREA Response Plan will be maintained by the PCM and located in the Shift Commander's office for Prisons, and with the Emergency Management Plan for Work Releases and Field Offices. Per Superintendent's Memorandum (dated: 6/18/19), the facility has a written facility plan, titled: PREA Response Plan. The facility's PREA Response Plan was maintained in the Shift Commander's office, and included all required components listed in the Agency Policy. The CCCC PREA Response Plan involved coordination of staff, to include, First Responders, Medical and Mental Health providers, Investigators and outside law enforcement, and Executive staff.

The audit team conducted interviews with a number of staff who served specific functions as members of the coordinated response team at the facility (to include First Responders, Medical and Mental Health providers, a facility Investigator, PCM, and Superintendent). Each of the parties expressed an understanding of their designated role as it pertained to participation in a coordinated facility response towards an incident of sexual misconduct.

It is the auditor's judgement that based on the aforementioned policy, CCCC PREA Response Plan, and interviews with coordinated response team members that the facility has developed, memorialized, and institutionalized a written facility plan to coordinate actions amongst staff first responders, Medical and Mental Health practitioners, facility/Agency investigators, and facility leadership in response to an incident of sexual abuse.

There was no corrective action required for this standard.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.66a: There was no Agency Policy provided which governed this standard; however, the auditor reviewed the Collective Bargaining Agreement between WADOC and the Teamsters Local Union 117, and an explanatory memorandum from former Secretary Bernard Warner regarding interest only arbitration towards compliance determination with this standard provision.

The Teamsters Local Union 117 represented WADOC staff members at CCCC. In the Collective Bargaining Unit (2017-2019), Discipline Article 8.4 indicated, "Work Assignment: An employee accused of misconduct will not be removed from his/her existing work assignment unless there is a safety/security concern..." Actions found in this Article, pending the course of investigation against a staff member, included their removal from existing assignment, temporary reassignment from bid post, and home assignment. Of note, Article 8.5 Home Assignment, "Any employee assigned to home as a result of disciplinary investigation, and who would otherwise be available to work, will be placed and maintained on paid leave for the duration of the home assignment. Home assignment shall only be used when management determines the alleged misconduct is so serious in nature as to warrant the removal of the employee from work".

Per Superintendent's Memorandum (dated: 6/18/19), "The [WADOC] functions under the interest only arbitration system as the impasse procedure 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".

Based upon the auditor's review of provided documents, management has the right to separate the inmate from the staff member, who has become the subject of an investigation by temporarily reassigning the employee, redirecting the employee, or restricting their on-ground access during the course of the investigation. The auditor's review of the Collective Agreement demonstrated compliance with this standard in that management does have the right to remove staff alleged of sexual misconduct from contact with any inmates.

There is no corrective action required for this 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? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

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

115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.860 PREA Investigation (Rev. 6/1/18) towards compliance with the provisions of this standard.

Standard 115.67a: The Agency's Policy stipulates that all inmates and staff who report sexual abuse or sexual harassment or cooperate with investigations of the same will be protected from retaliation. The facility shall also designate staff members to be in charge of monitoring for retaliation. At CCCC, oversight for retaliation was provided by the PCM, and the Counselors typically conducted retaliation monitoring contacts. The PCM and Superintendent both confirmed the PCM's responsibility for oversight of retaliation monitoring during interview.

Standard 115.67b: The Policy directed monitoring contacts to include review of the alleged victim's housing and work assignments, disciplinary history, and any change in their placements since the reported incident. Monitoring would provide information if there adverse circumstances were occurring secondary to the individual's (staff or offender) reporting of the PREA allegations. If so, the facility Executive team would give consideration as to appropriate movement and/or placement of the alleged victim and alleged perpetrator and/or those perpetrating the reported retaliation. As indicated previously, alleged perpetrators would be first moved, and the victim separated from offenders and/or staff members involved in allegations of sexual abuse or sexual harassment, as well as retaliation prior to victim change of placement or transfer.

Standard 115.67c & d: Per Policy, the Agency will monitor the offender for at least ninety (90) days for possible retaliation associated with reporting sexual abuse or sexual harassment or participating in an investigation of the same. The components of the monitoring include, but are not limited to the following:

- 1.) The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff;
- 2.) 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;
- 3.) Act promptly to remedy any such retaliation;
- 4.) Monitor any inmate disciplinary reports;
- 5.) Monitor inmate housing changes;
- 6.) Monitor inmate program changes;
- 7.) Monitor negative performance reviews of staff; and,
- 8.) Monitor reassignments of staff.

The Agency will continue monitoring beyond ninety (90) days if initial monitoring indicates a continuing need to do so, and would involve periodic status checks as merited.

All retaliation cases involved in-person interview with the offender, and per Policy, file review to include disciplinary reports, housing, and program changes. Further, per the PCM, emotional support services were continuously offered and available to the victim across the Retaliation Monitoring through OCVA, and Mental Health resources contacts. The Retaliation Monitoring reports were judged to be thorough in their interview content and involved a level of clear analytical reasoning when implementing judgments of potential retaliation concerns based upon offender interview. However, there was no evidence of file review in the documentation based upon the auditor's review. In recognizing that the Counselors are conducting the Retaliation reviews, this may be an oversight in that the Counselor's would likely be aware of housing, disciplinary issues, program, and/or work changes, as well as any overt behavioral issues on the part of the offender. However, the file review and evidence thereof needs to be clearly documented.

Per the Superintendent's Memorandum (dated: 6/17/19) during the review period two (2) cases reported instances of retaliation. Based upon the fact that these complaints involve ongoing and open investigations the auditor will not cite circumstances of these retaliation issues in the Interim Audit. Secondly, the information may readily identify the associated offender, which would violate the de-identification element for PREA reporting standards. Nonetheless, the existence of the two (2) reported retaliation cases, and no additional cases was judged as accurate based upon information gathered during the auditor's site review through targeted offender interviews, discussion with the PCM, and review of investigative files.

However, of note, Retaliation Monitoring was not consistently occurring prior to February 2019, when the facility was preparing for the audit and recognized they did not have a retaliation monitoring process in place. At that point, the facility began consistent monitoring with tracking of the process. Therefore, it is not possible to accurately judge the implementation of this standard and corrective action will be implemented.

Standard 115.67e: Agency Policy supported that if any other individual who cooperates with an investigation expresses a fear of retaliation, the Agency and facility shall take appropriate measures to protect that individual against retaliation. The Superintendent, PCM, PREA Coordinator, and facility Investigator all expressed that retaliation countered Agency policy. Specifically, each interviewee articulated that any individual (staff or inmate) who expressed a fear of retaliation related to their cooperation in a PREA-related investigation would be appropriately monitored against retaliation through the PREA Retaliation Monitoring protocol and any other case-relevant measures as deemed to be necessary.

Standard 115.67f: Per Policy, the Agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded. Per PAQ, all unfounded investigation during the audit reporting period had no (0) continued retaliation monitoring.

There was corrective action required for this standard:

Standard 115.67c, & d: Per Policy, the Agency will monitor the offender for at least ninety (90) days for possible retaliation associated with reporting sexual abuse or sexual harassment or participating in an investigation of the same. The components of the monitoring include, but are not limited to the following:

- 1.) The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff;

- 2.) 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;
- 3.) Act promptly to remedy any such retaliation;
- 4.) Monitor any inmate disciplinary reports;
- 5.) Monitor inmate housing changes;
- 6.) Monitor inmate program changes;
- 7.) Monitor negative performance reviews of staff; and,
- 8.) Monitor reassignments of staff.

The Agency will continue monitoring beyond ninety (90) days if initial monitoring indicates a continuing need to do so, and would involve periodic status checks as merited.

In order to demonstrate compliance with the corrective action for this standard the facility provided the auditor three (3) months of comprehensive Retaliation Monitoring case database information by email. On a monthly basis, the facility provided the auditor by email the Retaliation Monitoring Form of those victims under retaliation monitoring. In order to facilitate adherence, the Agency revised the Retaliation Monitoring Form to include, "Date Indicators Reviewed", which the auditor approved. The facility provided the auditor with proof of training to those responsible for retaliation monitoring at CCCC. Adherence was based upon:

- 1.) appropriate monitoring of all cases;
- 2.) inclusion of clear documentation as related to inmate interview on the Retaliation Monitoring Form;
- 3.) inclusion of clear documentation as related to offender file review as related to components of monitoring #4 through #8 (above), as applicable (offender or staff) on the Retaliation Monitoring Form;
- 4.) Act promptly to remedy any such retaliation;
- 5.) Periodic check-ins, continuation of monitoring, and discontinuation of monitoring, as appropriate.

The corrective action period continued for three (3) months with the institution fully demonstrating adherence to the Retaliation Monitoring process.

Corrective action was completed for this standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.820 PREA Risk Assessments and Assignments towards compliance determinations with the provision of this standard.

Standard 115.68a: Policy 490.820 states that placement of offenders at potential risk of sexual victimization should not be housed in the same cell/room with an offender who scores at potential risk for sexual predation. However, prior to placement in involuntary segregation every potential alternative must be considered, per Policy, with the reason(s) each was determined unsuitable documented in a PREA Housing chrono entry. Agency Policy mandates that the offender who is at risk of potential victimization not be placed in protective custody housing unless a thorough evaluation of alternatives has been conducted, and determination made that there is no viable alternative to separation of the victim from abuser. Policy also requires that any placement be immediately evaluated with an assessment completed within twenty-four (24) hours.

Agency policy requires that if the involuntary segregation placement is made the facility shall permit the offender access to programs, privileges, education, and work assignments to the extent possible. Furthermore, if any programming is restricted the facility is required to document the limited opportunities, duration of which, and reason. Any placement extending past thirty (30) days, per policy, necessitates documentation which provides justification for the extension. In the event that the placement lasted more than thirty (30) days, a review would be conducted, based on Agency Policy, to determine the continued need for the involuntary segregation placement.

In the case of facilities with dormitory/open housing, Policy mandates, each facility will establish procedures for appropriate bed assignment for at risk offenders. CCCC is a stand-alone minimum facility, and ensures that offenders who are screened to be at risk for sexual victimization are placed in an environment that is safe from individuals who have been screened to be at risk for sexual predatory behaviors. Furthermore, any offenders who are placed in secured housing cannot be retained there for greater than 14 days with up to a 3-day extension as approved by the Deputy Director. Per the Superintendent's Memorandum (dated: 6/18/19), placement in involuntary segregation for offenders at risk of sexual victimization at CCCC would only occur if no suitable alternative housing exists and last at for a period of twenty-four (24) hours until arrangements can be made for transportation of the offender to a different facility could be facilitated.

Per Superintendent's Memorandum, CCCC had reported that for all victims involved in cases of offender-on-offender sexual assault, offender-on-offender sexual abuse, and staff sexual misconduct there were no (0) victims placed in segregated housing following the submission of an allegation because there was no available alternative means of separation from the likely abuser(s). Subsequently, there were no victims, thus, assigned to involuntary segregated housing for longer than thirty (30) days awaiting alternative placement. The auditor reviewed a Spreadsheet listing of all completed investigations during the review period with victims housing prior to the investigation and subsequent to the investigation noted. Based upon review of this report, the auditor determined there were no (0) offenders who were placed in secured/restricted housing based upon their risk for sexual

victimization during the review period secondary to involvement as a victim in a PREA allegation or need for Post-Allegation Protective Custody. The auditor further confirmed this information by investigation victim and abuser separation placement reviews.

Per interview with the Superintendent, housing of inmates who may be at risk for sexual victimization is managed with consideration given to their safety on the basis of the offender's cell, pod, housing unit, and facility, with all options considered. He expressed that offender movement of the individual at risk for sexual victimization to involuntary segregation would be utilized as the last alternative.

As noted, there were no instances of involuntary segregated housing assignment made pursuant to 115.43, thereby, the auditor was unable to review any documentation pursuant to inmate involuntary segregation placement secondary to any risk of sexual victimization. However, as previously stated, based upon Specialized interviews with the Superintendent and PCM, the facility was clearly aware to document the basis for the facility's concern for the victim's safety if involuntary segregation was utilized for this purpose. Furthermore, in such cases, the facility was aware to clearly document the reason why no alternative means of separation could be arranged, and transfer the victim to an appropriate location, separate from the abuser, as soon as transportation could be arranged (typically within twenty-four [24] hours).

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

115.71 (b)

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

115.71 (c)

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

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The auditor reviewed Agency Policy 490.860 PREA Investigation (Rev. 6/1/18); 420.375 Contraband and Evidence Handling (Rev. 1/8/16); 490.800 PREA Prevention and Reporting (Rev. 4/25/19); 420.365 Evidence Management for Work Release (Rev. 1/1/14); and 400.360 Polygraph Testing of Offenders (Rev. 2/9/15) towards compliance determinations with the provisions of this standard.

Standard 115.71a: The Agency was able to demonstrate that they had comprehensive policy to conduct investigations into sexual abuse and sexual harassment allegations in a prompt, thorough, and objective manner. Specifically, policy delineates that all criminal PREA investigations shall be referred to local law enforcement. Locally conducted investigations of sexual abuse or sexual harassment allegations shall be completed with standards of promptness, thoroughness, and objectivity, including third-party and anonymous reports.

Per Policy, all facility staff shall be prepared to play an active role in responding to sexual abuse incidents. If a report is made within a one hundred twenty (120) hour time frame, staff shall ensure that the alleged victim and alleged abuser do not take any action(s) that could destroy physical evidence, including, as appropriate; washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the situation warrants, staff shall ensure the security of the crime scene, including alleged victim and alleged abuser clothing, bedding, and object(s) used for penetration. If necessary,

staff shall ensure securing of the crime scene for retrieval of new clothing for the alleged victim after the forensic medical examination is completed without disturbing the crime scene. If the alleged abuser is known, facility Investigators shall require him/her to follow the same actions as with the alleged victim in order to preserve any possible evidence of any sexual abuse.

If not judged to be a criminal investigation, facility Investigators shall specifically have a responsibility to respond immediately to:

- a. Gather and preserve direct and circumstantial evidence, including any available direct and circumstantial evidence, including any available electronic monitoring data;
- b. Interview alleged victims, suspected perpetrators, and witnesses; and,
- c. Review prior complaints and reports of sexual abuse involving the suspected perpetrator.

During interview with the facility Investigator (regarding administrative investigations), she described response to PREA-related incidents to necessitate immediate response. Policy and practice, per a facility investigator report involve the first responder immediately notifying the Shift Commander. The facility Investigator expressed immediate to mean that investigations are initiated at the moment of discovery. The moment of discovery as explained by the Investigator was upon receipt of the PREA allegation from the victim or third party.

The facility Investigator was able to describe that evidence collection involves integration of data from a variety of sources for corroboration, including direct and indirect evidence. They specified that the evidence collection process is continuous until the case is closed, and information added with documentation as gathered. Furthermore, the facility made no differentiation between first-party and third-party or anonymously received reports. Both per Policy, and interviews with the Superintendent and a facility Investigator all incidents of alleged sexual abuse and sexual harassment reported were investigated, regardless of whom is the reporting party. This was to include any third-party and anonymous reports. Per these same interviews, reports of alleged sexual abuse and harassment were all investigated thoroughly and to completion, in an objective manner at the appropriate administrative or criminal level.

Upon the auditor's review of the eleven (11) PREA investigations conducted at the facility by this investigator it was clear that they utilized multiple evidence gathering techniques in order to thoroughly investigate each allegation of sexual abuse and/or sexual harassment (e.g., interviews from a variety of sources, secondary interviews with key subjects, location of the alleged victim and abuser, telephone conversation review, historical video monitoring, photographic montage, etc.).

The results of the facility investigations were not judged by the auditor to have been objective, as although the determinations of substantiated, unsubstantiated, and unfounded were made on a case-by-case basis, and determined independently based upon evidence gathered not upon who had submitted the allegation, the manner in which it was received, or the PREA allegation reporting history of the parties involved; there was poor or no "Rationale of Finding" provided in any of the closed cases.

Of concern, investigations were also not completed timely, and not necessarily with prompt initiation. Upon auditor analysis, the auditor found that the average length of time to open an investigation from point of report (regardless of the reporting mechanism) was 25.2 days. The average duration of investigation until closure by Superintendent signature was 58.7 days. Concerning was the length of time to initiate the investigations, as these ranged from one (1) to ninety-seven (97) days. At present, eleven (11) investigations remain open with discovery and/or report as early as November 2018, December 2018, and January 2019. The facility provided information that demonstrated that they follow a monthly case status report. The majority of their overdue cases have been assigned externally. It is important to work with the assigned facility to ensure closure of these investigations.

Standard 115.71b: Per the PAQ, the Agency has nine hundred and sixty-six (966) trained investigators, with CCCC having fourteen (14) trained investigators available onsite to conduct administrative investigations. The auditor reviewed an Agency-wide Spreadsheet documenting each the investigators' participation in each of the three required trainings (PREA Investigator Version 1; Booster; PREA Investigator Version 2) along with dates of completion and comments (with the notation of color coding clearly indicating individuals who have been de-activated from investigations work). Documentation of training completion was also available through the individual employee's Learning Center transcript, which documented the date of completion. Courses were entitled: DOC Administrative Investigations, DOC PREA Investigator Booster, and DOC PREA & Workplace Investigator Training. The auditor reviewed a sample of the Learning Center transcripts, which she judged provided uniformity with the Agency-wide spreadsheet.

The Appointing Authority may secure an investigator from within the facility or across the Agency. Factors taken into consideration when selecting an investigator, included, but were not limited to:

- Complexity and sensitivity of the investigation
- Experience of the investigator
- Impartiality of the investigator in light of the allegation itself (e.g. outside of the investigator's chain of command, any potential conflicts of interest, etc.)

During interview, the facility Investigator was able to specify training they had received during specialized training, as listed above, which covered how to handle administrative sexual abuse and sexual harassment investigations. Further, the WADOC PREA Investigations training is provided to explain knowledge, components, and considerations that an investigator must use to perform a successful sexual abuse or sexual harassment investigation consistent with PREA standards. The facility Investigator specialized training curriculum, which had each of the above components, was provided with PAQ.

Standard 115.71c: Per Policy, the facility Investigator has been trained on the gathering and preservation of direct and circumstantial evidence. Such evidence may include available physical and any available electronic monitoring data. Further, interviewing of the alleged victim(s), perpetrator(s), and potential witness(es) would be conducted. The investigator would also review prior complaints and reports of sexual abuse involving the suspected perpetrator. However, based upon the auditor's review of the investigations it was unclear that the final portion of this standard provision was being covered comprehensively, as the review of the Investigations and Attachments sections, the auditor generally did not have a section containing details about prior reports and complaints of sexual abuse involving the suspected perpetrator. There were fifteen (15) closed investigations conducted during the audit reporting period that necessitated the gathering of evidence associated with a sexual abuse and/or sexual harassment allegations at the administrative level.

When interviewed, the facility Investigator was able to describe a variety of evidence gathering techniques, and the process by which to proceed towards the substantiation of an administrative allegation of sexual abuse and/or sexual harassment. They described the evidence gathering processes to include preservation of direct evidence and research of circumstantial information. The facility Investigator described how they would utilize video surveillance to substantiate the presence or absence of individuals in locations where PREA allegations had reportedly occurred. They specified how to determine potential individuals for interviews beyond the alleged victim and abuser, to include individuals who lived in cells adjacent to alleged incidents, or work peers, staff members, as well as individuals who may have observed the alleged incident whom were determined through watching archive video footage at the time when the alleged incident occurred. The investigator described utilizing recorded telephone conversations and written communication (to include offender 'kites', or notes to each other) to bring into evidence. In discussion about timeliness of evidence, the facility investigator emphasized the importance of collecting useable physical evidence in an expeditious

manner to ensure that all direct evidence was preserved and able to be utilized. During interview, the facility Investigator indicated that continuous documentation of evidentiary findings was of great importance to ensure that the case progress was documented through to conclusion.

It was apparent when the auditor reviewed the entire investigative files for each of the fifteen (15) closed investigations during the reporting period that the facility utilized comprehensive interviewing techniques (including alleged victim(s), perpetrator(s), and potential witness(es)), evaluating available electronic monitoring data (to include Jpay, video surveillance and telephonic recordings), social and placement contacts, and obtaining any usable, physical communications (e.g., offender letters and notes). Overall, the facility Investigators were judged to have implemented appropriate preservation of direct and circumstantial evidence, and utilized evidence gathering techniques as available. They gathered and preserved direct and circumstantial evidence, to include any physical evidence, as well as video surveillance monitoring data. Investigations involved interviews with alleged victims, suspected perpetrators, and witnesses (to include cellmates, work partners, others present in the location of the alleged incident). As related to all of the aforementioned investigatory processes, including direct and circumstantial evidence, interviews, as well as report reviews, the facility Investigator compiled findings of each that were documented thoroughly in the investigative case file.

The sole component of this standard provision that fell short, as noted, was the facility did not appear to demonstrate a thorough review was conducted of prior reports and complaints related to sexual abuse involving the suspected perpetrator and included this in the investigatory documentation.

Standard 115.71d: Per Agency Policy, all investigations that appear criminal in nature must be referred to local law enforcement. Furthermore, should an administrative investigation appear to be moving towards a the possibility of criminal prosecution, Agency and facility investigators are obligated to consult with law enforcement regarding conducting compelled interviews.

During the interview with the facility Investigator, they made clear that during investigations, which appear to support criminal prosecution, their training stipulated only to conduct compelled interviews after consultation with local law enforcement as to whether compelled interviews may pose an obstacle for subsequent criminal prosecution.

Standard 115.71e: The Agency's investigative protocol, and training curriculum mandate that the investigator assesses each alleged victim, suspect, or witness on an individual basis and does not determine the individual's credibility based on their status as an offender or staff member. Further, the Agency Policy and training curriculum clearly states that the offender who alleges sexual abuse will not be required to submit to a polygraph or other truth-telling device as part of proceeding with the investigation.

During interview with the facility's Investigator, they confirmed that each alleged victim, suspect, and witness were evaluated on an individualized basis, and the merit of their credibility not determined based upon their status as an inmate or staff member. Furthermore, the Investigator indicated the facility does not require or request the offender who alleges sexual misconduct to submit to a polygraph or any form of truth-telling device as part of the investigative process.

Standard 115.71f: Per Agency Policy, the investigative findings shall endeavor to determine whether staff actions or failures to act contributed to the alleged sexual abuse. Further, the investigation shall provide documentation of such findings in written form. The written document (i.e., WADOC Agency document: Form 02-383, Local PREA Investigation Review Checklist) shall contain a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

There were, as indicated, fifteen (15) closed investigations completed during the audit reporting period, which were each reviewed by the auditor. The investigations conducted at CCCC, as submitted, conformed to all necessary reporting and documentation of sexual abuse protocol, including entry of all five (5) substantiated/unsubstantiated incidents onto Local PREA Investigation Review Checklist. As noted, there were some documentation concerns associated with the thoroughness of these Checklists, while this matter is not applicable to this particular standard provision, and did not rise to the level of failure to meet the standard provision 115.86 threshold. Discussion with the facility Investigator confirmed that their investigative processes followed this protocol during sexual abuse investigations.

Standard 115.71g: Per Policy, The Agency itself was not responsible for investigating criminal allegations of sexual abuse. Through agreement with local law enforcement, Thurston County Sheriff's was their responding investigating agency. WADOC maintained requirements regarding investigation, and CCCC held annual meetings with Thurston County Sheriff's to delineate investigatory needs, standards, and expectations. The auditor reviewed meeting minutes of 2/25/19 between Thurston County Sheriff's Office and CCCC, which included discussion regarding the need to maintain compliance with PREA standards. If local law enforcement was unable to respond or refused to investigate the crime scene the Washington State Patrol (WSP) Crime Scene Response Unit could conduct a criminal investigation at the facility. WADOC maintained a Memorandum of Understanding (MOU) with the WSP for conducting investigations in general. This MOU gave precedence to applicable and federal state statutes and regulations, which would include PREA. Local law enforcement and WSP have been informed of PREA standards, to include the needs to document criminal investigations in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attach copies of all documentary evidence, where feasible.

During interview with a facility Investigator, they confirmed awareness of the processes by which to notify local law enforcement when necessary in criminal PREA allegations, and seek consultation with local prosecution in administrative cases potentially deemed to meet criminal prosecution threshold. During the review period there have been two (2) cases at CCCC submitted for consideration of criminal prosecution. One case had been conducted as an administrative PREA allegation, was referred and declined for prosecution; thus, no further investigatory documentation was gathered. The second case remains under investigation, open and pending consideration for prosecution. The facility Investigator interviewed continued to maintain contact with local law enforcement to follow-up regarding progress regarding the open criminal case.

Standard 115.71h: Per Policy and PREA specialized training, all substantiated cases of sexual misconduct that appear to be criminal shall be referred for prosecution. The facility Investigator was aware of and able to describe this Policy. As indicated, there were two (2) sexual misconduct cases at the facility, which had been referred for criminal prosecution. One, as stated above, had been substantiated and was declined for prosecution. The other was a direct referral to local law enforcement. A determination had not yet been made regarding prosecution in the second case, while the facility Investigator reported continued contact with the local law enforcement office to provide additional information if needed, and ensure appropriate completion of case referral through closure.

Standard 115.71i: Agency Policy delineated that the Agency holds the responsibility to retain all written reports as related to PREA investigations in 115.71f & g for fifty years, and then as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years. Per interview with the PREA Coordinator, this protocol was followed by the Agency.

Standard 115.71j & l: Policy stipulates that all allegations of sexual abuse and sexual harassment shall be investigated regardless of whether the alleged perpetrator or alleged victim has left the Department's employment or are no longer under the Department's authority. The Superintendent, facility Investigator, PCM, and PREA Coordinator confirmed that should such an alleged incident meet

the aforementioned conditions, the investigation would continue to be carried through to completion. This is evident to the auditor as several of the open investigations relate to offender(s) and/or staff members who are no longer incarcerated and not employed by the Department, yet the investigations continue to be pursued through closure. For purposes of confidentiality and integrity of investigative process, this auditor will not disclose the numbers and/or details associated with ongoing and open facility investigations.

Per Policy and interview with the facility Investigator and Superintendent, the facility held responsibility for conducting their own investigations into administrative sexual abuse and harassment allegations. Per Policy and interview information, for criminal investigations that the facility referred to local law enforcement they held a duty to remain involved to ensure continued assistance with investigatory needs and case closure. Specifically, the facility would continue to follow-up to request if they could provide any assistance with the case and ensure the investigation was carried through with appropriate closure. There were two (2) circumstances judged to have met criteria at CCCC for continued law enforcement follow-up during this reporting period.

There was corrective action required for this standard:

Standard 115.71a: In the original CAP, the results of CCCC investigations were judged by the auditor not to have been objective. Although determinations of substantiated, unsubstantiated, and unfounded were made on a case-by-case basis, and determined independently (as based upon evidence gathered not upon who had submitted the allegation, the manner in which it was received, or the PREA allegation reporting history of the parties involved), the “Rationale of Finding” was either not provided or poorly articulate in the closed cases. During the CAP, the facility provided the auditor with all closed investigation packages, and ensured inclusion of the Superintendent’s “Rationale of Findings”.

The auditor assigned a corrective action regarding closure of PREA allegations to include CCCC ensured each closed investigation had a documented “Rationale of Finding” included in the case summary, which provided an independent summary of the case determination. As it was unknown how many PREA allegations would be made during the CAP, this item remained open throughout the six (6)-month CAP.

There were seven (7) PREA allegations opened during the CAP. In total, of these seven (7) PREA allegations, four (4) were closed; three (3) as unfounded, one (1) as unsubstantiated. Based upon the auditor’s review of closed investigations, CCCC demonstrated improved inclusion of documentation that provided relevant reasoning for “Rationale of Findings”. As related to Standard 115.72 (as follows below), the facility provided the auditor with closed investigation packages and ensured inclusion of the Superintendent’s “Rationale of Findings”. Based upon the closed investigation documentation provided, the auditor deemed the facility to have demonstrated application of evidence and reasoning appropriately to the “Rationale of Findings”. Again, the auditor cautions the facility to be clear regarding findings of ‘unfounded’ versus ‘unsubstantiated’ in case closure based upon PREA definition criteria.

Upon initiation of the CAP, concern was noted that investigations did not necessarily demonstrate prompt initiation, as in ‘immediate’, as the average days from PREA Triage discovery prior to investigation assignment was 25.2 days with a range of 1 to 97 days. Upon completion of the CAP, based upon the four (4) completed investigations the average days from PREA Triage discovery to investigation assignment was 15.5 days with a range of 5 to 27 days. This is a considerable improvement, while the facility is encouraged to continue work to ensure PREA investigations are assigned promptly, meaning ‘without delay’. In December 2019, CCCC implemented an additional practice to assist in reducing the days between PREA Triage discovery and facility investigatory assignment, which includes provision of coverage behind the CCCC PCM, who would then assign cases for investigation in the PCM’s absence.

Upon implementation of the CAP, timeliness of investigation closure was also of concern. There were eleven (11) investigations remaining open with discovery and/or report as early as November 2018, December 2018, and January 2019. Therefore, upon issuance of the Interim Report, these cases were at the point of nearly nine (9), ten (10), and eleven (11) months in process. The auditor had instructed the facility to endeavor to close the eleven (11) open PREA investigations within their jurisdiction. The CCCC PCM provided email confirmation to the auditor, on 4/8/2020 that all previously outstanding cases, as noted upon issuance of the Interim Report, had been finalized through investigation and closed. Their current investigations status involved four (4) open cases, of which the longest had been seven (7) months and most recent three (3) months in process.

The facility was also to promptly provide closure, as quickly as viable with thorough and objective investigation, of PREA allegations. Based upon the closed investigations submitted, the auditor judged CCCC to have demonstrated improvements in timeliness of closure of cases. The auditor reviewed closed cases through the CAP, as there were four (4) PREA investigation closures. The average time from PREA Triage discovery to investigation closure of these cases was 87.25 days, with a range of 46 to 156 days. Based upon the evidence provided it was clear CCCC had enforced good faith efforts towards the timeliness of PREA allegation closure (meaning, 'as viable to ensure thorough and objective investigation has been completed), to include historical cases (above), and current cases received through the CAP.

Corrective action for this provision was considered in concurrence with the provision of documentation submitted for **Standard 115.71c & Standard 115.72a**

The corrective action assigned judged to have been met for this standard provision.

Standard 115.71c: While the breadth, scope, and utilization of direct and circumstantial evidence was judged of excellent quality in the investigative process at CCCC there was one portion that was missing related to a comprehensive review of the alleged perpetrator's history. The component that fell short, as noted, was the facility did demonstrate having conducted a thorough review of prior reports and/or complaints related to sexual abuse involving the suspected perpetrator with inclusion in the investigatory documentation.

In total, of the seven (7) PREA allegations applicable during the CAP, four (4) were closed; three (3) as unfounded, one (1) as unsubstantiated. Based upon the auditor's review of closed investigation files, each contained a review conducted of prior reports and/or complaints related to sexual abuse involving the suspected perpetrator with inclusion in the investigatory documentation. Furthermore, the final revision of the Investigative Finding Sheet [Form 02-378] contained a specific addition of the statement, "I have reviewed the PREA OMNI [Offender Management Network Information] database for prior complaints in regards to the accused". This statement is paired with a checkbox for the Appointing Authority to mark 'yes' or 'accused unknown' with their name, signature, and date provided at the end of the form. Based upon the aforementioned evidence, the auditor judged requirements for this standard provision as compliant.

Corrective action for this provision was considered in concurrence with the provision of documentation submitted for **Standard 115.71a & Standard 115.72a**

There was corrective action completed for this standard.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.860 PREA Investigation (Rev. 6/1/18) towards compliance determinations with the provision of this standard.

Standard 115.72a: Per Policy definition of how to substantiate an allegation of a sexual abuse and harassment investigations demonstrate that the Agency does not impose a higher standard than a preponderance of evidence. Specifically, in Policy, "For each allegation in the report, the Appointing Authority will determine whether the allegation is: Substantiated: The allegation was determined to have occurred by a preponderance of the evidence (p.4)."

During interview with a facility Investigator, they provided the standard of evidence required to substantiate PREA allegations as fifty-one percent (51%). Through review of the facility's utilization of this standard as related to the fifteen (15) PREA investigation case files associated with administrative findings, there were three (3) substantiated cases, it was apparent that they utilized the preponderance of evidence in the substantiation of cases. However, the auditor discovered concerns as related to this standard as based upon:

- 1.) A significant number of the investigations had findings of 'unfounded'. The facility must recognize that the definition of unfounded means that, 'an allegation was investigated and determined not to have occurred' based upon PREA Prison and Jail Standards. Secondary to the auditor's reviews of the associated investigations, this was not necessarily the investigative standard applied for this finding in these cases.
- 2.) A large number of the investigations did not include the "Rationale for Finding" in the Investigative Finding Sheet. As noted in Item 1, the investigations had been judged to have been completed in a thorough manner with use of strategic interviews with appropriately associated parties, camera video review, photo montages, review of logs and documentations of offender placement histories, etc. However, the case conclusions failed to provide a documented summary as to why the finding was drawn from the provided evidence. This

primary structural component of all investigations, which serves to demonstrate how a case conclusion was drawn. The “Rationale of Finding” necessitates completion by the Superintendent or appropriately designated authority, per Policy, in all PREA allegations for validation of finding.

Per policy, interview responses with the facility Investigator, and PREA investigation case examinations as substantiated, it appeared to the auditor that the appropriate standard of proof of not higher than a preponderance of the evidence was imposed in a finding of substantiating the cases of sexual harassment at CCCC. However, it was unclear if it was being appropriately applied across all other case findings as there was irregularly “Rationale of Findings” included, and the determinations of cases were not necessarily subject to the application of evidential standards, despite evidence being gathered.

There was corrective action required for this standard.

Corrective Action: During the CAP, the facility provided the auditor with all closed investigation packages, and ensured inclusion of the Superintendent’s “Rationale of Findings”. The auditor reviewed cases to ensure the determination in the “Rationale of Findings” was appropriate based upon the evidence. This item remained open as a six (6)-month CAP, as it was unknown how many PREA allegations the facility would receive during the follow-up period (while was identified for closure upon receipt of sufficient evidence to demonstrate compliance with this identified deficiency).

There were seven (7) PREA allegations opened during the CAP. In total, of the seven (7) PREA allegations, four (4) were closed; three (3) as unfounded, one (1) as unsubstantiated. Again, the auditor cautions the facility to ensure the use of ‘unfounded’ and ‘unsubstantiated’ in case closure based upon PREA definition criteria.

In order to improve the quality of the “Rationale of Findings” section, WADOC vetted through Agency Superintendents a new Investigative Finding Sheet [Form 02-378]. The approved Form 02-378 included additions of relevant checkboxes related to the, “Rationale of Findings” and a, “Narrative to support finding determination (required)”. Of note, there was a delay in finalization of this form, secondary to misunderstanding of the first iteration, which solely included checkbox additions in the “Rationale for Findings” section, while did not specify assurance of a narrative to support the determination of rationale for findings based upon evidence. Upon becoming aware of this, the auditor requested incorporation of a narrative section into Form 02-378, which WADOC vetted and implemented on 3/16/2020.

While there was insufficient time remaining in the CAP for additional closed investigations to be submitted on the revised ‘Investigative Finding Sheet’, based upon the auditor’s review of the closed investigations, CCCC demonstrated through provision of both narrative documentation inclusion and relevant reasoning for “Rationale of Findings” that requirements of this standard were met.

Corrective action for this provision was considered in concurrence with the provision of documentation submitted for Standard 115.71a & 115.71c.

Corrective action was completed for this 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? Yes No

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.860 PREA Investigation (Rev. 6/1/18) towards compliance determinations with the provisions of this standard.

Standard 115.73a: Following an investigation into an inmate's allegation that they have suffered sexual abuse or sexual harassment by another inmate or staff in a Department facility, per policy, the Appointing Authority/Designee will inform the alleged victim of the determination in a confidential manner where the offender is housed. The alleged victim may be informed in writing if they are housed in a restrictive housing. If the offender has been released, the Appointing Authority will inform the offender of the findings in writing at the alleged victim's last known address, as documented in his/her electronic file.

The Superintendent's Memorandum (dated: 6/18/19) confirmed that whether the allegation of sexual abuse has been substantiated, unsubstantiated, or unfounded notification was provided upon the conclusion of investigation to all related cases (15/15; 100%) for offenders who had submitted a PREA allegation during the reporting period. There were two (2) notifications not provided in which a victim was not specifically identified; both of these cases had been unfounded. Per the auditor's review of PREA Investigation packages, the victims were notified in person, in a confidential manner, by signature and date of the notifying party on the DOC 02-378 Investigative Finding Sheet.

Standard 115.73b: The agency was responsible for conducting all investigations into allegations of sexual abuse and sexual harassment that are administrative, while criminal investigations were referred to local law enforcement. All investigations conducted during the reporting period were conducted at the administrative level with two (2) being found to have risen to consideration for criminal prosecution. One of these cases was declined for prosecution, the other remains open.

Thus, related to the investigations conducted during the reporting period, the facility did not have relevant information to requests receipt from an external investigative agency to provide as information the alleged victim associated with the standard provision content of 115.73b.

Standard 115.73c: Per Agency Policy, following an inmate's allegation of sexual abuse by a staff member, unless the Agency has determined that the allegation is unfounded or unless the alleged victim has been released from custody, 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 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 sexual misconduct within the facility.

Per Superintendent's Memorandum, all post investigation notifications are tracked and the entry moved to an inactive portion only if the offender is released or deceased, or the staff member no longer employed with the Department. As a result, it was discovered during the audit review period that one (1) offender had not been made aware that an employee involved in a complaint had left the Department. Per auditor's review this was in fact a sexual harassment complaint, not one of sexual abuse. To resolve this issue, the facility proactively determined that future notifications of such will be handled, as follows: Human Resources will notify the PCM when an employee involved in a PREA case has left the agency. The PCM will ensure the offender is notified by letter. Per auditor's interview with the PCM, who has been designated as the party responsible for victim notification and oversight at CCCC, they confirmed awareness to follow these procedures.

Standard 115.73d: Agency Policy mandated, following an inmate's allegation of sexually abuse by another inmate, the Agency shall subsequently inform the alleged victim whenever:

- 1.) The Agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; and
- 2.) The Agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The Agency maintains a Statewide Log with all alleged victim notification needs that may be required at each facility for this purpose, which was provided to the auditor for review.

The PCM was aware of this process and their responsibility to notify the alleged victim in such circumstances. Per facility documentation there had been no offender notifications conforming to this standard required over the documentation review period, which was confirmed by the auditor's review of associated investigatory files and logs. One (1) PREA allegation referred for outside law enforcement review remained open and outstanding with consideration of referral for criminal prosecution.

Standard 115.73e: The facility ensured documentation of alleged victim notification was provided upon the conclusion of investigation whether the investigation outcome findings were substantiated, unsubstantiated, or unfounded. The auditor reviewed a log, CCCC provided of all related notifications for offenders (15/15; 100%) who had submitted a PREA allegation during the reporting period. There were two (2) notifications not provided in which a victim was not specifically identified; both of these cases had been unfounded. The auditor's review of PREA Investigation packages confirmed the victims were notified in person, in a confidential manner, by signature and date of the notifying party on the DOC 02-378 Investigative Finding Sheet.

There was no corrective action required for this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy outlining staff disciplinary sanctions as found in Policy 450.050 Prohibited Contact (Rev. 11/21/15); 490.800 PREA Prevention and Reporting (Rev. 4/25/19); and 490.860 PREA Investigation (Rev. 6/1/18), as well as Collective Bargaining Agreements from AFSCME and Teamsters, and a Secretary's Directive (Secretary S. Sinclair; dated: 9/20/17) towards compliance with the provisions of this standard.

Standard 115.76a: The policies, Collective Bargaining Agreements, and Secretary's Directive (indicated above) delineate that staff may be subject to disciplinary sanctions up to and including termination from the Department for violation of sexual abuse and sexual harassment policies. The Department Head Designee, PREA Coordinator, and Superintendent confirmed understanding of and the Agency's ability to implement such termination processes when necessary.

Standard 115.76b: Dismissal from employment shall be the presumptive disciplinary sanction for any staff who violates the Agency's policy towards sexual abuse. This was further confirmed when interviewing the Department Head Designee, PREA Coordinator, and Superintendent, who indicated that any staff member who violated the agency's zero tolerance policy towards sexual abuse would be presumptively terminated.

There was one (1) substantiated staff sexual abuse cases at the facility during the reporting period. There was one (1) PREA allegation involving staff on offender sexual abuse which was made during the review period that remains under investigation with local law enforcement as an open case. The staff had both resigned from the facility prior to the completion of these allegations. The first investigation was carried through and closed as unsubstantiated. The second case continues to be investigated.

Standard 115.76c: Per Policy, disciplinary sanctions for violation of Agency policy related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) were to be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed upon other staff for commission of comparable offenses with similar histories.

The PAQ indicated that no (0) disciplinary sanctions were imposed during the audit reporting period that would apply to this standard provision. The Department Head Designee, PREA Coordinator, and Superintendent specified that determination of disciplinary sanctions would be made with consideration of the aforementioned factors.

Standard 115.76d: Per Agency policy, 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 are to be reported to law enforcement agencies (when applicable). Further, 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 are reported to relevant licensing bodies.

Per the PAQ and based upon investigatory file review there were two (2) PREA investigations that met the first portion of this standard provision, and each were appropriately reported to law enforcement. One (1) was declined for prosecution; while the second (2) case remains open and under current investigation. Furthermore, for the second portion of this provision, while there were two (2) employees who had resigned pending investigation, neither were accredited through a licensing body; therefore, no (0) notification was required for this purpose.

Through interviews with the Department Head Designee, PREA Coordinator, and Superintendent, each was able to identify the need and process by which to follow through with reporting both to local Law Enforcement (when appropriate; criminal related sexual abuse violations and administrative violations that rose to the criminal level), and reporting to relevant licensing boards, when applicable.

There was no corrective action required for this standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed the following Agency Policy outlining volunteer and contractor disciplinary sanctions, including Policy 450.050 Prohibited Contact (Rev. 11/21/15); and 490.860 PREA Investigation (Rev. 6/12/18), as well as Acting Secretary's Directive (R. Herzog; dated: 5/4/17) towards compliance with the provisions of this standard.

Standard 115.77a: These Policies and Directive stipulate that volunteers and contractors who engage in sexual abuse were to be prohibited from offender contact. Agency Policy instructed that such individuals would be removed from the facility, not permitted to return, and may be subject to criminal prosecution, when applicable. Information regarding substantiated cases of sexual abuse, per Agency

Policy, shall be forwarded to relevant licensure bodies for external review, when appropriate. The Superintendent, Department Head Designee and PREA Coordinator confirmed knowledge of these processes, during interview.

Standard 115.77b: Per Policy, “Substantiated allegations of sexual intercourse...will result in:

- a.) Permanent restriction on visitation, which may be appealed after three (3) years.
- b.) An eighteen (18) month restriction on telephone and mail communication, including eMessaging.

All other substantiated allegations of staff sexual misconduct will result in a one (1) years restriction on telephone and mail communication, including eMessaging, and a two (2) years restriction on visitation”. At the time the allegation is substantiated, notification will be made to the mailroom, visiting, and Intelligence Officer to establish the appropriate restrictions. Furthermore, per Policy, exceptions to the presumptive restrictions may be granted, but only when extraordinary circumstances support the request and granting the request will not undermine the Agency’s zero tolerance stance.

Per the PAQ and Superintendent’s Memorandum (dated: 6/18/19), there were zero (0) reported incidents of contractor and/or volunteer violations of sexual abuse or sexual harassment policy during the reporting period. This information was consistent with the auditor’s review of data gathered through onsite record review, examination of facility investigations and logs, as well as interviews.

There was no corrective action required for 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? Yes No

115.78 (b)

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

115.78 (c)

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

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No NA

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

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The auditor reviewed Agency Policy 460.000 Disciplinary Process for Prisons (Rev. 6/1/18); 460.050 Disciplinary Sanctions (Rev. 1/1/19); 460.135 Disciplinary Procedures for Work Release (Rev. 5/24/16); 490.800 PREA Prevention and Reporting (Rev. 4/25/19); and 490.860 PREA Investigation (Rev. 6/1/18) towards compliance determinations with the provisions of this standard.

Standard 115.78a: Per Policy, offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process only following an administrative finding that the inmate had engaged in inmate-on-inmate sexual abuse. The Disciplinary Sanctions Policy dictated that an inmate who engaged in any type of substantiated PREA allegation shall receive an infraction report against the accused. Furthermore, those offenders shall be sanctioned in accordance with the appropriate disciplinary code, wherein particular violation codes may be sanctions to a multidisciplinary Facility Risk Management Team review for consideration of available interventions (e.g., Mental Health Therapy, Sex Offender Treatment and Assessment Program, Anger Management). Those violation codes necessitating consideration of Facility Risk Management referral include 611 – committing sexual assault against a

staff member, 613 – committing an act of sexual contact against a staff member, 635 – committing a sexual assault against another offender, and 637 – committing sexual abuse against another offender.

Per the PAQ submission, as substantiated by interview with the PCM, as well as investigative documentation review, there were two (2) inmates found administratively to have engaged in inmate-on-inmate sexual abuse at the facility during the review period. Per supporting documentation, provided as attachment with the Superintendent Memorandum, these individuals were both subject to disciplinary sanctions.

Standard 115.78b: Per Policy, disciplinary sanctions administered for an inmate who was found administratively guilty of having engaged in inmate-on-inmate sexual abuse or sexual harassment would be commensurate with the nature and circumstances of the abuse committed (as based upon the disciplinary code). The inmate's disciplinary history, and the sanctions imposed in comparable offences by other offenders with similar histories, considering also the current facility placement (i.e., prison or work release) would be considered when determining the disciplinary penalty. Interviews with the Superintendent and PCM, as well as review of disciplinary sanctions administered in the investigative files, confirmed that this policy is followed at CCCC. As noted, there were two (2) inmates found administratively to have engaged in inmate-on-inmate sexual abuse at the facility during the review period. Based upon the documentation provided as attachment with the Superintendent Memorandum, disciplinary sanctions were judged to be commensurate with the nature and circumstances of the abuse committed, took into consideration the inmates' individual histories, with sanctions no greater than those imposed for comparable offences committed by other offenders with similar histories.

Standard 115.78c: Interviews with the Superintendent and PCM also confirmed that Agency Policy stipulates and local disciplinary processes take into consideration whether mental illness or mental disability contributed to the offender engaging in their behavior. As noted above, violations falling under particular codes may be sanctioned to a multidisciplinary Facility Risk Management Team review for consideration of available interventions (e.g., mental health therapy, sex offender treatment program, anger management). The findings of such a determination would also be a consideration in the type of sanctions imposed. Based upon the auditor's review of the PREA-related investigations it was apparent that the disciplinary process involved consideration of this standard provision, while no (0) offenders were sanctioned to the interventions noted.

Standard 115.78d: Per the PAQ submissions, the facility does not offer therapy, counseling and other interventions designed to address and correct underlying reasons or motivation for abuse. However, per information provided through interview with the CCCC Mental Health practitioner, these programs were available at other WADOC facilities, and generally offered by Mental Health. Specifically, should an offender require programming of this nature, they would be referred for placement at the appropriate location where an assessment regarding the offender's treatment needs would be conducted.

As noted above, violations falling under particular codes may be sanctioned to a multidisciplinary Facility Risk Management Team review for consideration of available interventions (e.g., mental health therapy, sex offender treatment program, anger management). The findings of such a determination would also be a consideration in the type of sanctions imposed, which could require referral to mental health and/or sex offender treatment programming. Based upon the auditor's review of the PREA-related investigations it was apparent that the disciplinary process involved consideration of this standard provision, while no (0) offenders were sanctioned to the interventions noted.

As the facility does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, offenders determined to require such interventions would not remain placed at the facility.

Standard 115.78e: Agency Policy may discipline an offender from engaging in sexual contact with staff only upon discovery that the staff member did not consent to such contact. Those violation codes associated with such disciplinary processes include 611 – committing sexual assault against a staff member, 613 – committing an act of sexual contact against a staff member, and may necessitate consideration of a multidisciplinary Facility Risk Management referral. There were no (0) incidents of disciplinary action taken against inmates for sexual misconduct with staff during the review period based upon the PAQ, which was confirmed through investigation and log documentation review.

Standard 115.78f: Agency Policy prohibits disciplinary action or offenders from being infracted against for a report of sexual abuse made in good faith when it is based upon reasonable belief that the alleged conduct occurred (i.e., NOT constitute falsely reporting an incident or lying), even in such occurrence as investigation does not substantiate the allegation. During the review period at the facility, per PAQ, documentation review, Superintendent’s Memorandum (dated: 6/19/19) and information gathered during site review, including inmate (randomized and targeted) and staff (random and Specialized) interviews, no (0) offenders were identified to have been disciplined for filing reports in good faith of sexual abuse. There were, to the best of the auditor’s knowledge, no (0) offenders disciplined or infracted for filing any PREA-related allegation during the reporting period.

Standard 115.78g: Agency Policy clearly defined PREA-related prohibited behaviors. Consensual sexual activity between offenders is not included in these definitions. Such activity, per Superintendent’s Memorandum (dated: 6/19/19) is prohibited by regulation, but is not considered PREA-related unless determination is made that coercion has occurred. In such case, the allegation would be investigated as an offender-on-offender sexual assault. Any offenders found to be engaging in coercive sexual assault, per Agency Policy, may be disciplined. The Agency may deem such activity as sexual abuse only once a determination by investigation has been made that the activity was coerced. The auditor’s review of investigatory files, and interviews conducted with inmates (randomized and targeted) did not show any evidence at CCCC of non-coercive sexual conduct between inmates resulting in non-coercive sexual activity between inmates being considered to be sexual abuse.

There was no corrective action for this standard.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The auditor reviewed Agency Policy 490.820 PREA Risk Assessments and Assignments (Rev. 6/18/18); 630.500 Mental Health Services (Rev. 4/28/17); 610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct; and 490.800 PREA Prevention and Reporting (Rev. 4/25/19) towards compliance determinations in support of the provisions of this standard.

Standard 115.81a & b: Per Policy, during a part of a 115.41 PRA screen, all offenders at the facility who disclose any prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional or community setting are to be offered a follow-up meeting with a Medical or Mental Health practitioner. Medical and Mental Health retain secondary materials, per Policy, associated with documentation of compliance towards standard 115.81a.

The Classification Counselor II formally interviewed and housing unit Counselors informally interviewed during the physical site inspection who were each responsible for risk screenings at different times during the offenders stay at CCCC were all able to cite the appropriate referral processes for inmates to Medical and Mental Health when required, via the DOC 13-509 PREA Mental Health Notification. Specifically, they understood that if the offender expressed a history of sexual victimization or perpetration based upon the criteria above the offender was to be offered a referral to Mental Health to discuss potential treatment needs. As stated previously, per Policy, the offender has the right to refuse this contact while the Counselor must document the offer of referral.

Per this standard provision, if the offender reports a history of sexual victimization and/or sexual abusiveness and accepts the referral to Mental Health, staff is to ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within fourteen (14) days of the intake screening to discuss their history. As noted, the offender has the right to decline this referral. Note, to protect confidentiality, the facility does not sort their log for victimization or abusiveness; but instead entitled the log, CCCC Offenders who Scored “Yes” to Identified Risk Assessment Questions. Based upon a log provided of offenders who had endorsed either a history of sexual victimization and/or sexual abusiveness, the majority of offenders were either already engaged in mental health therapy and had received continuity of care or declined services (sixty-nine (69) of those offered), which was appropriately documented.

However, there had been two (2) offenders during the reporting period who were originally missed for the fourteen (14) day timeline. Mental Health saw these patients once preparation for the Audit review began, and it was noted that their referrals had not been closed. Since that time, there have been four (4) additional offenders who had requested Mental Health services, who were each seen timely. Moreover, the facility proactively initiated a process to ensure additional referrals were not missed. Specifically, per Superintendent’s Memorandum (dated: 6/1/19) to all Cedar Creek Staff, entitled: 13-509 Administrative Process, a consistent process upon completion of a PRA with the indication for a PRA 13-509 referral to Mental Health was implemented, with the procedures, as follows:

- The Counselor will ensure they are utilizing the most current form.
- The Counselor will title the 13-509 annotating if it is a follow-up or transfer...
- Per the directions on the back of the 13-509 Part 2, those indicating “Yes” should be emailed to Mental Health.
- No 13-509s need to be save to: [“No” folders].
- Medical will ensure all in [“No” folders] will be printed and placed in offender files
- Medical will ensure all completed “Yes” 13-509 are placed in [“Yes” folder]

Since the implementation of the ‘new’ process, on 5/1/19, no (0) offenders have reportedly been missed for timelines required to see Mental Health for follow-up. Furthermore, the auditor received documentation evidence from the facility on 10/14/19 of the prior two months of 13-509 MH referrals that indicated 100% (39/39 offenders) referral documentation.

Targeted offender interviews supported the indication that referrals were offered for Mental Health services upon the offender’s report of prior sexual victimization. More specifically, if offenders were transferred with documentation of Mental Health service provision received at a prior facility for victimization history, targeted offenders reported that CCCC Mental Health demonstrated positive continuity of care.

Standard 115.81c: The facility is a prison/work release facility, not a reception center whereby they would not receive offenders directly from jail. Thus, as not applicable, CCCC was judged to materially have met this provision.

Standard 115.81d & e: Agency Policy 640.020 and 610.025 established appropriate controls and limits on sensitive information. Specifically, any information related to sexual abusiveness or victimization shall be strictly limited to Health Services staff. Health services will disseminate specific information regarding an offender's stats to other facility employee/contract staff to as determined essential for the management of the offender's health and safety. Any disclosures made by Health Services were used to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments. Furthermore, per Policy, Medical and Mental Health practitioners are required to gain explicit offender consent prior to reporting sexual abuse that occurred outside of the institutional setting. The auditor reviewed a random sampling of Incoming Transport/Job Screening Checklists from OMNI provided by the facility demonstrating collaboration of medical and non-medical staff related to sharing of related information as needed in making offender security management determinations. All other disclosures are limited as required by Federal, State, and local law.

During interview with Medical and Mental Health staff they were aware of their Duty to Report and the Limitations of Confidentiality. They indicated that the inmate was informed of these limits prior to initiating any treatment. Further, during interview, practitioners stated they would obtain consent from the offender prior to reporting any sexual victimization that did not occur at an institutional setting unless the offender was under the age of eighteen (18). Of note, the facility does not house offenders under eighteen years of age. Interviews with offenders (randomized and targeted) confirmed their awareness of confidentiality practices for Health Care services providers.

There was no corrective action required for this standard.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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The auditor reviewed Agency Policy 490 PREA Response (Rev. 2/6/19); 600.000 Health Services Management (Rev. 8/25/14); 600.026 Health Care Co-Payment Program (Rev.7/24/15); and 610.300 Health Services for Work Release Offenders (Rev.6/22/15) towards compliance with the provisions of this standard.

Standard 115.82a: Per Policy 490.850; Section III, all victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Specifically, per Policy, "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...Offenders alleging sexual acts perpetrated by either staff or another offender that occurred within the previous 120 hours and involve penetration or exchange of bodily fluids will be assessed for immediate medical needs before transport to the designated community health care facility for a forensic medical examination (p.6-7).

The facility does not provide forensic medical examinations, while First Responders and onsite medical practitioners shall provide treatment, responding to immediate medical care needs and evaluate the victim for any life threatening injuries prior to transport to an outside facility for completion of the forensic medical examination. Per the Superintendent's Memorandum (dated: 6/18/19) there were no (0) offender at the facility who reported an allegation of sexual abuse during the audit reporting period who necessitated transportation to an outside facility. Per the auditor's review of the investigations provided, none (0) involved a forensic medical examination.

Based upon interview with Medical and Mental Health staff, and per Policy, the nature and scope of such services were determined by the providers according to their professional judgment. Medical and Mental Staff interviewed during the site review were able to clearly state their responsibilities in responding to a reported incident of sexual abuse.

Standard 115.82b: Per policy, security First Responders shall take preliminary first steps to protect the victim, as indicated in standard 115.62, and immediately notify the Shift Commander's office of an incident of aggravated sexual assault. Policy further mandates that facility Medical and Mental Health Duty staff shall also be contacted and apprised of the report. Policy 490.850, states, "Each prison, Work Release, and Field Office will develop procedures for victims to receive ongoing medical, mental health, and support services, as needed (p.7)". Based upon random security staff interviews, staff members were aware of their responsibility to respond to sexual abuse incidents pursuant to 115.62, and report any such incidents. Medical and Mental Health staff were aware of their responsibility to provide follow-up care to any identified victims, as appropriate.

Standard 115.82c: Agency Policy 610.300, stated, "Offenders who are victims of sexual misconduct which took place while incarcerated will receive information and access to services and treatment for sexually transmitted infections (STIs) and emergency contraception as medically appropriate (p.7)". Treatment for STIs will initially occur with the SANE at the designated health care facility during the forensic medical examination, which was confirmed by the auditor during interview with a SANE from Providence St. Peter's Hospital. Follow-up care, per Policy, will occur with Health Care services at the offender's facility. During interview, Medical staff were able to articulate their responsibilities to provide support and follow-up medical care to victims of sexual abuse, to include initial transfer to the designated community health care facility for a forensic medical examination and follow-up care interventions associated with STI prophylaxis and community referrals, if indicated.

Standard 115.82d: Per Policy 610.300, sexual abuse forensic medical examinations were provided without cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. All victims of sexual abuse would be provided access to forensic medical examinations through the designated community health care facility, Providence St. Peter's Hospital. Throughout the twelve (12) month, audit-reporting period, period there were no (0) reported PREA allegations necessitating a forensic medical examinations through a SANE contracted site. Based upon interview with a SANE provider at the designated community health care facility and comprehensive review of investigation packages, the auditor was able to confirm this information.

When speaking with a SANE Nurse from Providence St. Peter's, as well as CCCC's PCM, and Medical staff each indicated that any victim who required a sexual abuse forensic examination would be provided these services without financial cost. Moreover, the victim would be made aware that the forensic examination was free of charge, such that their decision to engage in the examination process would not be hindered by financial concerns.

There was no corrective action required for this standard.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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The auditor reviewed Agency Policy 490.850 PREA Response (Rev. 2/6/19); 600.000 Health Services Management (Rev. 8/25/15); 600.025 Health Care Co-Payment Program (Rev. 7/24/15); 610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct (Rev. 10/14/16); 610.040 Health Screenings and Assessments (Rev. 6/12/18); 630.500 Mental Health Services (Rev. 4/28/17), contained therein 610.010 Offender Consent for Health Care and/or 630.540 Involuntary Antipsychotic Administration; and 610.300 Health Services for Work Release Offenders (Rev. 6/22/15) towards compliance with the provisions of this standard.

Standard 115.83a: Per Policy 610.025, "If a report of sexual assault or staff sexual misconduct is made more than 120 hours after and within 12 months of the alleged incident, offenders will be referred for medical follow-up. The health care provider will evaluate and treat the offender as medically necessary including testing for and treatment of infections and prevention of pregnancy, if applicable. The offender will also be offered a mental health appointment and, unless the patient declines, will be seen by mental health within 14 days (p.4-5)".

The facility offered Medical and Mental Health evaluation and, as recommended, treatment to all inmates who have been victimized by sexual abuse, per Policy. There were Duty Medical and Mental Health staff available on a twenty (24) hour call basis, with Medical and Mental Health staff available during regular business hours at the facility. During the reporting period, two (2) offenders made PREA sexual abuse allegations, which met criteria for referral to Medical and Mental Health for appropriate intervention and supportive services. Per Medical and Mental Health interviews and documentation of these cases as provided to the auditor, the facility's Health Care services offered Medical and Mental Health services in a timely fashion, even in such cases as transfer occurred, where continuity of care was completed.

Standard 115.83b: Per Agency Health Service Policy, Medical and Mental Health evaluation and treatment at CCCC included follow-up services and individualized treatment plans. Per Policy 610.025, a health care practitioner must offer follow-up within clinically appropriate timeframe to the victim, providing, "...any additional evaluation and treatment that is medically necessary, including testing, prophylaxis, and treatment of [STIs] (p.6)". Per Superintendent's Memorandum (dated: 6/19/19), "The Primary Therapist will develop and implement a treatment plan consistent with the Offender's Health Plan (OHP), if/as medically appropriate. In the event the patient is scheduled for transfer or release prior to completion of the treatment plan, the Primary Therapist will offer release planning services per

mental health services policy". When necessary, referrals were initiated for continued care based upon the victims transfer to or placement at other facilities or upon their custodial release.

During interview, Medical and Mental Health staff indicated they would work to establish appropriate resources should the victim transfer or release from custody. Continuity of care ensured support services were in place upon the transfer to another facility for the victim. Proof of practice was provided to the auditor for one (1) offender for whom such transfer care services were required. Furthermore, at such point as the offender was released to the community they would be connected with appropriate medical services, if applicable, and victim advocacy, as provided through OVCA and/or SafePlace.

Standard 115.83c: The provision of Medical and Mental Health care, per Policy, is to be available to victims in custody and provided at a level equivalent to the community standard of care. The WADOC Health Plan was provided and reviewed by the auditor documenting services provided to offenders consistent with community level of care. Based upon interviews with offenders, as well as CCCC Medical and Mental Health practitioners, it was believed that those represented supported that Health Care services provided to victims at CCCC were consistent with the community level of care.

Standard 115.83d & e: Per policy, the facility has not housed any female or transgender male offenders during the twelve (12) month, audit review period, nor were there any female or transgender male offenders observed to be at the facility during the site review. Therefore, the auditor judged the facility to have materially met the criterion for 115.83d & e as not applicable.

Standard 115.83f: As indicated in the previous standard 115.82, Agency Policy indicates that all victims of sexual abuse shall be provided with counseling through the designated health care facility and CCCC Health Care Services. Such counseling will include information related to the transmission of, testing and treatment methods for (including prophylactic treatment), and the treatment risks associated with sexually transmitted infections (STIs). The community designated health care facility SANE provided information about forensic medical examination provision of STI counseling and testing related to STIs. CCCC Medical staff was able to explain their duty to support victims of sexual abuse and ensure appropriate follow-up counseling was provided associated with STIs, including provision of prophylaxis, and community referrals, as applicable.

Standard 115.83g: Agency Policy, as indicated in 115.82d, specifically mandates that quality Medical and Mental Health services will be offered in a timely, unimpeded manner, free of charges to the victim of sexual abuse. Such services are to be offered free of charge regardless of whether the victim names the abuser or cooperates with the investigation. As noted previously, there were no (0) offenders at the facility who had necessitated transportation to an outside designated health care facility for forensic medical examination during the twelve (12) month audit review period following a PREA allegation. A SANE nurse interviewed from Providence St. Peter's Hospital, and CCCC Medical staff confirmed that forensic examination services and follow-up facility Health Care services were to be offered free of charge to the victim, regardless of the victim's willingness to cooperate in the investigation and/or name the alleged abuser.

Standard 115.83h: Per policy, all known inmate-on-inmate abusers shall be referred to Mental Health for evaluation. The Mental Health practitioner shall conduct an assessment of all known offender abusers within sixty (60) days of learning of such abuse history. During interview with the Mental Health provider and per documented appointment evidence, this assessment at the facility generally was conducted in much less time, typically less than fourteen (14) days. The facility placed Mental Health referrals for all (2/2; 100%) inmate-on-inmate abusers in the substantiated PREA sexual abuse investigations during the twelve (12) month audit review period. The Mental Health practitioners scheduled appointments with each offender, attempted to conduct evaluations, and closed both mental health appointments in a timely fashion.

There was no corrective action required for this 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? Yes No

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.860 PREA Investigation (Rev. 6/1/18) towards compliance determination with the provisions of this standard.

Standard 115.86a: Based upon available evidence, the facility conducted a sexual abuse incident review at the conclusion of every investigation of sexual abuse, whether administrative or criminal, unless the allegation was determined to be unfounded. In this case, the facility had reported three (3) substantiated and (2) unsubstantiated cases each of which had a review conducted on the same date as the Appointing Authority had rendered the determination of the cases. None (0) of the PREA allegations at the facility that had a determination of unfounded (ten of fifteen; 10/15) had a PREA Institutional Review Committee convened. Per the PAQ, there were five (5) submitted administrative and/or criminal allegations of sexual abuse reported at CCCC for which an investigation was conducted, excluding ten (10) unfounded and eleven (11) open cases.

Based upon documentation review and both formal and informal interviews conducted during the site review, this information was judged to be inconsistent with the PAQ submission.

Standard 115.86b: Per Agency Policy 490.860, the facility shall convene the Multidisciplinary PREA Review committee every thirty (30) days, or as needed. The facility had five (5) PREA investigations, resulting in findings of substantiated and unsubstantiated findings, requiring the committee to meet. The Local PREA Investigation Review Checklists (DOC 02-383) for five (5) cases were provided to the auditor for review. The Local PREA Investigation Review Checklist, per Policy, must be completed in each case for which the committee meets. This Checklist will be utilized to review policy compliance, causal factors, and systemic issues related to the PREA allegation, and findings related to the completed PREA investigation. All Local PREA Investigation Review Checklists (five of five; 5/5) provided to the auditor were conducted within thirty (30) days of the conclusion of the administrative sexual abuse investigation. There were no criminal investigations conducted during this period, while two (2) administrative cases had been referred to local law enforcement for consideration of prosecution.

Standard 115.86c: Per Agency Policy, the facility PREA Review Committee responsible to perform the Sexual Abuse Incident Review (SAIR), "...will be multidisciplinary and include facility management, with input from supervisors, investigators, and medical/mental health practitioners (p.8)". At CCCC, the Appointing Authority/Superintendent functioned as the appointed Chairperson, and held the responsibility to convene a local PREA Review Committee to examine each case in a timely fashion.

Per the Superintendent's Memorandum (dated: 6/18/19), the meeting was attended generally by the facility Superintendent, Correctional Program Manager/PREA Compliance Manager, Correctional Unit Supervisor, Medical and Mental Health practitioners, Lieutenant, Human Resource personnel, PREA Compliance Specialist (Note: position unfilled at the time of the site review). The facility Sexual Abuse Incident Reviews conducted for the five (5) completed PREA investigations, as received by the auditor, appeared to have involved participation (by way of signature) from the aforementioned participants.

Standard 115.86d: Per interview with the Superintendent and PCM, they viewed sexual abuse incident reviews as a priority at CCCC. The PREA Incident Review Committee devoted effort towards ensuring that each incident had been examined to establish if there were any improvements that could be implemented at the facility to prevent future occurrence. Specifically, per Policy, the committee review will:

- 1.) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- 2.) 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;
- 3.) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- 4.) Assess the adequacy of staffing levels in that area during different shifts;
- 5.) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

Based upon the auditor's review of each of the five (5) completed PREA Committee sexual abuse incident review reports, the considerations were checked associated with each of the aforementioned six. The Local PREA Investigation Review Checklist functionally serves as a report of the Review Committee's findings including, but not necessarily limited to, determinations made pursuant to 115.86d1.) through d5.), as listed above along with any recommendations for improvement. The facility Appointing Authority/Superintendent signs the Checklist and the Checklist is then forwarded to the Agency PREA Coordinator.

Standard 115.86e: Per Policy, the facility is responsible for implementation of all recommendations for improvement or provide documentation of the reasons for not doing so. Based upon the auditor's review of all five (5) of the PREA Investigation Review Checklists completed at CCCC during the reporting period there were two (2) associated Corrective Action Plans. There was one (1) CAP in an unsubstantiated case related to evaluation of custody staffing levels in a housing unit, and a second CAP (duplicated in two (2) substantiated cases) related to implementation of video monitoring equipment in DNR transportation vehicles. There were dates for implementation on the proposed three (3) CAPs on each Checklist. Upon completion, the facility submitted Local Review PREA Investigation Checklists to PREA Headquarters, who maintained responsibility to document and track the progress of facility CAPs.

Upon auditor review of the Local PREA Investigation Review Checklists, the ability to deploy additional monitoring technology was mentioned in all five (5) cases, and the augmentation of supervision by staff viewed to potentially contributory in one (1) case. There were no policy or practice changes identified. None of the allegations were deemed to have been motivated by race, ethnicity, gender identity, LGBTI (or perceived) status, gang affiliation, or other group dynamic. Staffing levels were not evaluated to

have contributed to any of the allegations. Physical barriers were noted to have been an issue in a case where the allegations had occurred in a housing unit. However, the installation of video surveillance is largely prohibited in such areas (e.g., housing cells, bathrooms) due to inmates' need for privacy in showering, toileting, and managing personal hygiene. As noted above, deficiencies identified by the review committee primarily involved the need to implement additional video monitoring.

Upon analysis, the auditor noted that the Local PREA Investigation Review Checklists, at times, had a checkbox for 'yes' in sections denoting physical barriers while no comments were provided to elucidate how this had potentially contributed to the incident. All known barriers should be described in full and comments sections filled once identified, in order to seek solutions. Other Review Checklists were incomplete as the entire yes/no boxes had been checked/identified to be either contributory or not for each queried item. The auditor expressed to the PCM the importance of ensuring that all boxes were not only checked but explanations provided for those with a 'yes' indication. This issue was resolved by agreement that the PCM and Superintendent would both review the finalized Local PREA Investigation Review Checklist for completeness prior to submission to PREA Headquarters.

Furthermore, the facility PREA Investigation Review seemed to rely heavily on the implementation of additional video monitoring and camera coverage as an identified deficiency, while no corrective action resolution delineated in these cases. The Review Checklists related to the two (2) unsubstantiated and one (1) of the substantiated incidents contained camera surveillance as an identified deficiency regarding the PREA allegations; however, there was no associated corrective action, and thus, no potential date for implementation and/or resolution. The facility may best manage this corrective action as a strategic plan, ensuring a video surveillance proposal is in place (inclusive of PREA language), as this area has been identified with pronounced content as a deficiency across PREA allegations that were unable to be substantiated.

There was no corrective action required for this standard.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Agency Policy outlining sexual abuse data collection and annual aggregated data report preparation is contained within WADOC Policy 490.800 PREA Prevention and Reporting (Rev. 4/25/19); and 490.860 PREA Investigation (Rev. 6/1/18), which the auditor reviewed towards compliance determination of this standard. The auditor also reviewed the Agency's 2018 PREA Annual Report, as well as Agency 2016 and 2017 Survey of Sexual Violence (SSV) – Adult Version-2 in making compliance determinations for 115.87.

Standard 115.87a: The Agency collected accurate and uniform data for every allegation of sexual abuse that occurred at the facilities under its direct control using a specified standardized instrument with a designated set of definitions. Agency Policy 490.800 delineates the definitions for sexual abuse.

The Agency inputs each PREA allegation into the Offender Management Network Information (OMNI) system. Per Superintendent's Memorandum (dated: 6/17/19), the WADOC PREA allegation and case database has been established within the OMNI system. The database facilitates the Agency's ability to collect data elements, including: case outcomes and sanctions, accused offender (gender, age, race, [height/weight if accused is offender]), investigation participants (witnesses, alleged victim, accused, reported), source of allegation, location (facility and location within the facility), date allegation was received, date and time of 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, age, race, height, weight), referral (law enforcement, prosecution, licensing body) with disposition of referral, and case notes.

The standardized instrument for accurate and uniform data collection of sexual abuse allegations was the Sexual Abuse Incident Report (SAIR). Specifically, all reports of nonconsensual acts, abusive sexual contact, staff sexual misconduct, and sexual harassment, as defined in the Agency Policy 490.800, shall be reported to the Agency Headquarters PREA Coordinator on a SAIR.

With the OMNI data, all PREA allegation incident reporting provides sufficient data to conform to the standardized instrument for data collection, as required for input within the Survey of Sexual Victimization (SSV) – Adult Version-2. The Agency produces both an Agency wide PREA Annual Report and a yearly Survey of Sexual Victimization report for submission to the Department of Justice (DOJ). The auditor reviewed both the Agency wide 2018 PREA Annual Report, as well as the completed 2016 & 2017 SSVs – Adult Version-2.

Standard 115.87b: The PCM recognized part of her duties was to maintain a record of all sexual abuse allegations at the facility. The facility provided the reviewer with a log in which each PREA allegation during the reporting period had been recorded. Agency Policy mandated that all investigations, regardless of outcome (i.e., substantiated, unsubstantiated or unfounded), shall be reported via submission of a completed SAIR with all relevant written statements, interviews, and documents attached, as well as electronic files appended. The SAIR is confidential, and shall not be released to the public or offenders directly, unless stipulated through court order. During interview, the PCM acknowledged her responsibility to submit a SAIR for each allegation at the facility judged to be PREA-related.

The PREA Coordinator was responsible for the development of a WADOC Department-wide report based upon all SAIRs submitted by the Agency's facilities. This report was generated annually with the uniform definitions of sexual abuse, and federally mandated data. During the site review, the auditor confirmed with various local Executive members their participation in PREA committee meetings, as required. The PCM understood her obligation to upload any and all SAIRs. The processing involved in the completion, including writing of these reports, was established during interview with the PREA Coordinator and Deputy Director Designee. The PREA Coordinator, during interview, expressed awareness of the components of this report, and her responsibility to produce an Agency-wide aggregated incident-based sexual abuse data review on a yearly basis, with material redacted as appropriate.

The PREA Coordinator aggregated the PREA allegation data received via Sexual Assault Incident Reports (IMRS reports) from each facility, as submitted by the facility PCMs. The aggregated data was then prepared and documented annually into a WADOC Agency-wide report. The auditor viewed the Agency's 2018 PREA Annual Report with previous reports available online since 2013, and the 2016 & 2017 SSVs – Adult Version-2, which demonstrated annualized aggregation of Agency-wide sexual abuse allegation incident related data.

Standard 115.87c: The content of completed SAIRs within the review period was reviewed by the auditor and included, at minimum, the data necessary to respond to all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

Standard 115.87d: The Agency maintained, reviewed, and collected data, as needed from all available PREA allegation-based documents, including reports, investigation files, and sexual abuse incident reviews. The initial step in the data gathering process of each sexual abuse allegation was submission of the DOC 03-382 PREA Data Collection Checklist, which was submitted to the appropriate Appointing

Authority/designee for every sexual abuse allegation. All investigatory reports will follow DOC 02-351 Investigation Report Template. Lastly, the facility PCM generated a Sexual Abuse Incident Report (SAIR) in the IMRS for each PREA allegation, which was submitted to WADOC Headquarters PREA Triage from every facility. During interview, the PCM was aware of her responsibility to submit every PREA allegation to the PREA Coordinator via the SAIR in the IMRS.

Standard 115.87e: The Agency also obtained equivalent incident-based and integrated information as aggregated data annually from each private facility with which it held contracts for the confinement of its inmates. Per Agency Policy 490.860, the annual aggregation of data will include, "...available information from investigation reports and incident review committees, as well as from each private facility contracted to confine or house Department offenders (p.12)".

Standard 115.87f: The Agency provides all such data from the previous calendar year to the Department of Justice (DOJ) no later than June 30th of the following year. Per the PREA Coordinator, DOJ has not requested information for the 2018 annual summary as of the writing of this report. The auditor based compliance determination for this provision upon review of two SSV-Adult-2 summary forms provided to her by WADOC detailing the data submitted to the DOJ for the years 2016 and 2017.

There was no corrective action required for this standard.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 490.860 PREA Investigation (Rev. 6/1/18) towards compliance with the provisions of this standard.

Standard 115.88a: Specifically, per policy, the Agency shall review all data collected and aggregated pursuant to standard 115.87. The Agency PREA Coordinator, annually, generates a report of findings, to include the Agency's efforts regarding prevention, detection, and response policies, practices, and training in the elimination of sexual abuse. The Agency utilizes the report as a tool to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, by including a comparison with data corrective actions from previous years. Moreover, the PREA Coordinator is responsible to conduct the report as an analysis of findings and corrective actions for each facility, including high-level summary information and detailed facility analysis. These findings and corrective actions are then aggregated into findings and corrective actions at the Agency level, as a whole.

The PREA Coordinator and Agency Head Designee acknowledged the collection and utilization of facility level and aggregated data, accordingly. Furthermore, they both supported that the Agency utilized this information, on an ongoing basis, to address problem areas and take corrective actions. Per Superintendent's Memorandum (dated: 6/18/19), the Annual Agency PREA report from the previous calendar years included identified agency and facility level issues with corresponding action/strategic plans.

Standard 115.88b: Based upon the auditor's review of PREA Annual Reports, which are publicly viewable and available from 2013 through 2018, and per Agency Policy, Agency data is aggregated annually. Policy states that analysis includes a comparison of the current focus year to the prior year(s) data, along with previously implemented corrective actions implemented to address sexual abuse. Thereby, the Agency has a mechanism in place to provide an assessment regarding their progress in

addressing sexual abuse. Per the Agency Head Designee and PREA Coordinator, this report production occurred consistently and annually, on an ongoing basis.

Standard 115.88c: The PREA Coordinator was responsible for gathering and aggregating data from each of WADOC’s facilities and collating the information into report format. The final report requires approval by the Agency’s Secretary of Corrections. Once approved the report is posted on the WADOC website and publicly available at <https://www.doc.wa.gov/corrections/prea/resources.htm>. The Agency PREA Annual Reports are located on the WADOC PREA Resource page, midway down the page, under Reports – Annual Reports. The auditor reviewed the prior year’s report (2018 PREA Annual Report) on the Agency’s website and conformed to the provisions of this standard.

Standard 115.88d: Per Agency Policy 490.860, “Information may be redacted from the report when publications would present a clear and specific threat to facility security, but the report must indicate the nature of the material redacted (p.12)”. The PREA Coordinator, who held responsibility for generating this report, indicated during discussion that the PREA Annual report conformed to the provisions of this standard. Moreover, per Superintendent’s Memorandum (dated: 6/18/19), “It is noted that none of the PREA Annual Reports published to date include information for which redaction was indicated due to security and safety. Aggregated data did not include any personal identifying information, but statistical data regarding information and demographics. Data is included in its entirety in the PREA Annual Reports”.

There was no corrective action required for this standard.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Agency Policy 280.310 Information Technology Security (Rev. 1/4/19); 280.515 Electronic Data Classification (Rev. 8/22/11); and 490.860 PREA Investigation (Rev. 6/1/18), Department of Corrections Records Retention Schedule (Version 1.1; Dec 2013); as well as WADOC website content of 2018 PREA Annual Report publication was reviewed by the auditor towards compliance with the provisions of this standard.

Standard 115.89a: Agency Policy ensured that both incident-based and aggregate data was securely retained, and any electronically stored information is appropriately backed up. During interview, the PREA Coordinator indicated that all PREA allegation, incident-based and aggregate data, related information is held in duplicate form on a computer as back-up with only the PREA Coordinator and Information Technology Department's access, if necessary. The facility PCM reported, during interview, that CCC's facility data was stored securely with each local incident provided to Headquarters as a Sexual Assault Incident Review (SAIR) with any associated Corrective Action Plans (CAPs). Per the Superintendent's Memorandum (dated: 6/18/19), the facility reports PREA allegations, as a SAIR, via the Incident Management Reporting System (IMRS) within the Offender Management Network Information (OMNI) system. Access to any IMRS regarding PREA is restricted and confidential, 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.

Standard 115.89b: The Agency has made all aggregated sexual abuse data from directly controlled and contracted facilities readily available to the public. The Agency utilized website publications as a means by which to disseminate aggregated data. The auditor visited the WADOC website in September 2019 and confirmed that appropriate reports associated with the Agency's PREA Annual Report publications were uploaded and available, the most recent of which was the 2018 Report. The PREA Coordinator confirmed upload of this publication annually.

Standard 115.89c: Per Agency policy, and upon the auditor's review of the 2018 PREA Annual Report, all personal identifiers had been appropriately removed. During interview with the PREA Coordinator, she confirmed this process occurs prior to the release of the report. Upon her review of reports available on the WADOC website, the auditor observed all personal identifiers were removed. Per the Superintendent's Memorandum (dated: 6/18/19), "...none of the PREA annual reports published to date include information for which redaction was indicated due to security and safety. Aggregate data did not include any personal identifying information, but statistical data regarding investigations and demographics".

Standard 115.89d: Agency policy records retention schedule indicated that PREA Investigations records be maintained for at least fifty (50) years (13-09-68455). Policy associated with PREA Coordinator electronic case records retention was noted that, "...prior to destruction, all investigation records be reviewed to ensure the accused has been released from incarceration or Department employment for a minimum of five (5) years. If a review of the investigation records reveals that the accused individual does not meet this five (5) years requirement, the records will be maintained until this requirement is met, even if it exceeds the established retention schedule". There is no Federal, State, or local law requiring data to be maintained otherwise. During discussion with the PREA Coordinator, she expressed that Agency data maintenance conformed to these standards.

There was no corrective action required for this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.401a: CCCC was audited during the previous Audit Cycle in March of 2017 (Audit Cycle was 2014 through 2017). The WADOC website provided information regarding all PREA Audits conducted since 2014, which demonstrated that all facilities operated by the Agency were audited every three (3) years. There were twenty (24) facilities currently listed as open with the Agency.

Standard 115.401b: WADOC has ensured that of the twenty (24) open facilities, in the first year of audits seven (7) of the facilities were audited, eight (8) audits completed in the second year, and nine (9) in the third year. The PREA Coordinator, Agency Head Designee and Superintendent all emphasized the importance of WADOC maintaining PREA Audit Cycle standards.

Standard 115.401h: During inspection of the physical plant the auditor and her team were escorted throughout the facility by the PCM, as well as other Executive and Supervisorial staff integral to the functioning of the CCCC. They had unfettered access throughout the institution. Specifically, CCCC neither barred nor deterred the audit team from entry to any facility areas, and access granted to every area to which offenders would have ability to be present either along or by escort. The auditor and her team had the ability to ask questions of offenders and staff, as well as freely observe all areas without prohibition.

Standard 115.401i: The auditor and her team were provided access to any and all documents requested. When onsite and copies of electronic or paper documents were needed for proof of

practice, CCCC staff printed relevant documentation. As the auditor requested additional information pre- and post-audit, the documents were timely provided by email in an organized and legible fashion. When providing remedial documentation for items that were shown during site review to be deficient the email responses were clear and efficiently managed. Document preparation and delivery was judged to be organized, timely and efficient with no obstacles.

Standard 115.401m: The auditor and her team were able to conduct interviews with any and all offenders requested. The CCCC staff ensured the auditors did not have to wait between interviews, by readily making offenders available for interviews. Furthermore, the staff brought the inmates for interview without question, and did not appear, in any manner, to discourage participation. The rooms provided for offender interviews were soundproof and moderately visually confidential from other offenders, while easily accessible to inmate interviewees, which the auditor judged to have provided an environment in which the offenders felt at greater ease to share PREA-related content during interviews.

Standard 115.401n: The posting of the auditor's attendance at the facility was uniformly posted throughout the facility ahead of the audit. Proof of practice had been provided by way of photographs taken at a variety of postings in relevant locations throughout the facility and received by the auditor in an email on 7/11/19. During the site review, audit team members saw the posting in the housing units and areas of high traffic for both offenders and staff (e.g., visitation, Public Control Office; PCO). The postings were printed in bright color papers with bolded font, and visible throughout the facility.

All of the provisions within this standard were judged to be outstanding and substantially exceeded requirements for this standard to be met.

No corrective action was required for this standard.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.403a: The completed CCCC PREA Audit report during the previous three years, in this case for the Cedar Creek Corrections Center (CCCC) PREA Audit, for which the site review was conducted on March 13 & 14, 2019 and report completed April 27, 2017, was located on the Agency website. The report is available for review at <https://doc.wa.gov/corrections/prea/resources.htm>. There was a link to the Final PREA Audit report provided midway down the webpage, entitled, Resources, under Reports – Audit Reports – Prison Facilities - CCCC.

There was no corrective action required for this standard.

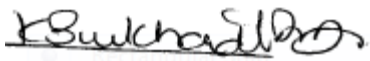
AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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



K. Burkhardt, Ph.D.

5/14/2020 [Corrected 5/4/2021]

Auditor Signature

Date

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

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