

# PREA Facility Audit Report: Final

**Name of Facility:** Progress House Work Release

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 08/08/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Nancy L. Hardy	<b>Date of Signature:</b> 08/08/2021

AUDITOR INFORMATION	
<b>Auditor name:</b>	Hardy, Nancy
<b>Email:</b>	Nancy.Hardy@cdcr.ca.gov
<b>Start Date of On-Site Audit:</b>	06/25/2021
<b>End Date of On-Site Audit:</b>	06/25/2021

FACILITY INFORMATION	
<b>Facility name:</b>	Progress House Work Release
<b>Facility physical address:</b>	5601 6th Avenue, Takoma, Washington - 98406
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Laura Deckard
<b>Email Address:</b>	lddeckard@doc1.wa.gov
<b>Telephone Number:</b>	253-593-2844 x 224

Facility Director	
<b>Name:</b>	Laura Deckard
<b>Email Address:</b>	lddeckard@doc1.wa.gov
<b>Telephone Number:</b>	253-593-2844 x 244

Facility PREA Compliance Manager	
<b>Name:</b>	Laura Deckard
<b>Email Address:</b>	lddeckard@doc1.wa.gov
<b>Telephone Number:</b>	

Facility Characteristics	
<b>Designed facility capacity:</b>	90
<b>Current population of facility:</b>	52
<b>Average daily population for the past 12 months:</b>	60
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	18 - 70
<b>Facility security levels/resident custody levels:</b>	minimum
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	5
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	29
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

AGENCY INFORMATION	
<b>Name of agency:</b>	Washington Department of Corrections
<b>Governing authority or parent agency (if applicable):</b>	State of Washington
<b>Physical Address:</b>	P0 Box 41100, Olympia, Washington - 98504
<b>Mailing Address:</b>	
<b>Telephone number:</b>	360-725-8213

Agency Chief Executive Officer Information:	
<b>Name:</b>	Dr. Cheryl Strange
<b>Email Address:</b>	cheryl.strange@doc.wa.gov
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**Agency-Wide PREA Coordinator Information**

**Name:** Beth Schubach

**Email Address:** blschubach1@doc1.wa.gov

## AUDIT FINDINGS

### Narrative:

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

### PRE-AUDIT PHASE

The California Department of Corrections and Rehabilitation (CDCR) provided (via e-mail) the audit notice to the Prison Rape Elimination Act (PREA) Compliance Manager with instructions to post copies in the housing units and other places deemed appropriate by facility staff. Notices were to be posted in areas accessible to both residents and staff. CDCR received the pre-audit questionnaire, audit process map, checklist of policies/procedures and other documents from the Washington Department of Corrections (WADOC), in June 2020. While this was happening, a decision was made that the audit would be postponed due to the COVID-19 pandemic. Travelling to and accessing the facility posed significant health concerns for both organizations. The on-site portion of the audit, which was scheduled to occur on August 25, 2020 was placed on hold. Residents were notified the audit had been postponed and notices would be posted once it was rescheduled. In April/May 2021, the new date for the on-site visit was identified. It was established for Jun 25, 2021.

During the period between the end of the audit documentation period and the rescheduled on-site visit, the facility provided monthly information that had been agreed to between the facility and the auditor. This allowed the auditor to evaluate many portions of the operation on a flow basis. Also during this time, the auditor conducted several specialized staff interviews via the telephone. These interviews were in compliance with the guidance that was later provided by the Department of Justice.

The new audit notification posters were put up on or before June 2, 2021. The auditor was sent photographs of the locations where the posters were put. This was verified during the on-site portion of the audit, during the facility tour.

Pre-audit section of the compliance tool: In June 2020, the PREA Compliance Manager (PCM) provided the completed pre-audit questionnaire (PAQ), including supporting documentation, to the lead auditor. The certified auditor started completing the compliance tool by transferring information from the PAQ and from supporting documentation to the pre-audit section of the compliance tool.

The lead auditor received no letters from residents at the facility prior to arrival. No additional letters were received upon return to the office after completion of the on-site review.

### ON-SITE PHASE

On Friday, June 25, 2021, the audit team arrived at PHWTR. The audit team consisted of two certified auditors which included me, retired Chief Deputy Administrator and previous PREA Coordinator for the CDCR and Kate Burkhardt, Chief Psychologist for CDCR.

On June 25, 2021, the audit team met with the Chief Executive Officer, Assistant Operations Manager, Community Corrections Supervisor, and Community Corrections Officers for greetings, introductions and information sharing. The team was allowed to use a staff member's office and small conference room, in the building, which served as the team's primary work location for audit preparation and organization. Interviews were conducted in these same locations.

Upon arrival at PHWTR, the audit team requested and received the names of the facility employees and informed the PCM that it was the team's plan to interview all staff who were scheduled to work during the visit. Also on this date, the audit team received a roster of all residents at the facility with identification numbers and assigned bed numbers. The auditor also received a list of inmates classified into any of the following categories:

Disabled Inmates (no names on the list)

Limited English Proficient Inmates (no names on the list)

Lesbian, Gay, Bisexual, Transgender & Intersex Inmates

Inmates in Segregated Housing for Risk of Sexual Victimization (no names on the list)

Inmates who Reported Sexual Abuse (no names on the list)

Inmates who Disclosed Sexual Victimization during Risk Screening

Site Review: The two audit team members conducted a thorough site review of the facility. The audit team was provided a map of the facility. The PCM and the Assistant Operations Manager, escorted the auditors during the tour. The team toured the entire facility, including all of the rooms where the residents live, dayrooms, laundry room, kitchen and dining area, visiting room, and office areas. Staffing levels were observed and discussed to insure that there was adequate security coverage and resident supervision was appropriate.

During the tour, audit team members asked impromptu questions of staff, noted the placement and coverage of surveillance cameras, inspected surveillance monitors, inspected bathrooms and showers to identify potential cross gender viewing concerns, etc. The audit team members tested resident phones to determine the functionality of the facility's hotline for reporting sexual abuse or harassment and the residents access to emotional support services. Audit team members also noted the placement of PREA information posters, advocacy informational posters, and noted the placement of the PREA audit notice provided to the facility.

PREA Management Interviews and Specialized Staff Interviews: Most of these interviews were conducted prior to arrival at the facility, via the telephone due to COVID-19 travel restrictions and the on-site portion of the audit being rescheduled. The auditors conducted the interviews using the applicable interview protocols and responses were recorded by hand. Interviews for first responders and contractors and volunteers were completed while we were on-site.

The audit team identified specialized staff to be interviewed. Interviews included the following:

Agency Head-1  
PREA Coordinator-1  
Agency Contract Administrator-1  
Facility Director-1  
PREA Compliance Manager-1  
Medical and Mental Health - 0  
Incident Review Team Member-1  
Staff who Performs Screening for Risk of Victimization and Abusiveness-2  
Intake Staff-2  
Investigators-2  
Sexual Assault Nurse Examiner-1  
Human Resources-1  
Segregated Housing staff-0  
Person Responsible for Monitoring Retaliation-1  
Contractors- 2  
Volunteers-0  
First Responders-1

There were five WADOC staff positions filled during the on-site portion of the audit. The specialized staff interview protocols were used, for staff who met the specialized criteria. A total of 18 specialized staff interviews were completed. Some staff were interviewed utilizing more than one specialized interview protocol.

Random Staff Interviews: The audit team interviewed nine random staff during the one day the audit team was on-site. The interviews were conducted in a private office, in the facility. These random staff interviews were completed on two state staff and seven contract facility monitor staff, who perform the security functions at the facility. The auditor introduced themselves, communicated the advisory statements to the staff, proceeded to ask the questions from the interview protocols for random staff and recorded the answers by hand. Clarifications were requested when needed to ensure the responses were clear enough to make a determination of compliance with applicable standards.

Random Resident Interviews: The auditor determined that at least 12 residents would be interviewed. One audit team member conducted all random resident interviews. She used the alphabetical roster of inmates to randomly select the residents, but this was adjusted because many of the residents were away from the facility at work. Interviews were conducted in a private setting at the facility. The audit team member introduced herself, communicated the standard advisory statements to the resident before proceeding with the standard line of questions from the random interview protocols and recorded the residents answers by hand using the designated form. Clarification was requested, as needed to ensure the residents responses were clear. A total of 14 random interview protocols were completed. The count at the facility on the day of the on-site visit was 30 and they received eight residents from another facility during the day, for a total of 38.

PREA-Interest Inmate Interviews: One audit team member was responsible for interviewing specific categories of residents identified for interviews based upon their relevance to specific PREA standards. These categories are:

Inmates with Physical Disabilities-0  
Inmates who are Blind, Deaf, or Hard of Hearing-0  
Limited English Proficient Inmates-0  
Inmates with Cognitive Disabilities-0  
Inmates who Identify as Lesbian, Gay, Bisexual, Transgender or Intersex-1  
Inmates who Reported Sexual Abuse-0  
Inmates who Disclosed Sexual Victimization during Risk Screening-1

The resident was called by the facility monitors to report to the location where the interviews were being conducted. The auditor introduced herself, communicated the standard advisory statement and asked the line of questions in the respective interview protocols. A total of two

specialized resident interviews were conducted.

Document Reviews: The document review process was completed by the lead auditor. Most of the document review was completed prior to arrival at the facility. The auditor reviewed a sample of documents related to allegations of sexual abuse, staff sexual misconduct, and sexual harassment, retaliation monitoring documentation, records documenting the education of the resident population, records maintained through the resident intake process, staff training records, contractor employment and training records, and records reflecting background checks are being completed. The information obtained from the documentation review was recorded on the "PREA Audit – Adult Prisons & Jails – Documentation Review" templates and copies of documents were requested, as necessary.

The PCM provided the investigative files for seven of the PREA allegations received during the 12-month audit review period and the extended period when the audit was postponed. The investigative reports included the date of report, date of the allegation (if different than report date), name of the victim, name of the suspect (if known), and the disposition or status of the case. These reports were reviewed using a Documentation Review – Investigations form to record the following information relative to each investigative report:

Date of Allegation  
Date of Investigation  
Staff or Inmate on Inmate  
Sexual Abuse, Sexual Misconduct, or Sexual Harassment?  
Disposition  
Is Disposition Justified?  
Investigating Officer  
Notification Given to Inmate?  
Retaliation Monitoring Completed  
Review by the Institutional Review Committee

Throughout the on-site review, the team had discussion about what was being observed, reviewed and discrepancies that were being identified. Team members sought clarification, when discrepancies were identified to ensure that we were not missing pertinent information. A close-out briefing was not conducted while on-site. It occurred via the telephone on July 22, 2021. In attendance on the call were the PREA Coordinator, Work Release Oversight Administrator, and the PREA Compliance Manager. During this close-out discussion, the group was provided with an overview of the positive things noted by the auditors and what had been identified as areas of concern.

#### POST-AUDIT PHASE

Following the on-site portion of the audit, the lead auditor gathered written information and feedback from her team member and took responsibility for completing the report.

The auditor and PCM agreed that any documents not received during the pre-audit phase or on-site review would be requested via email and provided by the PCM or the agency PREA Coordinator. The audit team leader documented all clarification questions, missing information, requests for additional documentation, etc. to follow-up with the agency PREA Coordinator and the PCM and sent the requests on a flow basis. Requested information was returned to the auditor on a flow basis.

Audit Section of the Compliance Tool: The auditor reviewed on-site document review notes, staff and resident interview notes and on-site tour notes and began the process of completing the audit section of the compliance tool. The auditor used the audit section of the compliance tool as a guide to determine which question(s) in which interview guide(s), which on-site document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking appropriate "yes" or "no" boxes on the compliance tool for each applicable subsection of each standard, the auditors completed the "overall determination" section at the end of the standard indicating whether or not the facility's policies and procedures exceeds, meets or does not meet standard.

While composing the audit report, the facility addressed and corrected the deficiencies that had been identified. The required additional evidence was provided to the auditor. Based on these additional actions by the facility, the auditor determined the facility was in substantial compliance with all PREA standards and did not issue an interim report. The final report was issued on August 8, 2021.

## AUDIT FINDINGS

### Facility Characteristics:

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

PHWTR is located in northern Tacoma bordering the waters of the Puget Sound. The facility is surrounded by well-established local businesses in a residential community. PHWTR has served the community since 1976. WADOC staff and contractors of the Progress House Association work together to supervise the residents at Progress House Work/Training Release.

PHWTR is one building which has multiple 4, 6, and 8 bed living areas, and one single room living areas used for a resident requiring ADA accommodations or resident who identifies as transgender or intersex and requests to house alone. At the time of the on-site audit, there was not a resident housed in the single room. The facility houses both male and female residents.

The facility is an 86-bed minimum security community facility for adult residents. At full capacity they are able to house 14 females and 72 males for a total of 86 residents ranging in age between 18 and 65 years old. On the day of the on-site audit, there were only 30 residents assigned to PHWTR. The number of state staff assigned included: one community corrections supervisor, three community corrections officers and one administrative staff. The contract staff consisted of one operations manager, one assistant operations manager, 11 facility monitors, and three cooks.

The goal of their program is to improve public safety by providing the residents with the knowledge and skills necessary for success in the community. The work release provides a structured transition from total confinement in a state prison to release into the community. The residents are within four and six months of release. PHWTR focuses on residents finding gainful employment and retraining employment, re-connecting with family members and becoming productive members in the community. The residents engage in chemical dependency treatment and pro-social activities.

The facility is monitored 24 hours per day. The program provides meals, recreation, counseling, job development, urinalysis, breathalyzer, and resident accountability. All activities are closely monitored for compliance and a failure to abide by the facility rules may result in sanctions and/or termination from the work release program.

Progress House Association network includes many community non-profit organizations and government agencies. They also work with the World Vision, Salvation Army, and Goodwill industries for donations and equipment. Residents are required to participate in some form of programming that addresses their problems and personal issues. These may include drug/alcohol aftercare, AA/NA, etc. Other referrals for treatment such as Anger Management, Domestic Violence counseling, education, mental health counseling or grief counseling may also be available to the residents.

## AUDIT FINDINGS

### Summary of Audit Findings:

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

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	41
<b>Number of standards not met:</b>	0

During the period when the auditor was composing the audit report, the facility addressed and corrected the deficiencies identified in four standards which included 115.213, 115.216, 115.221, and 115.264. Based on these additional actions, the auditor is not issuing an interim report. The facility was found to be in substantial compliance with all PREA standards.

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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



115.211	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Standard 115.211, Zero Tolerance for Sexual Abuse and Sexual Harassment; PREA Coordinator</u></b></p> <p><b>Policy related to 115.211</b></p> <p>The policy outlining Zero Tolerance within the Washington Department of Corrections (WADOC) is located in DOC 490.800 PREA-Prevention and Reporting; DOC 490.850 PREA Response; and DOC 490.860 PREA - Investigations.</p> <p>DOC policy 490.800, Prison Rape Elimination Act Preventing and Reporting Policy, Page 2, Section I. A. states the Department has zero tolerance for all forms of sexual misconduct. Page 3 of this policy defines sexual misconduct as aggravated sexual assault, offender-on-offender sexual assault, sexual abuse, and sexual harassment. Additionally staff-on-offender sexual harassment and staff sexual misconduct are defined as sexual misconduct. This policy addresses the departments approach toward preventing, detecting and responding to such conduct.</p> <p>The Department has a zero tolerance for all forms of retaliation against any person because of his/her involvement in the reporting or investigation of a complaint. Retaliation may be subject to corrective/disciplinary action. The Department has established procedures for recognizing, preventing, and reporting incidents of sexual misconduct and retaliation. Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation, and other security and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action.</p> <p>The policy outlining the WADOC Implementation Plan is located in DOC 490.850 PREA-Response.</p> <p>Policy indicates the WADOC PREA Coordinator's duties are defined on page 3 and 4 of the policy. The PREA Coordinator is designated as a manager and reports directly to the Deputy Director of Prisons. During the audit process, the PREA Coordinator was available to clarify questions about the WADOC's PREA policies. She is extremely knowledgeable and well versed in PREA. She appears to effectively manage PREA in a correctional setting.</p> <p>DOC 490.800 also states:</p> <p>Responsibilities</p> <p>A. The Department's PREA Coordinator will:</p> <ol style="list-style-type: none"> <li>1. Develop and implement PREA related policies.</li> <li>2. Develop and coordinate procedures to triage allegations received and identify, monitor, and track incidents of sexual misconduct.</li> <li>3. Coordinate and track referrals of allegations to law enforcement and prosecutors.</li> <li>4. Develop and implement a comprehensive system to audit facility compliance with PREA policies and applicable laws. <ol style="list-style-type: none"> <li>a. A formal audit will be conducted in each Prison and Work Release at least once every 3 years by an auditor certified by the United States Department of Justice (DOJ). <ol style="list-style-type: none"> <li>1) Deficiencies identified in these audits will be addressed in formal corrective action plans developed and agreed to by the Superintendent/Work Release Supervisor, the DOJ auditor, and the PREA Coordinator.</li> </ol> </li> <li>b. Each facility will review and document continued compliance using a formal standardized system published by the PREA Coordinator.</li> </ol> </li> <li>5. Oversee monitoring of PREA compliance for private and non-Department public entities contracted for offender confinement.</li> <li>6. Keep management informed on PREA-related issues.</li> <li>7. Chair a multidisciplinary review committee to develop PREA-related prevention and response strategies.</li> <li>8. Serve as the PREA Compliance Manager for staff assigned to Headquarters, Correctional Industries Headquarters,</li> </ol>

and regional Administrative Operations offices.

9. Maintain a memorandum of understanding for external victim advocacy services.
10. Maintain PREA content for the Department website, including publication of required information and documents.

**Substandard 115.211(a)**

The auditor received the agency mission statement. She also received reports related to internal and external audits of and/or accreditations for the facility. These included the Fire Department audit from 2019 and a security audit from 2019. A copy of the facilities last PREA audit from 2017 was also provided. The auditor was also provided with a schematic (layout) of facility.

The auditor was provided with a list of all staff and residents assigned to the Progress House Work Training Release (PHWTR) Facility. These lists were initially provided when the audit was scheduled to occur in August 2020; however, the audit was postponed due to COVID. Updated lists were provided upon arrival for the on-site portion of the audit.

**Substandard 115.211(b)**

Agency policy requires that the work release administrator assign a PREA Compliance Manager for each work release facility. The duties include but are not limited to: Serve as point of contact for the PREA Coordinator; oversee completion of scheduled PREA vulnerability assessments; coordinate audit preparation activities and corrective action plans; and track completion of PREA Risk Assessments for substantiated allegations of offender-on-offender sexual assault/abuse or staff sexual misconduct.

The auditor was provided with a job duty description for the agency PREA Coordinator and with the agency organization chart. It was noted that the PREA Coordinator does not directly supervise PREA Compliance Managers in the field. She indicated she works with them and provides guidance/support on PREA related issues; however, they are supervised via the chain of command at the facility where they are assigned.

Through the telephonic interview with the Agency PREA Coordinator on October 13, 2020 at approximately 10:00 am, she shared that she has enough time to manage all of her PREA related responsibilities. She indicated she has a PREA Advisory Council that meets monthly. During these meetings, they develop training, discuss any issues that arise, discuss upcoming audits and any required preparation, policies and procedures. The Work Release Compliance and Oversight Administrator is a member of the Council.

The agency has designated the Community Corrections Supervisor (CCS) at PHWTR as the facility PREA Compliance Manager. The auditor utilized the PREA Compliance Manager interview protocol for prisons to conduct this interview. During the interview with this employee, the auditor was informed that the PREA Compliance Manager ensures residents are made aware of the PREA policy upon arrival. She utilizes a PREA checklist to ensure all areas are addressed. They create monitoring plans, when supported through the PREA risk screening. The PREA Compliance Manager ensures that information about PREA is available to all staff, contractors and residents on bulletin boards in the main hall, visiting, and the day rooms. If she becomes aware of an issue, she will contact the Work Release Compliance and Oversight Administrator and PREA Coordinator for guidance. She stated that she has adequate time to complete all of her PREA related duties and will work through whatever direction is provided to address/correct the any identified issues.

115.212	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1136 297"><b><u>Standard 115.212, Contracting with Other Entities for the Confinement of Residents</u></b></p> <p data-bbox="242 387 507 414"><b>Policy related to 115.212</b></p> <p data-bbox="242 445 1458 571">DOC 490.800, section 9, page 9, requires that any new or renewed contracts for the confinement of offenders include the requirement that the contracted facility comply with DOJ PREA standards and that the WADOC be allowed to monitor the PREA compliance. The auditor was provided with an attachment to all contracts, identified as Article 5, which outlines the expectations of the contractor related to PREA.</p> <p data-bbox="242 602 1484 761">DOC 490.800 further states, under the section entitled, Contracted Confinement of Offenders, that any new or renewed contracts for the confinement of offenders will include the requirement that the contracted facility comply with federal PREA standards and allow the Department to monitor PREA compliance. It further indicates that WADOC will not enter into contracts with facilities that fail to comply with PREA standards, except in emergent situations and will document all attempts to find an alternate facility that meets PREA standards.</p> <p data-bbox="242 851 481 878"><b>Subsection 115.212(a)</b></p> <p data-bbox="242 909 1493 1102">The agency has renewed one contract for the confinement of residents since the last PREA. This contractor is required to adopt and comply with PREA standards. The auditor reviewed the following documents: American Behavior Health Services contract which is in effect until 6/30/2021; Interstate Corrections Compact with the Iowa DOC which has been in effect since 2015; Interagency Agreement with Department of Social and Health Services which has been in effect since 2015; and a contract with Minnesota DOC which has been in effect since 1982. All contain language regarding PREA compliance and the existence of monitoring responsibilities.</p> <p data-bbox="242 1133 1481 1258">According to documentation provided, all three agencies that WADOC has contracts with have had all of their facilities audited for PREA compliance within the past three years. Additionally WADOC has Interstate Compact Agreements with the State of Iowa and Wisconsin. Both of these state agencies have been audited and found to be compliant in the past three years.</p> <p data-bbox="242 1290 1484 1384">WADOC houses inmates in local county jails for short periods of time to accommodate parole adjudication or for out-to-court purposes. According to the PREA Resource Center's clarification dated February 19, 2014, this situation does not constitute a contract, therefore 112.12 does not apply in this situation.</p> <p data-bbox="242 1473 481 1500"><b>Subsection 115.221(b)</b></p> <p data-bbox="242 1532 1493 1657">The WADOC agency contract administrator was interviewed telephonically on October 14, 2020. She indicated that any new contract or renewal provides contract monitoring, as standard language. The individual responsible to complete the required monitoring is associated with the program who is responsible for the contract. The contract administrator and her staff do not complete the actual monitoring.</p> <p data-bbox="242 1688 1487 1814">The auditor was provided with a memorandum, dated July 18, 2019, which indicates that WADOC has contracts with multiple agencies for the housing of offenders. Contracts include the requirement to comply with PREA standards along with the ability to monitor for compliance. Copies of contracts were provided with the Pre-Audit Questionnaire (PAQ) and have been reviewed by the auditor. All contracts were found to be in compliance.</p> <p data-bbox="242 1904 497 1930"><b>Substandard 115.221(c)</b></p> <p data-bbox="242 1962 1490 2020">As reported on the PAQ, since August 20, 2012, the agency has not entered into any contracts with a private agency or other entity that failed to comply with the PREA standards.</p> <p data-bbox="242 2051 1487 2110">The WADOC agency contract administrator indicated the agency has not entered into any contracts with private agencies that failed to comply with the PREA standards. This information was verified by the PREA Coordinator.</p>

During document review, it was noted that Contract #K12061, which provides services through Progress House Association expired on June 30, 2020. The contract has been extended and an amendment through 6/30/21 was provided to the auditor.

115.213	<b>Supervision and monitoring</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><b>Standard 115.213, Supervision and Monitoring</b></p> <p><b>Policy related to 115.213</b></p> <p>DOC 110.110, Work Release Management Expectations, states:</p> <p>3. The Community Corrections Supervisor (CCS), will annually review staffing levels to ensure adequate staffing plans are in place.</p> <p>a. When both males and females are housed in the facility, at least one male and one female employee/contract staff should be available at all times, within resources provided and in accordance with local collective bargaining agreements.</p> <p>(1) When a shift has a staffing level of one, the CCS will develop a duty roster to ensure opposite gender staffing availability based on need.</p> <p>(2) The CCS will develop a contingency plan for other instances in which both a male and female employee/contract staff are not available.</p> <p>DOC 300.500 Work/Training Release Screening states:</p> <p>A. An individual is prohibited from Work/Training Release placement and should not be considered if the individual:</p> <p>1. Will not be assigned Minimum 1 custody within 12 months of the Earned Release Date (ERD), or has had a custody demotion after approval.</p> <p>a. Has been terminated from Work/Training Release and/or Graduated Reentry during the current incarceration due to disciplinary action(s).</p> <p>2. Has an open felony detainer/warrant (i.e., notification, extraditable, or non-extraditable).</p> <p>a. Misdemeanor warrants for unadjudicated criminal cases, high bail (i.e., \$5,000 or higher), or multiple jurisdictions may only be considered once the warrant is cleared.</p> <p>3. Has an open Immigration and Customs Enforcement (ICE) detainer.</p> <p>4. Has an Out-of-State release plan.</p> <p>5. Had or currently has an End of Sentence Review Committee referral recommending civil commitment.</p> <p>6. Has a serious medical/mental health condition and has not been cleared for Work/Training Release placement, as determined by the sending facility health services employees/contract staff.</p> <p>a. Medications will be processed for transfer per DOC 650.035 Medications for Transfer and Release.</p> <p>7. Has been convicted of Murder 1, except when Work/Training Release is part of the reentry planning process per DOC 350.300 Mutual Re-Entry Program.</p> <p>8. Has a current local victim safety concern.</p> <p>a. The Community Victim Liaison and the Community Corrections Supervisor/designee will be consulted before approving transfer.</p> <p>9. Has been convicted of Rape 1 and is within the first 3 years of confinement.</p> <p>10. Has been sentenced with a weapons enhancement under RCW 9.94A.533 and the mandatory portion of the sentence has not been completed.</p> <p>11. Is a sex offender not amenable to crime-related treatment and poses public safety or community risk.</p> <p>a. Individuals who are unable to participate in the Sex Offender Treatment and Assessment Program may be eligible for Work/</p> <p>Training Release placement on a case-by-case basis as determined by the Headquarters Community Screening Committee (HCSC).</p>

12. Has refused assessment or has not completed mandatory programming and was found guilty for the refusal during incarceration.
13. Does not intend to become gainfully employed or participate in education or employment training.
  - a. Exceptions may be approved in the release plan for individuals eligible for social security disability/retirement benefits.
14. Does not meet local interagency agreement criteria, located on the Reentry Division SharePoint site under Work Release.
15. Has a consecutive or active concurrent sentence from another jurisdiction.
16. Has been terminated from Work/Training Release and/or Graduated Reentry during the current incarceration due to disciplinary action(s).

DOC 400.210, Custody Management Roster, states:

Policy: The Department has established custody staffing guidelines to ensure:

- B. Custody staffing is deployed consistent with the Custody Staffing Model and Custody Post Audit Summary maintained by the Budget Office and the Prisons Staffing Manager.

DOC 490.800, PREA Prevention and Reporting, states:

#### Staffing Plans

- A. Each Superintendent and Work Release Community Corrections Supervisor

CCS will use the PREA Compliant Staffing Plan template maintained on the PREA Audit SharePoint site to develop, maintain, and annually review a staffing plan that includes an objective analysis of the facility's staffing needs and established staffing model.

1. In Prisons, this review should be in conjunction with the post audit conducted per DOC 400.210 Custody Roster Management.
2. Reviews will document consultation with the PREA Coordinator, who will be provided with a copy of the completed PREA Compliant Staffing Plan.

#### **Substandard 115.213(a)**

As reported on the PAQ, the agency has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against abuse. Since the last PREA audit, the average daily number of residents housed at PHWTR has been 76 and the average daily number of residents on which the staffing plan was predicated was 90 residents.

The auditor reviewed documentation of the staffing plan development process and the staffing plans for 2019 and 2020. Both plans contained all required documentation.

The facility director was interviewed telephonically on November 10, 2020 at approximately 11:00 am. During the interview, the auditor was told that the facility has a staffing plan that is approved by the WADOC. It requires at least one female and one male to be on each shift. There is video monitoring equipment at the facility and the plan for the number of cameras and their placement must also be approved by the WADOC. Staffing plan requirements are outlined in the contract and it is documented on the daily shift log. She indicated that she verifies compliance by reviewing the daily shift log each day, for the prior day.

During the telephonic interview with the PREA Coordinator, she indicated that when assessing adequate staffing levels and the need for video monitoring equipment, the facility and WADOC consider the physical layout of the facility, the composition of the population, and the prevalence of PREA incidents.

The PREA Compliance Manager was telephonically interviewed on October 27, 2020 at approximately 10:15 am. During the interview, she indicated that when assessing adequate staffing levels and the need for video monitoring equipment, the facility and WADOC consider the physical layout of the facility, the composition of the population, and the prevalence of PREA incidents. They conduct vulnerability assessments as needed, but at least one each year. She insures they always have at least one female and one male staff on shift.

Per memorandum authored by the CCS: Each work release facility has an annual audit per the Washington Administrative Code. During that audit the staffing pattern is reviewed to ensure staffing meets the work release staffing model developed for that facility. Any unique staffing deficiencies are identified and reviewed. Requests for additional positions are then requested as part of a budget proposal to the Washington State Legislature. Part of the annual audit and the PREA audit include a review of safety and security, to include security camera systems with video capability. A component of this plan is a facility vulnerability assessment, completed to identify and address areas or processes creating risk. The current Vulnerability Assessment and the associated Corrective Action Plan were provided to the auditor.

During the tour of the facility, the auditor identified the following blind spot concerns:

ADA room (9A) has a solid door – blind spot concern

Facility Manager Office – blind spot concern

Female Resident's room – the door has a window, but it is covered up. Recommend removing the cover – only allow it to be covered if the females are changing clothing.

Hallway door that goes to women's restroom and conference room has a solid door and a slide lock on the inside. – blind spot concern

The door into the women's restroom is solid – blind spot concern

Rooms 206 & 217 have a solid door – blind spot concern

These concerns were discussed with the facility and state staff. The auditor was informed that this building is privately owned and they are not able to require the identified changes. They indicated they conduct three counts on each shift and complete room checks of all rooms in the facility multiple times per shift. The auditor was provided with documentation of these for specific days identified by the auditor and based on this documentation, the auditor feels the blind spot issue is sufficiently addressed.

East Bathroom and West Bathroom – there are hooks on the wall for clothing, please remove the chair from the shower. On 7/22/21, the auditor had a follow-up call with the facility and agency staff. The auditor was informed that the chairs had been removed from the showers and received photographs of the areas.

Room 211 – Move the wardrobe to the other wall to eliminate the blind spot. The auditor was informed the wardrobe had been moved and was provided with a photograph, showing the new location.

Visitor Restrooms – control access. The auditor was provided with a written summary of the process that has been implemented to control access to the visitor restrooms.

#### **Substandard 115.213(b)**

According to the PAQ, each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. Through review of the documentation, they have noted the most common reasons for deviating from the staffing plan in the past 12 months include sick calls, staff retention, and Covid-19 related issues.

The auditor reviewed documentation of deviations from staffing plan and written justifications for all such deviations. One example for May 2020 was provided where they were one staff down for the swing shift. An e-mail was sent to the Work Release Compliance and Oversight Administrator explaining the circumstances and seeking permission. In follow-up documentation, copies of e-mail communications for June 2020, July 2020, and August 2020, were provided. Many of these were related to the count at the facility being low, the contract agency requested to temporarily reduce staffing levels.

Through the telephonic interview with the facility director, she indicated that instances of non-compliance with the staffing plan are documented on the daily shift log. In addition, she sends an e-mail to the Chief Operating Officer and the Work Release Compliance and Oversight Administrator to get approval for any modifications. She gets an e-mail back either approving or disapproving the request.

#### **Substandard 115.213(c)**

According to the PAQ, at least once each year the facility reviews the staffing plan to determine if adjustments are needed to: the staffing plan; prevailing staffing patterns; the deployment of monitoring technology; or the modification of facility/agency resources needed to ensure compliance with the staffing plan.

The PREA Coordinator indicated the staffing plan is reviewed at least annually in April. They utilize a template in developing

the information to be included on the report. She reviews the report before it is sent to the Secretary for final approval.



115.215	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Standard 115.215, Limits to Cross Gender Viewing and Searches</u></b></p> <p><b>Policy related to 115.215</b></p> <p>DOC 490.800, PREA Prevention and Reporting, states:</p> <p>VIII. Presence of Opposite Gender Personnel/Visitors in Living Units and Infirmaries</p> <p>A. Offenders will be provided the opportunity to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This includes viewing via surveillance systems.</p> <p>B. Notices will be posted in living units, Close Observation Areas (COAs), and infirmaries indicating that personnel of all genders could be present in the unit.</p> <p>1. Notices in COAs will include that cameras in use may be viewed by employees of any gender and individuals will be verbally informed upon placement or during the first tier/cell check after the initial placement. Verbal notification will be documented in the area logs.</p> <p>a. These requirements will also be added to COA post orders.</p> <p>C. An announcement will be made by anyone who does not identify with the facility's gender designation, loud enough and often enough to reasonably be heard by the occupants of a housing unit, including the living area (e.g., where incarcerated individuals sleep), or any common area designated for offenders to disrobe or change their clothing (e.g., bathrooms, showers).</p> <p>1. At a minimum, announcements will be made when anyone (e.g., staff, contractor/vendor, volunteer, facility guest), who does not identify with the facility's gender designation, enters the living unit and as follows:</p> <p>a. Announcements will be made verbally in Work/Training Releases and by using the doorbell system in Prisons.</p> <p>1) Doorbells will be set to a standardized tone and light determined by the Prisons Deputy Director of Command A.</p> <p>Offenders will be informed of the purpose and use of doorbells in prison</p> <p>Inpatient infirmaries are considered living areas, and staff are required to announce. Announcements are not required by medical and mental health practitioners.</p> <p>Superintendents/Work Release CCSs may define where the living area begins within the unit for the purpose of identifying where the announcements must be made and may determine where additional announcements are required based on the physical design of the units.</p> <p>Section III</p> <p>D. All strip searches will be documented before the search, or as soon as possible after the completion of an emergent strip search. The documentation must contain, at a minimum:</p> <p>1. Date of search,</p> <p>2. Name of offender,</p> <p>3. DOC number,</p> <p>4. Reason for search, and</p> <p>5. Names and gender of employees conducting the search.</p> <p>F. A strip search must be conducted by two trained employees.</p> <p>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.</p>

- a. Strip searches of female offenders will be conducted by female employees.
- b. Strip searches of male offenders require that one of the employees conducting the search be male. If the second person conducting the strip search is female, she will position herself to observe the employee doing the strip search, but will not be in direct line of sight with the offender.

1. If a strip search is conducted that does not meet these gender requirements for staffing, a confidential report will be completed before the end of the shift.

It further states:

Employees/contract staff who may conduct pat searches will be trained in cross-gender searches and searches of transgender and intersex offenders.

DOC policy 420.312, addressed body cavity searches and requires that all cavity searches will performed by staff of the same gender as the offender. It further indicates that the video recording will be maintained in a secure location per the Records Retention Schedule; that incident documents will be completed and forwarded to the Superintendent through the chain of command; and that a copy of the completed DOC 21-998 Body Cavity Search Authorization must be sent to the appropriate Deputy Director after the search.

DOC 420.325, Searches and Contraband for Work Release, states:

Searches of Incarcerated Individuals

A. Incarcerated individuals are subject to electronic, canine, and pat searches at designated movement/transfer points and randomly throughout the facility.

1. CCS/Duty Officer approval is required to conduct a canine search.

B. Pat searches will be conducted by a trained employee of the same gender as the individual being searched, except in emergency situations.

1. For the purposes of this policy, emergency situations are limited to:

a. Situations where a delay would result in the likely loss of dangerous contraband (e.g., weapons, drugs),

b. Apprehension of an escaped individual, or

c. Unscheduled movement situations (e.g., a crime scene where evacuation must occur immediately, but a check for weapons by pat search is required).

2. When a male employee/contract staff pat searches a female, a report will be completed in the Incident Management Reporting System (IMRS) before the end of shift. The distribution will include the Prison Rape Elimination Act Coordinator.

DOC Policy 490.700, Transgender, Intersex, and Gender Non-Conforming Housing and Supervision, states:

IX. Searches

A. Searches will be conducted per DOC 420.310 Searches of Offenders or DOC 420.325 Searches and Contraband for Work Release. Individuals under community supervision will be searched per DOC 420.390 Arrest and Search

B. Search preferences will be documented on the individual's DOC 02-420 Preferences Request.

1. Searches will be conducted in accordance with the stated preference unless circumstances do not allow for the preference to be implemented during a pat or strip search.

a. If unable to accommodate the request in Prisons and Work/Training Releases, the Shift Commander/Duty Officer will consider appropriate alternatives.

1) When a pat/strip search is not conducted according to the DOC 02-420 Preferences Request, an Incident Management Reporting System (IMRS) report will be completed.

b. If unable to accommodate the request in the community, the employee will notify the CCS/designee and document the pat search in the individual's electronic file.

C. Employees/contract staff will conduct searches in a sensitive and respectful manner, and in the least intrusive manner possible.

D. Facilities will develop procedures to conduct strip searches for transgender, intersex, and gender non-conforming individuals out of view of other individuals when possible.

E. Employees/contract staff will not search or physically examine a transgender, intersex or gender non-conforming individual for the sole purpose of determining the individual's genital status. If the individual's genital status is unknown, it will be determined by health care providers during conversations with the individual, by reviewing medical records, or, if necessary, as part of a broader medical examination conducted in private by a health care practitioner.

DOC 320.265, Close Observation Areas

F. Observation assignments will be conducted by an officer of the same gender as the offender, except in emergent situations.

1. In the event of a cross-gender officer being assigned, a report will be completed by the Shift Commander in the Incident Management Reporting System (IMRS) before the end of shift. Distribution will include the Prison Rape Elimination Act (PREA) Coordinator.

Policy 490.800, section VIII, requires that offenders be provide the opportunity to shower, perform bodily functions, and change clothes without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. This includes video surveillance. An announcement will be made by anyone who does not identify with the facility's gender designation, loud enough and often enough to reasonably be heard by the occupants of a housing unit, including the living area (e.g., where incarcerated individuals sleep), or any common area designated for offenders to disrobe or change their clothing (e.g., bathrooms, showers). It states that at a minimum, announcements will be made when anyone (e.g., staff, contractor/vendor, volunteer, facility guest), who does not identify with the facility's gender designation, enters the living unit and as follows:

- Announcements will be made verbally in Work/Training Releases and by using the doorbell system in Prisons.

It further clarifies that Superintendents/Work Release CCSs may define where the living area begins within the unit for the purpose of identifying where the announcements must be made and may determine where additional announcements are required based on the physical design of the units.

On December 13, 2016, the Assistant Secretary of Prisons Division authored a memorandum clarifying when opposite gender staff have to announce their presence in a housing unit. This directive requires opposite gender staff who work in the housing unit to announce their presence once at the beginning of the shift. They are not required to re-announce if they go in and out of the unit. All opposite gender staff who do not work in the unit must announce their presence each time they enter the unit.

Policy addressing transgender or intersex residents is found in DOC 490.820, section VII, which prohibits employees and contract staff from searching an offender for the sole purpose of determining their genital statues. If the offender's genital status is unknown, it will be determined by health care providers. Generally the offender's disclosure of status is the determining factor which would then initiate housing review protocols.

#### **Substandard 115.215(a)**

The facility reports, via the PAQ, that they do not conduct cross gender strip or cross gender visual body cavity searches of residents. In the past 12 months, there have been no cross gender strip or cross gender visual body cavity searches of residents.

There was an interview protocol for non-medical staff involved in cross gender strip or visual searches that was not utilized because there were no instances that occurred during the audit review period and the time until the on-site portion of the audit was rescheduled.

The auditor was tasked to review logs or other documentation where cross gender strip searches and/or cross gender visual body cavity searches are documented. The auditor reviewed the search log and did not identify any cross gender strip searches or cross gender visual body cavity searches.

The auditor received a memorandum authored by the Assistant Secretary, Prisons Division, dated August 2016 addressing his expectations about the process to be utilized during strip searches and the logging requirements.

#### **Substandard 115.215(b)**

The facility reported, via the PAQ, that it does not permit cross gender pat down searches of female residents, absent exigent circumstances. The facility does not restrict female residents' access to regularly available programming or other outside

opportunities in order to comply with this provision. In the past 12 months, there have been no pat down searches of female residents conducted by male staff.

Day to day custodial operations are performed by contract facility monitor staff. The seven facility monitors that were on-site the day of our visit were interviewed utilizing the random staff interview protocols, from all three shifts. A total of nine random staff interviews were conducted. These included state staff who were on-site the day of the visit. All indicated they do not delay residents from participation in program or outside activities because female staff are not available to conduct routine pat-down searches.

Four female residents were interviewed utilizing the random resident interview protocol. All indicated that they have not been delayed in attending outside activities or programs because female staff were unavailable to conduct a pat-search.

The auditor was tasked to review logs of cross gender pat down searches of female residents to identify documentation of exigent circumstances. None were done; therefore, there was not documentation or video recordings to review.

#### **Substandard 115.215(c)**

The facility reported, via the PAQ, that agency policy requires that all cross gender strip searches and cross gender visual body cavity searches be documented. The facility policy requires that all cross gender pat down searches of female inmates be documented.

The auditor was tasked to review documentation of cross gender strip searches, cross gender visual body cavity searches of all residents, and cross gender pat down searches of female residents. The auditor reviewed the search log and determined none of this type of search occurred during the review period. The strip search log had one entry for the previous 12 months. Both staff involved were male and the resident was male.

#### **Substandard 115.215(d)**

The facility reported, via the PAQ, that it has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit.

The auditor was tasked to review logs of exigent circumstances that might require deviation from the standard and noted there were none during the audit review period. This was verified with a memorandum authored by the CSS, dated July 1, 2020, which stated there were no circumstances in the past 12 months that required deviation from the policy.

Fourteen random resident protocols were completed during the on-site visit. Of those, three of the residents had arrived at the facility on that day. They were unable to answer these questions. The remaining 11 residents indicated that staff consistently announce their presence when they enter the living areas. All 11 residents indicated they were able to shower, change clothing and use the toilet with being viewed by staff of the opposite gender.

Nine random staff interview protocols were completed. All nine staff indicated that staff of the opposite gender announce their presence when entering the resident rooms. They also indicated that residents are able to change their clothing, take a shower, and use the toilet without being viewed by staff of the opposite gender.

During the on-site tour, the auditor noted all bathrooms had individual toilets and showers.

#### **Substandard 115.215(e)**

The facility reported, via the PAQ, that it has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status and in the past 12 months, none of this type of search has been conducted.

Nine random staff were interviewed. All indicated that it would never be appropriate for a staff member to search a transgender or intersex resident for the sole purpose of determining that person's genital status.

The resident interviewed indicated that she had not been searched for the sole purpose of determining her genital status.

#### **Substandard 115.215(f)**

The facility reported, via the PAQ, that 100% of the security staff received training on conducting cross gender pat down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. They noted there are three security staff who conduct searches and all have been trained. Contract staff are not trained in nor do they conduct cross-gender pat searches.

The auditor was tasked to review the pat search training curricula and the training logs. The training records are maintained in an electronic training database. Training records were printed and provided to the auditor. Both were reviewed and found to be compliant. Per a memorandum authored by the CSS, dated July 1, 2020, all staff who might perform searches at PHWTR have received pat search training, which includes information about conducting cross-gender pat searches, searches of transgender and intersex offenders, and searches of both male and female offenders. This training was provided to all staff via the on-line training system in February 2014. Since that time, all new staff receive this training in the Community Corrections Officer Academy or the Work/Training Release Academy.

Nine random staff interview protocols were conducted. All indicated they have received training on conducting cross-gender pat searches and searches of transgender and intersex residents. Most indicated the practice at the facility, if a staff member of the same gender is not available, is to utilize a hand-wand to complete the search.

115.216	<b>Residents with disabilities and residents who are limited English proficient</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><b><u>Standard 115.216, Residents with Disabilities and Residents who are Limited English Proficient (LEP).</u></b></p> <p><b>Policy related to 115.216</b></p> <p>DOC 310.000, Orientation For Offenders.</p> <p>III. Orientation</p> <p>A. Incarcerated individuals arriving at or transferred to a Work/Training Release or Prison, including transfers between an Intensive Management Unit (IMU), will receive an orientation to the new facility unless:</p> <ol style="list-style-type: none"> <li>1. Medical, mental health, or behavioral issues prevent completion of this process.</li> <li>2. The individual has violated a condition of their community supervision and is returning to a facility within 90 days of receiving an orientation.</li> </ol> <p>B. Prison orientation will be conducted within one week of admission. Work/Training Release orientation will be conducted within 48 hours of admission.</p> <ol style="list-style-type: none"> <li>1. Employees will conduct the orientation by reviewing the contents of the orientation handbook/handouts and responding to questions.</li> <li>2. Information will be provided, both orally and in writing, in a manner that is clearly understood.</li> </ol> <p>D. Individuals in Work/Training Release will be notified of all appropriate policies and procedures that affect them, including payment of fees, disciplinary actions, financial assistance, telephone use, family services, community resources, and PREA.</p> <p>E. When a literacy or language problem exists, staff will assist the offender in understanding the material per DOC 450.500 Language Services for Limited English Proficient (LEP) Offenders.</p> <ol style="list-style-type: none"> <li>1. Spanish speaking offenders will attend a Spanish version of the orientation program. The Spanish orientation will notify offenders of the Spanish translated materials and services that are available.</li> <li>2. Each facility will develop processes for non-Spanish speaking Limited English Proficiency offenders, including those requiring sign language interpretation, to receive orientation in a language they understand per DOC 450.500 Language Services for Limited English Proficient (LEP) Offenders. This orientation will include information on: Disciplinary hearings, Classification, Grievance program, access to medical, dental, and mental health services, PREA, Administrative Segregation, Searches, Unit rules, and Fire evacuation procedures.</li> </ol> <p>DOC 490.800, PREA Prevention and Reporting.</p> <p>Offender Accommodations</p> <p>A. Professional interpreter or translation services, including sign language, are available to assist offenders in understanding this policy, reporting allegations, and/or participating in investigations of sexual misconduct per DOC 450.500 Language Services for Limited English Proficient (LEP) Offenders.</p> <ol style="list-style-type: none"> <li>1. Offenders are not authorized to use interpretation/translation services from other offenders, family members, or friends for these purposes.</li> <li>2. The Deaf Services Coordinator is authorized to provide the same professional interpreter/translation services for sign language as contract interpreters with regard to assisting offenders in understanding this policy, reporting allegations, and/or participating in investigations of sexual misconduct.</li> <li>3. With the exception of the Deaf Services Coordinator, staff interpreters/translators will only be used for these purposes in exigent circumstances.</li> </ol> <p>B. Americans with Disabilities Act (ADA) accommodations will be provided per DOC 690.400 Offenders with Disabilities.</p>

DOC 490.800 also specifically prohibits the use of offenders, family members, and friends as interpreters or translators. Staff are used as interpreters/translators for PREA-related issues only in exigent circumstance.

DOC 450.500, Language Services for Limited English Proficient (LEP) Offenders, states that the department will provide interpretive and translation services through Department and/or contract services at all Department Facilities. The policy also requires non-Spanish limited English Proficient offenders, including those requiring American Sign Language, to receive orientation in a language that they understand. The orientation includes the WADOC PREA policy. The offenders are shown a video during orientation that explains the PREA policy. This video is in either English or Spanish and has subtitles for the hearing impaired.

It further indicates:

Offenders may request Department/contract language services via:

1. Verbal communication with a Department employee, and/or
2. Written communication to a Department employee using DOC 21-473 Offender's Kite or,
3. DOC 05-818 Interpreter Request/Refusal for disciplinary or Indeterminate Sentence Review Board (ISRB) hearings.

C. Employees will review the Personal Characteristics - Languages section in the offender's electronic file to determine if the offender requires interpreter services. Employees may request interpretation/translation services when they become aware that a language barrier exists.

1. Because an offender's English proficiency may vary with the situation, employees are encouraged to use DOC 05-824 Questions to Determine English Proficiency when there is doubt about the offender's ability to understand, speak, or read English. After assessing the offender's proficiency, employees will update the Personal Characteristics -Languages section in the offender's electronic file.

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

- a. Employees will not use Internet and/or machine translations (e.g., Babelfish, Google Translate).

B. Offenders may request an interpreter for oral communications or a translator for written communications, as appropriate, for the following. Offenders are not authorized to use interpretation/translation services from other offenders, family members, or friends for these purposes:

DOC 690.400, Offenders with Disabilities.

Offenders with disabilities will be provided reasonable accommodation that allows participation in services, programs, and activities, which may include:

1. Modifying policies, practices, or procedures, when reasonable,
2. Removing barriers to access, and/or
3. Providing auxiliary aids and services.

#### **Substandard 115.216(a)**

The facility reported, via the PAQ, that the agency has established procedures to provide disabled residents 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.

The auditor was tasked to review contracts with interpreters or other professionals hired to ensure effective communication with residents who have disabilities. In addition, she reviewed written materials used for effective communication about PREA with residents with disabilities or limited reading skills. ADA training curriculum was also provided to and reviewed by auditor. The auditor also reviewed documentation of staff training on PREA compliant practices for residents with disabilities. The auditor was provided with an updated list of all interpreters. They are considered contract employees.

The Secretary of Corrections was telephonically interviewed on October 21, 2020 at approximately 2:30 pm. He indicated that the agency has established procedures to provide residents with disabilities and residents who are LEP with information to allow them to access all components of PREA. These include an orientation video in English, Spanish, and closed captioned. They have a brochure in multiple languages. They also have a contract with interpreter services who provides

access in any language.

There was an interview protocol for residents,with disabilities or who are LEP. There were no such residents at the facility during the on-site visit; therefore, the interview protocol was not utilized.

During the on-site tour, the auditor noted there were posters in English and Spanish posted in many locations around the facility.

This auditor was also provided copies of the PREA brochures which are given to residents who have limited intellectual capacities. If the resident is hearing impaired, a transcript of the video is provided. If the resident is unable to read then other forms of communication are used by staff to inform the resident of the WADOC PREA Policy.

#### **Substandard 115.216(b)**

The facility reported, via the PAQ, that it has established procedures to provide residents with limited English proficiency 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.

The auditor was tasked to review contracts with interpreters or other professionals hired to ensure effective communication with residents who are LEP. In addition, she reviewed written materials used for effective communication about PREA with residents with disabilities or limited reading skills. ADA training curriculum was also provided to and reviewed by auditor.

The auditor also reviewed documentation of staff training on PREA compliant practices for residents with disabilities. This information was provided with an updated list of all interpreters.

There was an interview protocol for residents,with disabilities or who are LEP. There were no such residents at the facility during the on-site visit; therefore, the interview protocol was not utilized.

Per a memorandum authored by the CSS, the WADOC has two separate contracts with the Washington Department of Enterprise Services (WADES) that are utilized by state agencies to provide language interpreting services. Contract #03514 provides WADOC offenders that are limited English proficient with access to in-person language interpretation conducted by court certified and non-court certified interpreters. The second contract, #05614, provides WADOC offender with access to Telephone Based Services on an "as needed" basis for limited English proficient clients. These services are available for use by any staff member to assist limited English proficient offenders in reporting allegations and participating in the investigatory process.

#### **Substandard 115.216(c)**

The facility reported, via the PAQ, that policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first response duties under 115.264, or the investigation of the resident's allegation. Further, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. In the past 12 months, there have been no instances where resident interpreters, readers, or other types of resident assistants have been used.

Nine random staff interview protocols were completed. Seven indicated they would allow another resident to act as an interpreter to get the basic information from the individual making the report. They would then contact their supervisor to get assistance. One person indicated they would not allow a resident to interpret for another resident. One indicated they weren't sure. Most were unaware of the language line being available.

There was an interview protocol for residents,with disabilities or who are LEP. There were no such residents at the facility during the on-site visit; therefore, the interview protocol was not utilized.

The auditor was tasked to review documentation of circumstances when resident interpreters, readers, or other resident assistants were used. Per a memorandum from the CSS, there were no instances of residents being used in these circumstances during the audit review period.

The need for corrective action was identified. Many of the staff interviewed were unaware of the existence of the language line. This was discussed with the CCS and the Assistant Operations Manager. They identified that they would provide additional training on this subject matter at the next regularly scheduled staff meeting. During the period when the auditor was composing the audit report, the training was conducted. Information was shared and discussed on July 6, 2021 and on August 3,2021. The auditor was provided with copies of the minutes from the meetings. Based on these additional actions



taken by the facility, the auditor finds the facility to be in substantial compliance with this standard.

115.217	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 791 295"><b>Standard 115.217, Hiring and Promotion Decisions.</b></p> <p data-bbox="240 387 507 412"><b>Policy related to 115.217</b></p> <p data-bbox="240 445 1485 535">The policy outlining hiring and promotions is found in DOC 490.800, PREA Prevention and Reporting, section V, outlines the WADOC's staffing practices related to PREA. The policy states that the Department will not knowingly hire, promote, or enlist the services of anyone who:</p> <ol data-bbox="240 568 1461 792" style="list-style-type: none"> <li>1) Has engaged in sexual misconduct in a prison, jail, lockup, community confinement center, juvenile facility or other institution; Has engaged in sexual misconduct with an offender on supervision;</li> <li>2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or;</li> <li>3) Has been civilly or administratively adjudicated to have engaged in activity described above.</li> <li>4) The Department will consider any incidents of sexual harassment in determining whether to hire, promote, or enlist the services of anyone who may have contact with offenders.</li> </ol> <p data-bbox="240 826 1481 916">DOC 490.800 requires that the department consider any incidents of sexual harassment in determining whether or not to hire, promote, or enlist the services of anyone who may have contact with an offender. These questions are included on the DOC 03-506 form and the DOC 03-502 form.</p> <p data-bbox="240 949 1426 1039">It further states that the Department will obtain information through one or more of the following: 1) Washington Crime Information Center (WACIC)/National Crime Information Center (NCIC) records checks; 2) Employment/volunteer applications; 3) Reference checks; 4) Personnel File Review; 5) Contract disclosure statements.</p> <p data-bbox="240 1072 1437 1229">DOC 810.800, Recruitment, Selection, and Promotion, requires perspective employees, promotions and contractors to complete form DOC 03-506, Sexual Misconduct and Institutional Employment/Services Disclosure. This form has five questions about previous sexual misconduct in an institutional setting. If the candidate answers yes to any of these questions, he/she may not be allowed access to the facility. Additionally, the form requires the candidate to disclose any previous institutional work history that they may have had.</p> <p data-bbox="240 1263 1489 1352">DOC 810.015, Criminal Record Disclosure and Fingerprinting, states: Failure to fully divulge criminal information on the part of an individual subsequently employed, promoted, or authorized to provide services for the Department may be cause for disciplinary action, up to and including dismissal or termination of services.</p> <p data-bbox="240 1386 1453 1509">The policy further requires that all applicants will be background checked before initial appointment or promotion. These background checks include the Washington Crime Information Center and National Crime Information Center. All external applicants must disclose any previous institutional employment. These applicants are required to complete a form to authorize the release of information so that the facility can complete a work history background check.</p> <p data-bbox="240 1543 1449 1666">DOC 400.320, Terrorism Activity, requires a criminal record check be completed for all employees, contractors and volunteers. Additionally contracts between workforce agencies and WADOC require the employment agency to complete background checks that comply with PREA hiring and promotion policy on all temporary employees that will have contact with offenders.</p> <p data-bbox="240 1700 1493 1823">DOC 800.005, Personnel Files, states: To the extent possible, institutional employers seeking employment verification will be provided all available information on substantiated allegations of sexual misconduct or harassment. Employment verification requests from institutional employers will be directed to the Appointing Authority, who will coordinate the review and response.</p> <p data-bbox="240 1912 483 1937"><b>Subsection 115.217(a)</b></p> <p data-bbox="240 1971 1485 2128">The auditor reviewed files of persons hired or promoted in the past 12 months to determine whether proper criminal record background checks have been conducted and questions regarding past conduct were asked and answered. There were 3 people hired within the prior 12 months. The CCS hiring package was received, she was hired in 2020. It has the questions, and an indication that the PREA database was checked. Form says background was not done – but a 5 year background check was completed in 2020. Also got hiring packages for a limited term OA (gone as of 7/20) and a Community</p>

Corrections Officer (CCO) hired in October 2019, which was a transfer to PHWTR. The OA package contained a completed background and PREA questions were included. The CCO was a transfer, so no background was done, DOC 03-506 was not required, PREA database checked – clear.

Several new contract facility monitors were hired during the period between the audit review period and the rescheduled on-site portion of the audit. The auditor randomly reviewed hiring documentation to ensure required information was being collected. The auditor found all hiring packages to contain all required information. Per the telephone conversation on January 26, 2021 with the PREA Coordinator, PCM, and Work Release Administrator:

The documentation generally requested for new hires and promotions (criminal background check, sexual misconduct disclosure, and institutional employer review) are maintained by the agency in hiring packets for any given position, not in the selected individual's personnel file. The records retention for these hiring packets is three (3) years, so any hires or promotions completed prior to three years ago are not available.

The auditor was informed that in addition to completion of the DOC 03-506 upon hire or promotion, all employees are required to complete a PREA Acknowledgement Disclosure annually during their PREA training. This document is completed electronically and retained in the Learning Management System (LMS). The LMS does not allow for anyone to go back into training modules completed and print screens or disclosure results.

An automated report was initiated out of LMS that flagged anyone who responded "false" to any question on the PREA disclosure completed in LMS. An individual at agency headquarters was given the responsibility of resolving each such response with the applicable appointing authority. Resolution options had been established: (1) the false response was an error on the user's part and the user was required to retake the disclosure test / module or (2) the false response was correct and applicable actions taken.

During an audit conducted at another facility in 2019, an issue with the "false" responses was reported when the automated report generated by the LMS was deactivated. It was learned that this occurred in approximately 09/2017. As required in the interim report for that facility, the following process has been established to address the identified gap:

- 1) The Training and Development Unit (TDU) generated a report of all "false" responses on the sexual misconduct disclosure reporting system as of 07/01/2017 to provide an overlap to ensure any applicable false responses were identified. This report goes through 12/2019.
- 2) This report was reviewed to eliminate any individuals no longer employed by WADOC and identify Appointing Authorities for any remaining participants.
- 3) Notifications of false responses were forwarded to all identified Appointing Authorities to review and address the response as applicable. All identified individuals were directed to retake the disclosure report if the false response provided was in error, regardless of whether they have since completed a new disclosure report. In that way, the agency has documentation of an official true response for each individual since the identification of the issue.
- 4) Additionally, a new process was established where the PREA Coordinator is provided with the daily report from TDU regarding anyone who completed the disclosure reporting in LMS. Logs are maintained and a form submitted to the Appointing Authority to address any false responses provided.
- 5) A rolling log of false responses along with actions taken is maintained.
- 6) In the event that the PREA Coordinator is out of the office or otherwise unavailable to review the report each day, the report is also being sent to a identified support person who is responsible to review all report, update the log, and submit requests for resolution as applicable in her absence. A confidential shared drive folder has been established where all logs, forms, responses, etc. are maintained with access only to the PREA Coordinator and the identified support person.

During the conversion from LMS to the new electronic learning system, the daily report was modified to only include those individuals who responded "false" to a disclosure question rather than including the responses from anyone who completed the module. This began 08/14/2020 and ended 01/13/2021 with the initial launch of the new learning system. It is noted that a minimal number of DOC staff have been assigned to training in the new system as the launch has been incremental.

However, all agency staff will be assigned to and required to complete all electronic learning components, including the annual PREA disclosure, prior to the end of the training year 06/30/2021.

#### **Substandard 115.217(b)**

The facility reported, via the PAQ, that policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

The Human Resources Director was interviewed telephonically. During the interview, she indicated that the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor.

In two of the three hiring packages provided, the question about sexual harassment was asked and answered. The third did

not complete the form because the hire was a transfer, not a new hire or promotion. In addition, during the period of time between the end of the audit reporting period and the rescheduled on-site portion of the audit, several new contract staff were hired. The auditor randomly selected individuals and reviewed the hiring packages. The auditor noted all packages contained the required information.

**Substandard 115.217(c)**

The agency reported, via the PAQ, that in the past 12 months there were 3 people hired who may have contact with residents who have had criminal background record checks.

The HR staff member indicated that the facility performs criminal record background checks for all newly hired employees and for those being considered for promotion. They also complete criminal record background checks on contractors who come into the facility.

The auditor reviewed files of personnel hired in the past 12 months to determine that the agency has completed checks consistent with this standard. In the hiring packages for the limited term OA, a background check was completed. The application indicated she had a prior institutional employer, but there was no indication that they were contacted. Upon discussion with PREA Coordinator, it was learned that the employee listed the information in the wrong area of the application. She did not have prior institutional experience. The PREA Database was checked and she was clear.

**Substandard 115.217(d)**

The facility reported, via the PAQ, that there was one contract for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents.

The HR staff member indicated that the facility performs criminal record background checks for all newly hired contract employees and for those being considered for promotion. They also complete criminal record background checks on contractors who come into the facility.

**Subsection 115.217(e)**

As reported, via the PAQ, agency policy requires that criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents.

The HR staff member indicated that potential candidates are required to complete an application and a DOC background check form. She sends the forms to the WADOC for processing. Their parent company tracks hire dates for all employees and sends a list of who needs to be re-checked at 5 year intervals.

The auditor reviewed documentation of background records checks of current employees and contractors at five-year intervals, when applicable. Auditor was provided with copies of the 5 year background checks for all WADOC staff and several of the contract staff.

**Substandard 115.217(f)**

Through the interview with the Human Resources Director, the auditor learned that the WADOC forms that are used have the required questions included on them. The facility requires that employees disclose any misconduct, when it happens. These disclosure forms are also completed annually when staff completes their annual PREA training. These documents are electronically retained in the training records. This was verified by reviewing employee training records.

**Subsection 115.217(g)**

Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, is grounds for termination. WADOC policy specifically states that failure to fully divulge criminal information may be cause for disciplinary action, up to and including dismissal or termination of service.

**Subsection 115.217(h)**

The HR staff person indicated that she responds to requests received from other institutional employers who are checking on previous employees.

115.218	<b>Upgrades to facilities and technology</b>
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 855 297"><b>Standard 115.218, Upgrades to Facilities and Technology</b></p> <p data-bbox="240 387 507 414"><b>Policy related to 115.218</b></p> <p data-bbox="240 445 1490 571">WADOC policy 490.800, PREA Prevention and Reporting, section VII, B, states that the Department will consider the possible effects on its ability to protect offenders from sexual misconduct when: Designing a new facility; Planning substantial expansions or modifications of existing facilities; and, Installing or updating video monitoring systems, electronic surveillance systems, or other monitoring technology.</p> <p data-bbox="240 660 497 687"><b>Substandard 115.218(a)</b></p> <p data-bbox="240 719 1409 777">The facility reports, via the PAQ, that it has acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.</p> <p data-bbox="240 808 1482 902">The Agency Secretary was interviewed telephonically. During his interview, he indicated that they consider blind spots, areas of vulnerability, and restricted access areas when planning modifications to a facility. They develop an action plan and monitor it to ensure all areas are addressed appropriately.</p> <p data-bbox="240 934 1469 992">The Facility Director was interviewed telephonically. She stated there have been no substantial expansions or modification made since the last PREA audit.</p> <p data-bbox="240 1023 1362 1050">During the on-site portion of the tour, the auditor did not note any new construction, expansions or modifications.</p> <p data-bbox="240 1081 1490 1274">The auditor reviewed documentation of facility design, renovation, modification, or expansion. Per a memorandum authored by the PREA Compliance Manager, dated July 1, 2020, in planning a substantial expansion or modification of existing facilities, the WADOC hires a consultant who has expertise in the design of correctional facilities and understands the importance of inmate and staff safety. The agency provides instructions to consultants based upon the owner's approved program and/or pre-design documents, WADOC policies, standards, guidelines and specifications, including the Prison Rape Elimination Act of 2003, Section 115.18(a) and Section 115.218(a).</p> <p data-bbox="240 1305 1469 1364">Since the last Department of Justice PREA audit, conducted August 28 – 29, 2017 and final report dated October 11, 2017, the following acquisitions, expansions, and/or modifications have been initiated:</p> <p data-bbox="240 1395 1490 1520">The Department of Corrections has not acquired any additional work/training release programs. However, during the last audit the population at Progress House Work/Training Release was 86. In November 2018 the population increased to 90. To manage the increase, a third Community Corrections Officer was added for case management and an additional program monitor was added to the swing shift for a total of 4 staff on duty.</p> <p data-bbox="240 1552 1485 1713">The additional four residents are female beds, and to ensure the safety of the residents, they were all moved into two dorm style rooms on the first floor closer to the Duty Station. There are a total of 14 female beds and 76 male beds. In addition, there is one gender neutral ADA room. In the past 18 months, the facility has had several supervisors. The documentation of reviewing the layout for sexual safety is not available. However, as noted, additional staffing, cameras and QR Code walk through, as well as the location and number of residents per room was considered to ensure sexual safety.</p> <p data-bbox="240 1744 1485 1839">Since the last audit, the facility has increased the number of cameras from 16, including one exterior camera to a total of 31 cameras. In addition, the hard drive was replaced with a larger capacity for retaining footage and higher quality resolution of the cameras. This was completed in June 2019.</p> <p data-bbox="240 1928 497 1955"><b>Substandard 115.218(b)</b></p> <p data-bbox="240 1986 1474 2045">The facility reported, via the PAQ, that it has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p data-bbox="240 2076 1477 2134">Through the interview with the Agency Secretary, the auditor was informed that the agency utilizes monitoring technology to assist staff in providing supervision to the residents housed at the facility. The agency maintains a multi-year plan to</p>

manage technology updates, which is updated on an as needed basis. Updates could come from deficiencies identified through Incident Reviews of PREA allegations at any facility. They also conduct an annual assessment which includes PREA vulnerability.

The facility director reported that WADOC is responsible for the purchase and installation of the cameras and any mirrors in areas where blind spots have been identified. She is responsible to notify WADOC if the cameras are not functioning properly.

During the on-site portion of the audit, the auditor toured the facility. She noted camera locations and viewed the screens in the CCS office. None of the camera locations were focused on shower, toilet or changing areas.

The auditor requested and received minutes from the meeting where they discussed the installation of the 15 new cameras. The auditor received a copy of the facility floor plan that showed where all of the cameras are installed.

115.221	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Standard 115.221, Evidence Protocol and Forensic Medical Examinations.</u></b></p> <p><b>Policy related to 115.221</b></p> <p>DOC 490.850, PREA Response, provides forms and checklists used during the response process. These include Aggravated Sexual Assault Checklist, PREA Response and Containment Checklist, DOC 16-357 Crime Scene Containment/Preservation/Processing Checklist, and DOC 16-358, Crime Scene Security Log.</p> <p>It states: For allegations of aggravated sexual assault, the Shift Commander/CCS/designee will initiate the Aggravated Sexual Assault Checklist (Attachment 1), and the PREA Response Team will conduct a coordinated, multidisciplinary response to the allegation.</p> <p>5. Work Releases will develop local procedures to ensure alleged victims of aggravated sexual assault are provided with emergency medical care to include forensic medical examinations, as applicable.</p> <p>DOC 490.800, PREA Prevention and Reporting, states:</p> <p>Meetings with Local Law Enforcement</p> <p>A. Each Superintendent and the Work Release Administrator will meet at least annually with applicable law enforcement officials to:</p> <ol style="list-style-type: none"> <li>1. Review investigation requirements detailed in federal PREA standards,</li> <li>2. Establish procedures for conducting criminal investigations related to PREA allegations, and</li> <li>3. Establish points of contact and agree upon investigatory update procedures.</li> </ol> <p>B. Meetings with law enforcement will be documented in meeting minutes.</p> <p>XI. Community Victim Advocates</p> <p>A. Sexual assault support services may be obtained through the Office of Crime Victims Advocacy (OCVA).</p> <ol style="list-style-type: none"> <li>1. Offenders may call 1-855-210-2087 toll-free Monday through Friday 8:00       <ol style="list-style-type: none"> <li>a. m. - 5:00 p.m. to reach an OCVA PREA Support Specialist. Calls will not be monitored or recorded, and an IPIN will not be required. Abuse of the toll-free phone line will be reported to the Superintendent or the Work Release Administrator for action as needed.</li> <li>2. In-person consultations may be available to supplement phone based support for eligible offenders.</li> <li>3. Communication between the offender and the OCVA PREA Support Specialist is confidential and will not be disclosed unless the offender signs an authorization to release information.</li> </ol> </li> <li>B. Posters and brochures provided by the PREA Coordinator, detailing the role of the OCVA PREA Support Specialist and listing the toll-free phone number, will be posted in areas accessible to offenders, including Health Services areas, Classification Counselor/Community Corrections Officer (CCO) offices, and law libraries.</li> </ol> <p>DOC 600.000, Health Services Management, states that offenders will be provided health services in accordance with all applicable department policies and the Health Services Division Standard Operations and Procedure Manual, including the Offender Health Plan and DOC-DOH Health, Environmental, &amp; Safety Standards.</p> <p>Medical and mental health services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting will be provided at no cost to the offender.</p> <p>DOC 600.25, Health Care Co-Payment Program, states:</p> <ol style="list-style-type: none"> <li>6. Medical and mental health services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting.</li> </ol>



DOC 610.025, Health Services Management of Alleged Sexual Misconduct Cases, states:

#### Policy

Any incarcerated individual alleging sexual assault, sexual abuse, and/or staff sexual misconduct will be referred to a health care provider to evaluate any injury. Medical and mental health treatment services and follow-up care will be provided when clinically indicated. Forensic medical examinations will be conducted at a community health care facility.

#### II. Medical & Mental Health Treatment Services

If a report of aggravated sexual assault is made within 120 hours of the alleged assault, and involves penetration and/or exchange of bodily fluids, an attempt will be made to transport the alleged victim to the designated community health care facility within 2 hours of the report unless an appropriate health care provider determines a forensic medical examination is not needed due to the nature of the alleged assault.

C. In facilities with health services employees/contract staff onsite, the alleged victim will be assessed in person by an appropriate health care provider before being transported to the community health care facility. The health care provider will:

1. Provide emergency medical care per DOC 890.620 Emergency Medical Treatment to identify potential medical and mental health needs.
2. Make every effort to preserve forensic evidence during the initial response.
3. Request the alleged victim not destroy physical evidence on their bodies (e.g., no washing, brushing teeth, changing clothes, drinking, eating, urinating, defecating, smoking) unless directed by the health care provider or as needed for transport.
4. Verify the alleged victim has not already been sent for a forensic medical examination for the same allegation due to multiple reports.
5. Advise the alleged victim if a forensic medical examination to collect evidence is indicated and explain the procedures used.
6. Provide information regarding the need for further medical evaluation to determine the:
  - a. Extent of injuries,
  - b. Testing for and treatment of sexually transmitted infections,
  - c. Need for post-exposure prophylaxis for sexually transmitted infections, and
  - d. Need for pregnancy prevention, if applicable.
7. Work with the transportation team to collect the alleged victim's clothing per DOC 490.850 Prison Rape Elimination Act (PREA) Response.
8. Identify any special needs of the alleged victim (e.g., communication barrier, physical limitations, inability to understand the situation).
9. Not disclose information about the alleged victim or perpetrator's sexually transmitted disease status or the fact that either requested or had an HIV antibody test.
10. Document the emergency consult in the health record and complete the consult in Offender Management Network Information (OMNI)-HS.

D. In facilities where there are no health services onsite, the trip to the community health care facility will be coordinated with the Medical Duty Officer before transport. The Health Authority/designee will complete the emergency consult in OMNI-HS on the next business day.

E. The patient will be evaluated at the community health care facility according to their established sexual assault protocol.

1. It will be documented in the health record when a Sexual Assault Forensic Examiner or Sexual Assault Nurse Examiner is unavailable to conduct the forensic medical examination.
  1. Upon return to the facility from the forensic medical examination:
    4. The patient will be offered a medical health care appointment within 3 business days and a mental health care appointment within one business day after the forensic medical examination unless the patient declines.

**Substandard 115.221(a)**

The facility reported, via the PAQ, that the agency is only responsible to conduct administrative investigations into allegations of sexual abuse or sexual harassment. Tacoma Police Department is the primary agency responsible to complete criminal investigations, and when doing so, they utilize a uniform evidence protocol. The WADOC uses the following publications as the basis for sexual misconduct investigation evidence protocols:

- 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
- 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

The auditor was provided with copies of both of these documents and reviewed them.

Nine random staff interview protocols were completed. One of the staff indicated she is not involved in this process. The remaining eight indicated they would isolate the victim and perpetrator (if known), control access to the space, follow the instructions with the PREA kit at the front desk, call the supervisor or duty officer, contact outside law enforcement, follow instructions given by supervisor or duty officer until law enforcement arrived. Most indicated they would not allow the victim to shower, change clothes or brush their teeth so evidence would not be destroyed.

**Substandard 115.221(b)**

This facility does not house youthful offenders.

**Substandard 115.221(c)**

The facility reported, via the PAQ, that it offers all residents who experience sexual abuse access to forensic medical examinations, that will be conducted at an outside facility and will be offered without financial cost to the victim. Where possible, examinations are conducted by SAFEs or SANEs. When SANEs or SAFEs are not available; a qualified medical practitioner performs the forensic medical examinations. The facility documents its efforts to provide SANEs or SAFEs and currently has an MOU in place to provide this service. In the past 12 months, there have been no forensic medical exams conducted.

Documentation of agency's efforts to utilize SANEs/SAFEs was provided via a copy of the current MOU. Amendment #1 extends the MOU through June 30, 2021. The MOU and agency policy document that forensic medical examinations are offered for free.

The SANE was interviewed on June 3, 2021 at approximately 9:00 am. She indicated she is one of a team of 7 nurses who would perform forensic examinations for any resident who alleged sexual assault. They provide services 24 hours a day, 365 days a year.

The auditor reviewed documentation to corroborate that all resident victims of sexual abuse have access to forensic medical examinations and documentation that delineates the responsibilities of outside medical and mental health practitioners.

The auditor was informed that providers are St. Josephs Hospital and Tacoma General Hospital for sexual assault protocols and advocacy components are provided by Rebuilding Hope. Rapid SANE Investigations is contacted by the hospital and responds to complete the forensic investigation.

**Substandard 115.221(d)**

The facility reported, via the PAQ, that they attempt to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. The efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

Documentation of agreement with rape crisis center for services or documentation of efforts was reviewed by the auditor. It was an undated memorandum which discussed the services offered and process used for notification by the RSI. It

references COVID-19 protocols, so meeting was probably held in the spring or summer of 2020.

Through the interview with the agency PREA Coordinator, the auditor was informed that the agency has an overarching Memorandum of Understanding which outlines the victim advocate services that are to be provided. If an inmate calls the hotline, he is directed to the appropriate facility to respond to his needs. The agency ensures that the victim advocates that are provided meet all mandatory requirements by including the requirements in the MOU and requiring the potential victim advocate to provide proof that they have met all mandatory requirements.

The PREA Compliance Manager informed the auditor that both hospitals in their area will provide the forensic examination, should one be needed. The SANE nurse and victim advocate are contacted by the hospital, when the patient arrives and requires a forensic examination.

There was an interview protocol for residents who reported sexual abuse; however, there were no sexual abuse allegations received during the review period. No interviews were conducted.

**Substandard 115.221(e)**

The facility reported, via the PAQ, that if requested by the victim, a victim advocate or other qualified individual accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

The auditor was provided with documentation of the process utilized by the hospital, which includes notification of the victim advocate that the victim has arrived at the hospital for the forensic examination.

The PREA Coordinator, through her interview, stated that when requested, the victim is supported by a victim advocate from the community.

There was an interview protocol for residents who reported sexual abuse; however, there were no sexual abuse allegations received during the review period. No interviews were conducted.

**Substandard 115.221(f)**

The agency reported, via the PAQ, that it is not responsible for investigating criminal allegations of sexual abuse and relies on another agency to conduct these investigations. The agency has requested that the responsible agency follow the requirements of paragraphs 115.221(a) through (e) of the standards.

Current Agreements/MOUs with PHWTR include:

First responder is Tacoma Police Department (TPD), there is no formal agreement in place. Responsibilities are outlined in the law. They utilize their annual meeting, which occurred on 6/5/20, to share current information with the local law enforcement authorities. A copy of a memo which outlines what was discussed at the 6/5 meeting was provided with the PAQ.

A memorandum of understanding (MOU) with Washington State Police (WSP) was provided, it included amendments to extend the date of services; however, the most current amendment provided expired on 6/30/2020. Per the PREA Coordinator, it is currently being revised and a copy will be provided once it has been finalized. The auditor was informed that until such time as the new amendment is finalized, they are utilizing the terms of the expired agreement.

Documentation of the request regarding the requirements of 115.221 (a) through (e) with outside investigating agency was reviewed. These included the MOU for WSP and the minutes from 6/5 meeting with TPD.

**Substandard 115.221(g)**

Not applicable.

**Substandard 115.221(h)**

WSP will conduct the criminal investigations, if the local jurisdictions are unable to take the case. There is an MOU with WSP, which contains all required language.

Corrective action will be required for this standard. Staff were unclear about the requirement to "request" the victim not take any action that could potentially destroy evidence, most indicated they would ensure the victim did not take those type of actions. This was brought to the attention of the CCS and the Assistant Operations Manager. The plan to address this was to include it in the discussion at the next regularly scheduled staff meeting. During the time the auditor was composing the audit report, the facility conducted two staff meetings where this issues was addressse. These occurred on July 6, 2021 and August 3, 2021. The auditor was provided with copies of the minutes from the meeting. Based on these additional actions, the auditor has determined the facility is in substantial compliance with this standard.

115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b><u>Standard 115.222, Policies to Ensure Referrals of Allegations for Investigation.</u></b></p> <p data-bbox="240 387 507 414"><b>Policy related to 115.222</b></p> <p data-bbox="240 443 1481 504">The policy outlining Investigations of Allegations of Sexual Abuse and Sexual Harassment is located in DOC 490.800, which states:</p> <p data-bbox="240 533 667 560">IV. Meetings with Local Law Enforcement</p> <p data-bbox="240 591 1377 651">A. Each Superintendent and the Work Release Administrator will meet at least annually with applicable law enforcement officials to:</p> <ol data-bbox="240 680 1254 824" style="list-style-type: none"> <li>1. Review investigation requirements detailed in federal PREA standards,</li> <li>2. Establish procedures for conducting criminal investigations related to PREA allegations, and</li> <li>3. Establish points of contact and agree upon investigatory update procedures.</li> </ol> <p data-bbox="240 853 1050 880">B. Meetings with law enforcement will be documented in meeting minutes.</p> <p data-bbox="240 911 1414 972">DOC 490.850, PREA Response, includes checklists to assist staff in completing the PREA response and subsequent investigation.</p> <p data-bbox="240 1001 668 1028">DOC 490.860, PREA Investigation, states:</p> <p data-bbox="240 1059 1485 1120">The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department.</p> <p data-bbox="240 1149 1473 1209">A. 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> <p data-bbox="240 1240 1161 1267">B. Allegations may be referred to law enforcement agencies for criminal investigation.</p> <p data-bbox="240 1299 1465 1393">II. The Department may discipline and refer for prosecution, when appropriate, individuals determined to be perpetrators of sexual misconduct. Investigations involving represented employees will be conducted per the provisions of the applicable collective bargaining agreement.</p> <p data-bbox="240 1424 1457 1485">3. All allegations that appear to be criminal in nature will be referred to law enforcement for investigation by the Appointing Authority/designee. Referrals may be made using DOC 03-505 Law Enforcement Referral of PREA Allegation.</p> <p data-bbox="240 1570 483 1597"><b>Subsection 115.222(a)</b></p> <p data-bbox="240 1628 1489 1756">The facility reported, via the PAQ, that it ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident on resident and staff sexual misconduct). In the past 12 months (June 2019 through June 2020), they reported eight allegations of sexual abuse and sexual harassment that were received. All of these resulted in an administrative investigation and three were referred for criminal investigation.</p> <p data-bbox="240 1787 1473 1915">During the period between the end of the document review period and the rescheduled on-site review, there were two additional allegations received by the facility. The auditor was provided a monthly tracking log beginning with the month of June 2020 and continuing through April 2021. The auditor reviewed the agency allegations tracking log and confirmed that two new PREA allegations were received.</p> <p data-bbox="240 1946 1481 2074">During the telephonic interview with the Agency Secretary, he stated that all allegations that are received in the Department are forwarded to the PREA Triage Unit in Headquarters. They are evaluated to determine if they meet the criteria of PREA, and if so, they are assigned to the appointing authority to investigate. If the allegation is criminal, it is referred to outside law enforcement for investigation.</p> <p data-bbox="240 2105 1481 2166">The auditor reviewed the agency tracking log of allegations of sexual abuse and harassment and investigation packages, including full investigative reports with findings for five of the eight initial cases and two allegations that were received during</p>

the time between the documentation being provided and the rescheduled on-site portion of the audit.

**Subsection 115.222(b)**

The facility reported, via the PAQ, that it has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. Agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

Two staff who conduct administrative investigations for the WADOC were telephonically interviewed on April 7 & 8, 2021. Both of these individuals conducted investigations for PHWTR during the review period. Both indicated that policy requires allegations of sexual abuse or sexual harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

The auditor verified that the PREA policy is on WADOC website. The auditor reviewed documentation of referrals of allegations of sexual abuse/harassment. Several copies of e-mails were provided that referenced referrals being made. One e-mail from an officer with TPD was included. They are not using the WADOC referral form, and according to the PREA Coordinator, it is not required. It is available for use, if the facility prefers, but they can also make a referral via the telephone or e-mail.

**Substandard 115.222(c)**

The auditor reviewed the minutes from the annual meeting, which occurred in June 2020, meeting with TPD about the internal process that is used when a referral is made to the outside law enforcement agency.

During a review of the WADOC website, the PREA policies and investigation protocols were located using the search tool in "Policies".

Subsections 115.222(d) and (e) are not applicable.

115.231	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Standard 115.231, Employee Training.</u></b></p> <p><b>Policy related to 115.231</b></p> <p>DOC 490.800, Prison Rape Elimination Act Prevention and Reporting, states:</p> <p>B. All new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training. When initial training is not conducted prior to assignment, the individual will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity.</p> <p>1. Training will address, but will not be limited to, the following:</p> <p>a. Reviewing this policy and related operational memorandums, the Prison Rape Elimination Act of 2003, RCW 9A.44.160, RCW 9A.44.170, RCW 72.09.225, and potential criminal penalties and disciplinary consequences for engaging in prohibited activities.</p> <p>b. Zero tolerance for sexual misconduct and related retaliation.</p> <p>c. Preventing and detecting sexual misconduct, including:</p> <p>1) Communicating effectively with offenders, including lesbian, gay, bisexual, transgender, intersex, and/or gender non-conforming offenders.</p> <p>2) Gender-specific issues.</p> <p>3) Examples of conduct, circumstances, and behaviors that may be precursors to sexual misconduct.</p> <p>4) Avoiding inappropriate relationships with offenders.</p> <p>5) Recognizing signs of possible/threatened sexual misconduct and staff involvement.</p> <p>6) Recognizing predatory behavior and common reactions of sexual misconduct victims.</p> <p>d. The dynamics of sexual misconduct in confinement.</p> <p>e. Reporting sexual misconduct, including:</p> <p>1) Reporting methods,</p> <p>2) Mandatory reporting for youthful offenders and offenders classified as vulnerable adults, and</p> <p>3) Disciplinary consequences for staff's failing to report.</p> <p>f. Responding to sexual misconduct, including first responder duties.</p> <p>g. Confidentiality requirements.</p> <p>2. Staff will acknowledge their understanding of the training.</p> <p>a. For online training, acknowledgment will be included in the electronic course.</p> <p>b. For in-person training, acknowledgment will be documented by signing the course roster, which will include a statement verifying participant understanding.</p> <p><b>Subsection 115.231(a)</b></p> <p>The facility reported, via the PAQ, that the agency trains all employees who may have contact with residents on all 10 of the required topics.</p>

The training curriculum was reviewed by the auditor. She noted that in all of the required topics were addressed in the training curriculum provided.

Nine random staff were interviewed. Seven indicated they have had PREA training in 2021. Two indicated they have had it within the past 12 months, but need to complete it for 2021.

The auditor reviewed the training records for all WADOC staff assigned at PHWTR. She found all to be compliant with training mandates related to PREA.

**Subsection 115.231(b)**

The facility reported, via the PAQ, that training is tailored to the gender of the residents at the facility and that employees who are reassigned from facilities housing the opposite gender residents are given additional training.

The auditor reviewed the training curriculum and noted it addresses residents of both genders. During the tour, the auditor noted residents of both genders were housed at the facility,

**Subsection 115.231(c)**

The facility reported, via the PAQ, that 35 staff (contract and WADOC) employed by the facility, who may have contact with residents, have received training on the PREA requirements. Between trainings, the agency provides employees with refresher information about current policies regarding sexual abuse and sexual harassment via an on-line refresher course. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is annually.

The auditor reviewed the training records for all WADOC staff assigned at PHWTR. She found all to be compliant with training mandates related to PREA.

**Substandard 115.231(d)**

The facility reported, via the PAQ, that the agency documents that employees understand the PREA training they received through employee signature or electronic verification.

WADOC form DOC 03-483, PREA Training Acknowledgment, is required to be completed when the staff member finishes the PREA training.

The auditor was provided with documentation of employee signatures or electronic verification signifying comprehension of the training for two WADOC staff with the PAQ. Training records for the remaining WADOC staff were reviewed.



115.232	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Standard 115.232, Volunteer and Contractor Training</u></b></p> <p><b>Policy related to 115.232</b></p> <p>DOC 490.800 covers contractors and volunteers and is outlined above in 115.31.</p> <p>WADOC policy 530.100, Volunteer Program, states: Volunteer Specialists will be responsible for local oversight of the Volunteer Program, and will ensure eligibility, training, and screening requirements are met.</p> <p>Volunteer Training: Completion of mandatory volunteer orientation training is required before beginning services. All training requires approval from the Headquarters Correctional Program Administrator and will be provided by authorized employees or volunteers trained in the curriculum. Training will include PREA.</p> <p><b>Substandard 115.232(a)</b></p> <p>The facility reported, via the PAQ, that not all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. There were 30 individual contractors, who have contact with residents, who have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Of the 18 volunteers, none had received the training. The programs were stopped and all volunteers were restricted from grounds. Due to COVID-19 protocols, there have been no volunteers working at the facility. The staff are in the process of initiating training for the approved volunteers before they will be allowed to provide services to the residents.</p> <p>The auditor reviewed the training curriculum and noted it is the same as used for staff training.</p> <p>Two contract staff who do not perform custodial functions were interviewed. Both indicated they receive PREA training annually.</p> <p>The auditor was provided with a sample of training records of contractors who have contact with residents. 25 signed training acknowledgement forms for individual contractors were provided. None for volunteers, as a problem was identified and there are currently no volunteers working at facility.</p> <p>Per a memorandum authored by the PREA Compliance Manager, dated June 16, 2020, the WADOC requires that all contractors with regular contact with offenders complete the same general training provided to employees. The agency allows for vendors and service providers who have limited, unescorted contact with offenders to complete form 03-478, PREA Acknowledgement, and be provided with the current PREA brochure for staff, contractors and volunteers rather than complete annual training. This typically includes individuals filling vending machines or repairing office equipment, cleaning kitchen equipment, delivering supplies, or performing short-term services in maintenance.</p> <p>During this audit period it was learned the previous Community Corrections Officer, acting as the Volunteer Specialist, did not adhere to proper procedure or DOC Policy regarding volunteer access to this facility. The Community Corrections Officer was reassigned and the volunteer program was halted around August 2019. In reviewing the files, it was noted that 18 volunteers did not complete the required training.</p> <p>At this time, there are not any volunteers due to COVID-19 and pending completion of mandatory training. Additionally, there are no training transcript examples for volunteers confirming completion of required training or confirmation training was understood for this audit period. However, the current Volunteer Specialist has made contact with past volunteers to start the process of getting them the required documentation to complete, access to the Volunteer Web Based Training and to complete an in-person orientation prior to the start of services.</p> <p>The LMS tracks participation, scores obtained on quizzes, and completion of training requirements. A function within this system requires participants to acknowledge that they understand the PREA training they just completed. If a participant does not confirm their understanding of the material, the course is not registered as having been completed and the participant is directed to obtain additional information through listed resources, contact supervisors, and/or retake the training in order to be able to confirm their understanding.</p> <p>During preparation for this audit, it was learned that individuals who participated in in-class training were not required to sign</p>

DOC form 03-483 PREA Training Acknowledgement. The deficiency was addressed agency-wide by the TDU and all individuals who participated in in-class training were asked to sign the acknowledgement after the fact. Documentation was provided with the PAQ.

**Substandard 115.232(b)**

The facility reported, via the PAQ, that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All contractors have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The auditor reviewed the training curriculum and noted it is the same as used for staff training.

One of the contract staff interviewed indicated the training stressed the importance of early detection and if he receives a report, he is responsible to act on the information that is received. He is required to report immediately, take follow-up steps as necessary, and call law enforcement if emergent. The second contractor indicated that she must report any information that she is given to the people in the office. She would follow the instructions given to her. It is important to follow policy and the staff are responsible to keep the residents safe. It is also important to not do extra things with the residents.

The auditor was provided with a sample of training records of volunteers and contractors who have contact with residents. 25 signed training acknowledgement forms for individual contractors were provided. None for volunteers – as problem was identified. As stated above, there are currently no volunteers working at the facility due to COVID-19 and the need to ensure they have received all required training before being allowed to return to providing services.

The auditor reviewed a sample of training records of Contractors who work at the facility or provide services at the facility. The auditor was also provided with the brochure that is utilized to train those contractors who have limited contact with residents at the facility, such as copy repair people, vending machine stockers, etc.

**Subsection 115.232(c)**

The facility reports, via the PAQ, that it maintains documentation confirming that volunteers/contractors understand the training they have received.

The auditor was provided with seven copies of signed PREA acknowledgement forms for vendors who visit the facility to perform various services. These individuals do not attend the formal PREA training, they review the DOC 03-478, PREA Acknowledgement form, and sign certifying that they understand their responsibilities.

During the extended review period, there were several contract staff hired. The auditor randomly selected individuals and requested to review their training records. The auditor noted all had completed the required training.

<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Standard 115.233, Resident Education.</u></b></p> <p><b>Policy related to 115.233</b></p> <p>DOC 490.800, states:</p> <p>PREA Information for Offenders</p> <p>Offenders will be provided PREA related information, which will include information on the Department's zero tolerance stance and ways to report sexual misconduct. Information will be presented in a manner allowing offenders to ask questions of the staff member facilitating the orientation.</p> <p>If an orientation video is presented in-transit, offenders will be provided an opportunity to ask questions of the facilitator during onsite facility orientation.</p> <p>The need to provide targeted orientation will be determined on a case-by-case basis, taking into consideration: Reading comprehension levels, Mental health input/evaluation, Cognitive abilities, Interactions with staff, and/or language barriers other than Spanish.</p> <p>Work Release</p> <p>Offenders will be given an informational brochure provided by the PREA Coordinator. PREA information may also be covered in the local Offender Orientation Handbook. Orientation will be documented on DOC 05-512 Work Release Orientation Checklist or in OMNI Programs.</p> <p>DOC 490.800 further states:</p> <p>Offender Accommodations</p> <p>A. Professional interpreter or translation services, including sign language, are available to assist offenders in understanding this policy, reporting allegations, and/or participating in investigations of sexual misconduct per DOC 450.500 Language Services for Limited English Proficient (LEP) Offenders.</p> <ol style="list-style-type: none"> <li>1. Offenders are not authorized to use interpretation/translation services from other offenders, family members, or friends for these purposes.</li> <li>2. The Deaf Services Coordinator is authorized to provide the same professional interpreter/translation services for sign language as contract interpreters with regard to assisting offenders in understanding this policy, reporting allegations, and/or participating in investigations of sexual misconduct.</li> <li>3. With the exception of the Deaf Services Coordinator, staff interpreters/translators will only be used for these purposes in exigent circumstances.</li> </ol> <p>B. Americans with Disabilities Act (ADA) accommodations will be provided per DOC 690.400 Offenders with Disabilities.</p> <p>DOC 490.800 states:</p> <p>Coordinate monthly checks to verify:</p> <ol style="list-style-type: none"> <li>a. The PREA hotline telephone number is posted on or near all offender telephones.</li> <li>b. Posters and brochures provided by the PREA Coordinator are posted in areas accessible to offenders and the public, including Health Services areas and Classification Counselor/Community Corrections Officer (CCO) offices.</li> <li>c. Report of Prison Rape Elimination Act (PREA) Allegation forms are available for offenders to access. <ol style="list-style-type: none"> <li>1) In Prisons, forms will be maintained in the living units and/or library.</li> <li>2) In Work Releases, forms will be maintained on offender bulletin boards.</li> </ol> </li> </ol> <p>DOC 310.000, Orientation for Offenders, states:</p>

All newly received incarcerated individuals will participate in a program of interviews, testing, and other activities related to the admission process at the receiving facility per DOC 310.150 Reception, Initial Classification, and Custody Facility Plan.

1. Initial reception and orientation will be completed within 4 weeks of admission to the RDC unless medical, mental health, or behavioral issues prevent completion of this process.

#### Orientation

A. Incarcerated individuals arriving at or transferred to a Work/Training Release or Prison, including transfers between an Intensive Management Unit (IMU), will receive an orientation to the new facility unless:

1. Medical, mental health, or behavioral issues prevent completion of this process.
2. The individual has violated a condition of their community supervision and is returning to a facility within 90 days of receiving an orientation.

B. Prison orientation will be conducted within one week of admission. Work/Training Release orientation will be conducted within 48 hours of admission.

C. Prison orientation will, at a minimum, include information on: 8. The Prison Rape Elimination Act (PREA)

Individuals in Work/Training Release will be notified of all appropriate policies and procedures that affect them,

F. Employees will document orientation in the incarcerated individual's electronic file and the individual will acknowledge receipt of orientation and the Statewide Inmate Orientation Handbook/facility specific handbook by signing:

1. DOC 21-992 Prison Orientation Checklist in Prison, or
2. DOC 05-512 Work/Training Release Orientation Checklist in Work/Training Release.

#### **Substandard 115.233(a)**

The facility reported, via the PAQ, that residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicion of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Of the 240 residents admitted during the past 12 months, all were given this information at intake.

The two WADOC staff who complete the intake process were interviewed telephonically on \_\_\_\_\_. Both indicated they provide residents with information about the zero tolerance policy and how to report incidents of sexual abuse or sexual harassment on the day they arrive at the facility. They show the resident the PREA video and given them a pamphlet. They also indicated that PREA information is available on posters and boards in the lobby and day rooms.

Fourteen random resident protocols were completed during the on-site portion of the audit. All of the residents indicated they received written information about the facility's rules against sexual abuse and harassment. The information was provided on the day they arrived. All indicated the information they received included their right to not be sexually abused or harassed, how to make a report, and their right to not be punished for making a report.

A sample of intake records of residents entering the facility in the past 12 months was completed. All new arrivals were provided orientation within 24 hours of their arrival at PHWTR, according to the tracker document that was provided. The facility does not document this initial information being given to the residents. It will be verified through interviews with residents.

The auditor reviewed PREA materials to ensure that relevant information is covered. She noted that in the brochure only 2 ways to report are provided. These include calling the hotline and telling staff. It does not mention the ability to notify the outside agency contact. All methods of reporting are described in the offender handbook, which they receive during the intake process, when they meet with their CCO.

During the time between the end of the document review period and the rescheduled on-site review (June 2020 and April 2021), the auditor was provided with a new arrival tracker each month. Those trackers were reviewed and the auditor requested copies of the orientation checklist for four residents each month. This demonstrates the facility is continuously ensuring the new arrivals are receiving the required PREA information.

#### **Subsection 115.233(b)**

The facility reported, via the PAQ, that they provide residents who have transferred from a different community confinement facility with refresher information. In the past 12 months there have been no residents transferred from a different community confinement facility.

The two WADOC staff who complete the intake process were interviewed. Both indicated they utilize the same process for all new arrivals, regardless of where they are coming from. It is described above.

Fourteen random interview protocols were completed. All of the residents interviewed indicated they had arrived at PHWTR in 2021. Five of the 14 had been at the facility for less than 30 days.

A sample of intake records of residents entering the facility in the past 12 months was completed. All residents were provided orientation within 24 hours of their arrival at PHWTR, according to the tracker document that was provided.

**Substandard 115.233(c)**

The facility reported, via the PAQ, that resident PREA educational materials are available in accessible formats for all residents including those who are: Limited English Proficient, Deaf, Visually impaired, otherwise disabled, and those with limited in reading skills.

Resident education materials were reviewed by the auditor and noted to include all required information. They are available in English and Spanish. They also have a booklet they use for residents with low comprehension.

**Subsection 115.233(d)**

The facility reported, via the PAQ, that they maintain documentation of resident participation in PREA education sessions.

The auditor reviewed a sample of documentation of resident participation in education sessions. A few examples of completed DOC 05-512, Work/Training Release Orientation Checklist, were provided with the PAQ. The auditor continued to review during the period after the document review was finished until the rescheduled on-site portion of the review was conducted. During that period, she requested four randomly selected residents from the monthly tracker she was provided (June 2020 through April 2021) and requested copies of the completed DOC 05-512 form. Requested copies were provided and the auditor determined the following:

June 2020 - all were done timely; however, two did not have the resident's initial that they understood the materials.

July 2020 through April 2021 - all were done timely.

**Substandard 115.233(e)**

The facility reported, via the PAQ, that they ensure that key information about the PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

The facility had bulletin boards in several prominent locations, including the entrance foyer and the dayrooms, which contained all of the PREA and emotional support posters (English and Spanish). They also contained copies of the brochures that are handed out. There were a few other documents also contained there.

The auditor reviewed education and informational materials and determined they were in compliance with the standard.

115.234	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 839 297"><b>Standard 115.234, Specialized Training - Investigations.</b></p> <p data-bbox="242 387 507 414"><b>Policy related to 115.234</b></p> <p data-bbox="242 445 798 472">DOC 490.800, PREA Prevention and Reporting, states:</p> <p data-bbox="242 504 612 530">PREA investigators will be trained in:</p> <ol data-bbox="242 562 1347 929" style="list-style-type: none"> <li>1. Crime scene management/investigation, including evidence collection in Prisons and Work Releases,</li> <li>2. Confidentiality of all investigation information,</li> <li>3. Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process,</li> <li>4. Crisis intervention,</li> <li>5. Investigating sexual misconduct,</li> <li>6. Techniques for interviewing sexual misconduct victims, and</li> <li>7. Criteria and evidence required to substantiate administrative action or prosecution referral.</li> </ol> <p data-bbox="242 960 681 987">DOC 490-860, PREA Investigations, states:</p> <p data-bbox="242 1019 1489 1081">Investigators will be assigned by the Appointing Authority/designee and must be trained per DOC 490.800, PREA Prevention and Reporting.</p> <p data-bbox="242 1113 860 1140">DOC 880.100, Corrections Training and Development, states:</p> <p data-bbox="242 1171 1386 1198">Staff Training and Tracking Information System (STATIS) will be used to document all official Department training</p> <p data-bbox="242 1283 499 1310"><b>Substandard 115.234(a)</b></p> <p data-bbox="242 1341 1482 1404">The facility reported, via the PAQ, that policy requires that investigators be trained in conducting sexual abuse investigations in confinement settings.</p> <p data-bbox="242 1435 1453 1498">The auditor has reviewed the training curriculum for the investigator course and found that all required subject matter was addressed.</p> <p data-bbox="242 1529 1469 1619">Two staff who conduct investigations for the agency were interviewed. Both indicated they had received the agency's specialized training for investigators. One indicated she had the training in 2016. The second indicated he had the training about 10 years ago and then had a refresher in 2013 or 2014.</p> <p data-bbox="242 1650 1457 1740">The auditor was tasked to review training records/logs of investigative staff. She identified investigators by looking at who had conducted investigations during the review period. Training records were reviewed for those who completed the investigations during the review period at PHWTR. All had completed the required specialized investigator training.</p> <p data-bbox="242 1771 1469 1933">The auditor was provided with a memorandum authored by the PREA Coordinator, dated June 16, 2020. This memo provided some historical information regarding investigator training. It stated: The WADOC has established specialized investigator training that provides information regarding the conduct of all PREA-related investigations. This includes, but is not limited to; how to conduct an investigation in confined settings, techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity Warnings, and evidence collection.</p> <p data-bbox="242 1964 1473 2157">WADOC initiated PREA investigator training in 2011 when a formal specialized course was launched. When the final PREA standards were released, it was determined that the course content needed to be updated to ensure compliance with the standards and the updated course was launched in November 2013. In order to ensure all prior participants had been provided with the elements that were included in the training update, a PREA Booster Training course was launched. Existing investigators were provided with new information and additional practice in interviewing and report writing. This booster training was only available for a limited period of time and was intended only for those individuals who had</p>

completed investigator training prior to the November 2013 update. In order to be a qualified PREA investigator after November 2013, a person must have completed the updated course or the previous version of the training and the PREA booster.

Any individual assigned a PREA investigation must have completed formal investigator training. The Appointing Authority/designee responsible for the investigation is required to identify an appropriate investigator from the list of qualified individuals based on successful course completion. Other factors taken into consideration prior to investigator assignment include, but are 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 indications of potential conflicts of interest, etc.)

Based on the allegation, the Appointing Authority/designee can secure an investigator from within the facility or request the investigation be completed by any trained investigator from across the agency.

WADOC is responsible for conducting all administrative investigations related to PREA. WADOC staff do not have law enforcement powers or certification and, as such, are not authorized to conduct any type of criminal investigation. Washington Administrative Code (WAC) 139-05-240 outlines the requirements of the basic law enforcement academy and WAC 139-05-250 outlines the basic law enforcement curriculum. WAC 139-25-110 outlines the career-level certification for law enforcement and corrections personnel. Additionally, on July 23, 2017, the Washington State Legislature passed legislation amending House Bill 1109, Supporting Victims of Sexual Assault. Among other provisions, this law establishes a task force on sexual assault forensic examination best practices, with the requirement to provide ongoing specialized training to law enforcement officials responsible for investigating sexual assault cases involving adult victims. This training is in relation to sexual assault evidence, victimization and trauma response to improve the quality and outcomes of sexual assault investigations. This legislation also dictates (1) the offering of the training beginning July 1, 2018, requiring that officers assigned to regularly investigate the training within one year of being assigned of by July 1, 2020, whichever is later; and (2) incorporation of victim-centered, trauma-informed approaches to policing in the basic law enforcement training curriculum, designed for commissioned patrol officers not regularly assigned to investigate sexual assault cases, to be deployed in annual trainings beginning in 2018.

**Substandard 115.234(b)**

The auditor has reviewed the training curriculum for the investigator course and found that all required components were included.

Both investigators who were interviewed indicated that the specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the documentation required to substantiate a case for administrative action or referral for prosecution.

The auditor was tasked to review training records/logs of investigative staff. Four certificates were provided with PAQ. The auditor verified that the required specialized investigator training had been completed by every internal investigator who conducted an investigation during the review period at PHWTR.

**Substandard 115.234(c)**

The agency reported, via the PAQ, that it maintains documentation showing that investigators have completed the required training. The agency currently employs 738 investigators who have completed the required investigator training.

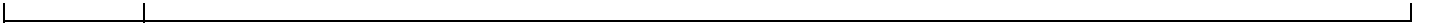
The auditor verified that all investigators, who conducted investigations at PHWTR during the review period, have completed training by reviewing their training records.

**Substandard 115.234(d)**

Not applicable.

115.235	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Standard 115.235, Specialized Training - Medical and Mental Health Care</u></b></p> <p><b>Policy related to 115.235</b></p> <p>The policy outlining Specialized Medical/Mental Health Training is located in DOC 610.025, Medical Management of Offenders in Cases of Alleged Sexual Abuse or Assault. This policy states:</p> <p>If the report is made within 120 hours of the alleged sexual assault and the case involves penetrations and/or exchange of bodily fluids, the Department will transport the offender to the designated community health care facility. Agency staff and contractors are prohibited from conducting any forensic medical examinations. Since community health care facilities are external to and independent of the agency.</p> <p>DOC 490.800, PREA Prevention and Reporting, requires that Health Service employees/contract staff, with exception of medical records, clerical, pharmacy personnel, the Dietary Services Manager, and the Psychologist assigned exclusively to sex offender treatment program, will be trained in: Detecting and assessing signs of sexual misconduct; Responding effectively and professionally to sexual misconduct victims; Completing DOC 02-348 Fight/Assault Activity Review; Preserving physical evidence; Reporting sexual misconduct; and Counseling and monitoring procedures. Additionally all of the contract medical staff must attend the same PREA training that all employees receive every year.</p> <p>DOC 880.100, Corrections Training and Development, states:</p> <p>Staff Training and Tracking Information System (STATIS) will be used to document all official Department training.</p> <p><b>Substandard 115.235(a)</b></p> <p>The facility reports, via the PAQ, that there are no medical or mental health practitioners who work at this facility.</p> <p>In a memorandum, authored by the PREA Compliance Manager, the auditor was informed that offenders in WADOC work release facilities are personally responsible for costs associated with their general medical and/or mental health treatment. Any offender who seeks medical and/or mental health treatment after a reported PREA incident is referred to a community provider and the treatment expenses are covered by the WADOC.</p> <p>This substandard requires an interview with medical and/or mental health staff. The auditor did not utilize these interview protocols because the facility does not employ medical or mental health staff.</p> <p><b>Substandard 115.235(b)</b></p> <p>The facility reported, via the PAQ, that they do not employ medical or mental health staff. When a forensic examination is required, it will be performed at one of their community medical centers.</p> <p>This substandard requires an interview with medical and/or mental health staff. The auditor did not utilize these interview protocols because the facility does not employ medical or mental health staff. The auditor did not review examination logs or training logs.</p> <p><b>Substandard 115.235(c)</b></p> <p>The facility reports, via the PAQ, that it does not maintain documentation showing medical and mental health practitioners have completed the required training because they do not employ medical or mental health practitioners at PHWTR.</p> <p><b>Substandard 115.235(d)</b></p> <p>The facility reports, via the PAQ, that it does not maintain documentation showing medical and mental health practitioners have completed the required training because they do not employ medical or mental health practitioners at PHWTR.</p>





115.241	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Standard 115.241, Screening for Risk of Victimization and Abusiveness.</u></b></p> <p><b>Policy related to 115.241</b></p> <p>DOC 490.820, PREA Risk Assessments and Assignments, states:</p> <p>Assessments</p> <p>A. All PREA Risk Assessments (PRAs) will be completed in the offender’s electronic file. PRAs must be completed in person with the offender.</p> <ol style="list-style-type: none"> <li>1. In the event the PRA cannot be completed in the offender’s electronic file, Classification Counselors and Community Corrections Officers (CCOs) may use DOC 07-019 PREA Risk Assessment to document PRA information and update the electronic file as soon as practical.</li> <li>2. The PRA may be postponed if exigent circumstances make the offender unable to participate in the PRA process (e.g., significant medical/mental health issues, critical incident at the facility), provided the PRA is completed as soon as the offender is available. A chronological (chrono) entry will be made documenting the reason for the PRA delay. <ol style="list-style-type: none"> <li>a. Professional interpreter or translation services, including sign language, are available to assist offenders with the completion of PRAs per DOC 450.500 Language Services for Limited English Proficient (LEP) Offenders. Certified staff interpreters may be used to assist with PRAs as needed.</li> </ol> </li> <li>3. The Superintendent/Community Corrections Supervisor (CCS) will establish a process to ensure PRAs are completed in the event an offender is not assigned to a Classification Counselor/CCO or the assigned Classification Counselor/CCO is not available to complete the PRA within required timeframes.</li> <li>4. If an offender’s PRA indicator changes from “No Risk” to “Potential Victim”, “Potential Perpetrator”, or “Dual Identifier” (i.e., score as both a potential victim and potential predator), the Classification Counselor/CCO will immediately review the occupants of the offender’s assigned cell/room to ensure the offenders remain an appropriate match based on available information.</li> <li>5. All required PRAs must be completed as outlined in this policy, regardless of the offender’s housing assignment (e.g., single person cell, infirmary). <ol style="list-style-type: none"> <li>a. Once a PRA has been initiated, it must be completed within 72 hours, to include any override approvals needed.</li> </ol> </li> </ol> <p>B. Initial and Intake PRAs</p> <ol style="list-style-type: none"> <li>1. Classification Counselors and designated Work Release employees will complete a PRA within 72 hours of arrival for all offenders arriving at any Department facility. This includes offenders returning to a facility from unescorted leave (e.g., out-to-court). Facilities will establish procedures to ensure completion within 72 hours, even on weekends and holidays. <ol style="list-style-type: none"> <li>a. Initial assessments will be completed within 72 hours of arrival of the facility in which an offender is received (e.g., new commitment, violator, boarder).</li> <li>b. Intake assessments will be completed within 72 hours of transfer of any offender between Department facilities.</li> <li>c. Facilities will take into account all available information (e.g., previous PRAs, medical/mental health assessment information).</li> </ol> </li> </ol> <p>C. Follow-up PRAs</p> <ol style="list-style-type: none"> <li>1. Follow-up PRAs will be completed between 21 and 30 calendar days after the offender’s arrival at the facility.</li> </ol> <p>D. For-Cause PRAs</p> <ol style="list-style-type: none"> <li>1. For-cause PRAs will be completed within 10 business days by the assigned Classification Counselor/CCO: <ol style="list-style-type: none"> <li>a. When additional information is received suggesting potential for victimization or predation (e.g., reports of behavior while in jail or on the bus in transit, court documents, Pre-Sentence Investigations).</li> </ol> </li> </ol>

- b. If the offender self-discloses information that could impact assessed risk (e.g., previously unreported prior abuse, sexual orientation/identity).
- c. When there is a finding of guilt on certain infractions listed in the PRA, including violent infractions and infractions for sexual assault/abuse.
- d. When an employee/contract staff observes offender behavior suggesting potential for victimization or predation.
- e. For substantiated allegations of offender-on-offender sexual abuse/assault or staff sexual misconduct.

1) The Appointing Authority will develop local procedures for notifying the assigned Classification Counselor/CCO and PREA Compliance Manager/Specialist of substantiated allegations. The PREA Compliance Manager/Specialist will be notified upon completion of the required PRA.

2) In Prisons, PRAs will be completed for all substantiated offender victims and perpetrators.

a) The assigned Classification Counselor(s) will refer both the perpetrator and victim to Mental Health using DOC 13-509 PREA Mental Health Notification, which will include the reasons for the referral.

3) In Work Releases, the perpetrator will be transferred to a Prison if s/he has not transferred during the investigation, released, or is already being held in a county jail. Once the Work Release Administrator/designee notifies the Superintendent of the substantiated allegation, a mental health evaluation will be requested at the Prison using DOC 13-509 PREA Mental Health Notification. The victim will be provided with community mental health contact information.

if the offender is transferred to another facility before the PRA is completed, the sending Appointing Authority/designee will notify the receiving Appointing Authority/designee of the substantiated allegation, and the receiving facility will complete the PRA.

5) The PREA Coordinator/designee will ensure all for-cause PRAs have been completed in response to applicable substantiated investigations. The offender's name, DOC number, case number, and role in the investigation (i.e., victim or perpetrator) will be documented in a restricted SharePoint site.

2. For-cause PRAs will not replace required initial, intake, or follow-up PRAs.

DOC 490.800, PREA Prevention and Reporting, states:

IV. Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation, and other security and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action.

A. This provision is not intended to affect the Department's obligation to gather, review, and potentially produce records of allegations or incidents of sexual misconduct as required per RCW 42.56.

DOC 490.860, PREA Investigations, states:

All PREA data containing personal identifying information will be maintained as Category 4 data per DOC 280.515 Electronic Data Classification.

DOC 280.515, states:

4. Category 4 Data:

Restricted Information - Data containing information that may endanger the health or safety of others or that has especially strict handling requirements by law, statute, or regulation.

a. Staff must receive authorization from the data owner prior to accessing Category 4 data.

b. Category 4 data requires Appointing Authority approval and a data sharing agreement approved through the Contracts Office to be released outside the Department, except for public disclosure or discovery/litigation hold requests or as covered in other Department policy.

Electronic data will be stored and transmitted consistent with their classification per the Data Classification Standards unless a more restrictive data sharing agreement is in place.

#### Staff Responsibilities

Each staff is responsible for electronic data in his/her care, and will:

1. Protect data at all times to avoid unauthorized access, loss, theft, or improper disclosure,
2. Access, use, and release of Department electronic data as necessary to satisfy the business need,
3. Handle non-Department electronic data in compliance with applicable laws and data sharing agreements, and will not request electronic data unless necessary to satisfy a business need, and
4. Identify the classification of electronic data in his/her care, and maintain/release the data consistent with its classification per the Data Classification Standards.

#### Obligation to report

A. Staff will immediately report to the Chief Information Security Officer any:

1. Unauthorized access or release of Category 2, 3, and 4 data.
2. Lost or stolen computer equipment or portable electronic storage media (e.g., laptop, USB drive, flash drive) that contains Category 2, 3, or 4 data.

#### Violations

Failure or refusal to perform assigned responsibilities or willful violation of data classification policy or standards may result in disciplinary action, up to and including termination.

B. In addition to Department action, wrongful release of Department data which constitutes a violation of federal or state law may be prosecuted and could result in civil or criminal penalties, including fines or imprisonment.

Only a limited classification of staff have access to this program and offenders do not have access.

DOC 280.310, Information Technology Security, states:

Department Information Technology (IT) resources are Department property, and the Department is obligated to protect them. The Department will take physical and technical precautions to prevent misuse, unauthorized use, and accidental damage to IT resources, including equipment and data. IT use and access must follow state law, regulations, and Department policies and IT Security Standards.

II. Access rights and privileges to IT resources will require prior authorization.

A. Mandatory criminal history background checks, as required in DOC 810.015 Criminal Record Disclosure and Fingerprinting, must be completed and cleared prior to granting access to IT resources.

B. Access rights and privileges to IT resources will require prior authorization

1. New or transferred employee user accounts and deletion of employee user accounts will be generated by the Human Resources Management System (HRMS) through the IT service request process.

If the request has not been generated before the employee needs access, the supervisor, Appointing Authority, or Logon Identification (LID) Coordinator may send an email to the Account Administrative Unit to request.

DOC 08-076 Information Technology Security Data Request will be used if immediate deletion of an employee's user account is required.

2. The LID Coordinator will use DOC 08-012 IT-DOC Systems Access Request (SAR) to request user account creation or suspension for contract staff and volunteers.

3. For other non-Department personnel, authorization to use IT resources requires approval from the appropriate Appointing Authority and the Chief Information Officer (CIO)/designee. Access to electronic data will be considered a release of data outside the Department and requires a data sharing agreement per DOC 280.515 Electronic Data Classification.

#### IV. Authentication Process

A. Passwords or other means of authenticating user identity will be required for access to IT computer resources. At a minimum, every user accessing a Department computer will be required to authenticate with a unique login name and password.

#### V. Obligation to Protect

A. All users with access to confidential Department data must maintain the integrity of the data per DOC 280.515 Electronic Data Classification.

**Substandard 115.241(a)**

The facility reported, via the PAQ, that it has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

The two WADOC staff who are responsible for risk screening were interviewed. Both indicated they screen residents upon arrival at the facility for risk of sexual abuse victimization or sexual abusiveness toward other residents.

Fourteen random resident interview protocols were completed during the on-site visit. Of these 14, 13 indicated they had been asked the PREA screening questions on the day they arrived or the following day. One resident indicated that he was not asked the PREA screening questions when he arrived at PHWTR. Some of the residents indicated they were called while on quarantine status and answered the questions. Some indicated they were asked during a meeting with the caseworker.

The audit team observed the intake process for eight residents who had been transferred from another work release facility due to electrical issues. The process was conducted exactly how it had previously been explained and how it was documented in policy.

**Substandard 115.241(b)**

The facility reported, via the PAQ, that policy requires residents to be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. There were 239 residents who entered the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility.

Both staff responsible for completing risk screening on new arrivals indicated they conduct the initial screening within 72 hours of the resident's arrival at the facility.

Fourteen random resident interview protocols were completed during the on-site visit. Of these 14, 13 indicated they had been asked the PREA screening questions on the day they arrived or the following day. One resident indicated that he was not asked the PREA screening questions when he arrived at PHWTR. Some of the residents indicated they were called while on quarantine status and answered the questions. Some indicated they were asked during a meeting with the caseworker.

The auditor was tasked to review records for residents admitted to the facility within the past 12 months for evidence of appropriate screening within 72 hours. A tracker was provided with PAQ. Through the review, the auditor noted some discrepancies in the detailed information. To address this, during the extended period between the end of the audit review period and the rescheduled on-site review (June 2020 - April 2021), the auditor requested a monthly tracker showing new arrivals for the month. The auditor randomly selected 4 residents and requested copies of the intake PRA. A total of 28 records were requested and reviewed. All were screened within the required 72 hours.

**Substandard 115.241(c)**

The facility reported, via the PAQ, that the risk assessment is conducted using an objective screening instrument.

The auditor was tasked to review the risk screening instrument. She found that the PRA is electronically completed in the OMNI system. Five examples were provided with the PAQ including the offender's movement history to determine date of arrival. An additional 28 examples were reviewed through the process. The tool was found to be objective, in that it is completed based on the information provided by the resident, their history and case factors.

**Substandard 115.241(d)**

As stated above, the auditor reviewed the Risk Screening Instrument. The auditor found that all criteria required in 115.241(d) was included in the instrument.

The staff who were interviewed indicated the risk screening form considers incarceration, age, height, weight, vulnerability, sexual orientation, mental illness, type of crime, and LGBTI status.

The auditor was provided with a copy of the Assessor's Guide that is utilized by staff who are completing the assessments – instructional manual. A copy of the Work Release Checklist was also provided – these are utilized by staff to ensure all intake paperwork is completed (including PRA and reassessment).

**Substandard 115.241(e)**

As stated above, the auditor reviewed the Risk Screening Instrument. The auditor found that all criteria required in 115.241(e) was included in the instrument.

The staff who were interviewed indicated the risk screening form considers incarceration, age, height, weight, vulnerability, sexual orientation, mental illness, type of crime, LGBTI status.

**Substandard 115.241(f)**

The facility reported, via the PAQ, that policy requires the facility staff to reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. In the past 12 months, there have been 179 residents entering the facility (either through intake or transfer), whose length of state in the facility was for 30 days or more, who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility.

Both staff who complete the risk assessments, indicated that reassessments are completed within 21-30 days of the resident's arrival at the facility.

Fourteen random resident interview protocols were completed. Five of the residents have not been at the facility long enough for the follow-up assessment to be completed. Five indicated a follow-up risk screening was completed within 30 days of their arrival. Four residents indicated there was no follow-up screening completed. The auditor followed up on this by reviewing the electronic records. All indicated a follow-up risk screening had been completed within 30 days of arrival.

The auditor was tasked to review records of reassessment for risk of sexual victimization or abusiveness. Several copies were provided with the PAQ. The auditor determined additional review was going to be done during the extended time between the end of the audit review period and the rescheduled on-site review (June 2020 - April 2021). The auditor requested a monthly tracker showing new arrivals for the month. The auditor randomly selected 4 residents and requested copies of follow-up PRA. A total of 33 additional examples were reviewed. Of those cases, 29 were completed within the required 30 days. The auditor noted that all files reviewed for arrivals in March, April, May, and June were completed timely.

**Substandard 15.241(g)**

The facility reported, via the PAQ, that policy requires a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

Both staff who complete risk screenings, indicated they will complete a risk screening due to a referral, request, incident of sexual abuse, or receipt of new information that could impact the original assessment.

Fourteen random resident interview protocols were completed. Five of the residents have not been at the facility long enough for the follow-up assessment to be completed. Five indicated a follow-up risk screening was completed within 30 days of their arrival. Four residents indicated there was no follow-up screening completed. The auditor followed up on this by reviewing the electronic records. All indicated a follow-up risk screening had been completed within the required timeframes.

The auditor was tasked to review records of residents who were reassessed for risk of sexual victimization or abusiveness. The auditor reviewed all allegations received during the review period and the extended period, due to the on-site visit being rescheduled and found that the two examples provided with PAQ were the only ones completed during the entire period.

**Substandard 115.241(h)**

The facility reported, via the PAQ, that policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding: 1) whether the resident has a mental, physical, or developmental

disability; 2) whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; 3) whether the resident has previously experienced sexual victimization; and 4) the resident's perception of their own vulnerability.

Both staff, who complete risk screenings, indicated that residents are not disciplined in any way for refusing to respond or not providing complete information related to mental, physical or developmental disability; perception of LGBTI status; previous sexual victimization; and the resident's own perception of vulnerability.

**Substandard 115.241(i)**

The PREA Coordinator, during her telephonic interview, indicated the agency has outlined who will have access to the information gathered through PREA Risk Screening. They approved classification staff and management staff to have access to the data. If other need the information, the PREA Coordinator reviews and determines if approval should be granted. If approved, the staff will have "view only" access. All staff have access to the risk screening identifier of "potential victim" or "potential predator".

The PREA Compliance Manager indicated, during her telephonic interview, that the agency has outlined who will have access to the information gathered through PREA Risk Screening. They approved classification staff and management staff to have access to the data. At the work release facility, she and the Community Corrections Officers are the only staff who have access to the PREA Risk Screening data. All staff have access to the risk screening identifier of "potential victim" or "potential predator".

Both staff responsible for risk screening indicated the agency has identified certain classification who have access to the risk screening information. At the work release facility, that is the Community Corrections Officers and the Community Corrections Supervisor.

115.242	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Standard 115.242, Use of Screening Information.</u></b></p> <p><b>Policy related to 115.242</b></p> <p>DOC 490.820, PREA Assessments and Assignments, states:</p> <p>Job/Programming Assignments</p> <p>A. PRA information will be reviewed when making job and programming assignments per DOC 300.380 Classification and Custody Facility Plan Review.</p> <p>VI. Housing Assignments</p> <p>A. Before placing the offender in a multi-person cell/room, employees responsible for making housing assignments will review the PRA identifier to ensure the compatibility of cell/roommates.</p> <p>1. For offenders who have not had a PRA, either at the sending facility or on a prior incarceration, a mental health employee/contract staff will review the completed DOC 13-349 Intersystem/Restrictive Housing Mental Health Screening for information impacting the offender's housing assignment.</p> <p>2. Employees will document the review in a PREA Housing chrono entry for each cell occupant.</p> <p>B. Housing compatibility reviews and related PREA Housing chrono entries are not required for offenders being placed in dedicated single-person cells (e.g., Intensive Management Unit, segregation, mental health units) unless more than one offender is placed in the cell.</p> <p>C. If an offender is transferring between facilities, housing reviews can be completed in advance of the offender's arrival as long as a review is done to ensure the offenders assigned to the designated cell have not changed before the arriving offender is placed in the cell.</p> <p>D. An offender who scores at potential risk for sexual victimization will not be housed in the same cell/room as an offender who scores at potential risk for sexual predation or as a dual identifier.</p> <p>1. An offender who scores as a dual identifier can only be housed in the same cell/room with an offender who scores as no risk identified.</p> <p>2. Facilities with dormitory/open housing will establish procedures for appropriate bed assignments for at risk offenders.</p> <p>DOC 300.380, Classification and Custody Facility Plan Review, states</p> <p>Committee members will review each offender on the transfer manifest before they arrive at the receiving facility. The screening will include, at a minimum...PREA information per DOC 490.820.</p> <p>D. Any concerns regarding work programs, treatment, education, evidence-based programs, or other activities presented after reviewing the offender's PREA Risk Assessment will be documented in the Summary/Statement field in the Classification Review section of the Incoming Transport/Job Screening Checklist, including any applicable mitigation strategies.</p> <p>A. An FRMT is only considered multidisciplinary when one or more of the following disciplines are included as members when relevant to the offender:</p> <p>6. Additional mental health and/or other employees/contract staff may be included to provide general input about areas of potential risk based on history for offenders with a documented history of predatory violence or predatory sexual offending.</p> <p>DOC 300.380, Classification and Custody Facility Plan Review, requires that committee members will review each offender on the transfer manifest before s/he arrives at the receiving facility. The screening will include, at a minimum: Prison Rape Elimination Assessment (PREA) information per DOC 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments. Any concerns regarding work programs, treatment, education, evidence-based programs, or other activities</p>



presented after reviewing the offender's PREA Risk Assessment will be documented in the Summary/Statement field in the Classification Review section of the Incoming Transport/Job Screening Checklist, including any applicable mitigation strategies.

DOC 490.820, PREA Risk Assessments and Assignments, states:

D. Housing and programming will be reviewed, initially and prior to any transfer, by a local review committee for all offenders who identify as transgender or intersex. Reviews will be documented on DOC 02-384 Protocol for the Housing of Transgender and Intersex Offenders, which will be scanned into a secure site in the electronic imaging system accessible only by the PREA Compliance Manager/Specialist and the Correctional Program Manager/CCS or higher rank.

1. Initial housing reviews will be completed within 10 business days of disclosure by the offender of transgender or intersex status.

2. In Prisons:

a. The review committee will be chaired by the PREA Compliance Manager/Specialist and will include, but will not be limited to:

1) The Captain at major facilities or Lieutenant at stand-alone minimum security facilities,

2) The Correctional Program Manager,

3) A representative from medical,

4) A representative from mental health, and

5) The assigned Classification Counselor, or Correctional Unit Supervisor if the Classification Counselor is not available.

b. At a minimum, the assigned Classification Counselor, representative from medical, and representative from mental health, if available onsite, will meet individually with the offender in a location where confidentiality can be maintained before the review committee meets.

c. The committee will meet, either in person or by phone, to discuss the case and determine its recommendation.

3. In Work Releases, the review committee will include the CCS and assigned Classification Counselor/CCO.

a. The committee will meet, either in person or by phone, to discuss the case and determine its recommendation.

4. Housing placement recommendations will be submitted to the PREA Coordinator, who will review and forward the submission to the Prisons Command A Deputy Director for final review and approval. Local FRMT processes will be suspended until the housing review has been approved.

f DOC 02-384 Protocol for the Housing of Transgender and Intersex Offenders is approved by the Prisons Command A Deputy Director indicating transfer to a facility, the receiving facility will complete Part II of the form.

1) The receiving facility review committee will conduct an interview with the offender, arranged by sending facility staff. The interview may be conducted telephonically or in person, as applicable.

b. If placement within the facility has not been approved by the Prisons Command A Deputy Director before the offender arrives at the facility, the offender will be housed as follows:

1) In Prison, the offender will be housed in the infirmary or Extended Observation Area until the Prisons Command A Deputy Director makes a final housing decision.

a) Exceptions to infirmary housing are permitted with approval of the Prisons Command A Deputy Director. Requests must be accompanied by a written statement from the offender that he/she feels safe remaining in general population.

b) If the assigned facility's infirmary is full, the offender will be transferred to another facility's infirmary. The final housing decision will be based on recommendations from the local review committee.

2) In Work Release, the offender will be housed in a single person room or a room with an offender(s) assessed as "No Risk".

5. A confidential PREA hold will be established in the electronic file as soon as an offender identifies as transgender or intersex. This hold will remain in effect until the offender releases or his/her status as a transgender or intersex offender has been revised.

6. Review committees will reassess placement and programming assignments every 6 months using DOC 02-385 Protocol for Housing Review for Transgender and Intersex Offenders to review any threats to the offender's safety.
7. A Headquarters Multidisciplinary Team (MDT) will meet to review housing assignments as determined and chaired by the Prisons Command A Deputy Director. Housing decisions requiring review by the MDT will be completed within 30 days. The MDT may include the following individuals or their designees:
  - a. PREA Coordinator,
  - b. Assistant Attorney General,
  - c. Chief Medical Officer,
  - d. Chief of Psychiatry,
  - e. Emergency Operations Corrections Specialist,
  - f. Selected stakeholders from the community, and
  - g. Others as identified on a case-by-case basis.

Transgender and intersex offenders may appeal housing review decisions in writing to the:

1. Prisons Command A Deputy Director for decisions made based on facility recommendations, or
  2. Applicable Assistant Secretary for decisions made after a Headquarters MDT review.
- F. Facilities will develop local procedures to allow transgender and intersex offenders the opportunity to shower and dress/undress separately from other offenders. This may include individual shower stalls, separate shower times, or other procedures based on facility design.

#### **Substandard 115.242(a)**

The facility reported, via the PAQ, that it uses information from the risk screening required by 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

The auditor was tasked to review documentation of the use of the screening information for the purpose of appropriate housing and program assignments. The auditor found that this is an informal process done by the CCO utilizing the most recent PRA – before the resident arrives on premises. The housing assignments is reviewed by the CCO when completing the intake PRA after arrival. There is no formal documentation.

During the interview with the PREA Coordinator, the auditor learned that the information gathered during the PREA Risk Screening is utilized to establish an identifier. These are "potential victim" or "potential predator" or "No Risk Identified (NRI)". Once the identifier is assigned, then that is used to determine appropriate housing. A resident whose identifier is "potential victim" is never housed with a resident whose identifier is "potential predator". If a resident ends up with a dual identifier, then they are only housed with some who has identified as "NRI" or another resident who has a dual identifier.

The PREA Compliance Manager indicated, during her telephonic interview, that a resident whose identifier is "potential victim" is never housed with a resident whose identifier is "potential predator".

During the interviews with the staff responsible for risk screening, the auditor was told that information from the risk screening is utilized to assure safe housing. They do not place potential victims in the same room as potential predators.

#### **Substandard 115.242(b)**

The facility reported, via the PAQ, that it makes individualized determinations about how to ensure the safety of each resident.

During the interviews with the staff responsible for risk screening, the auditor was informed that information from the risk screening is utilized to assure safe housing. They do not place potential victims in the same room as potential predators.

#### **Substandard 115.242(c)**

The facility reported, via the PAQ, that it makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

The PREA Coordinator, during her telephonic interview, indicated the agency has developed a process with specific forms. The process occurs while the inmate is in prison prior to being assigned to a work release facility. The Special Housing Review forms are completed with the inmate and forwarded to central office for review and approval by a Deputy Director. Once approved, the inmate is assigned to an appropriate facility. This process considers the resident's health and safety and whether placement would present management or security problems.

One transgender resident had just arrived at PHWTR. They were in COVID Transfer Quarantine, so the auditor was only able to interview via the telephone at the facility. The resident reported that she was asked questions about her safety, by the PHWTR staff, before she actually arrived on-site. She indicated that she was not housed in an area for only transgender or intersex residents.

Per policy each transgender or intersex offender is reviewed for any threats to their safety. WADOC utilizes form DOC 02-384, Protocol for the Housing of Transgender and Intersex Offenders, to evaluate each transgender and intersex offender prior to housing. The DOC 02-384 is a thorough assessment of the offender's case factors and these reviews take into account the offender's own view of their safety. According to the PREA Coordinator, there has been one trans-women and one trans-male housed in a facility that does not conform with their gender assigned at birth in the State of Washington. This was completed after considering all of their case factors, physical and mental health and the offender's request to be housed in a women's/men's facility for their safety.

The auditor was provided with a copy of the PRA Housing Guide. It is a power point presentation that provides an overview of the process to be used when completing housing assignment for offenders who are identified to be at risk.

**Substandard 115.242(d)**

The PREA Coordinator indicated, during her telephonic interview, that a transgender or intersex resident's views of their safety are given serious consideration in determining appropriate housing.

Both staff who are responsible for risk screening indicated that a transgender or intersex resident's views with respect to her or her own safety are given serious consideration when determining appropriate housing.

The resident reported that she was asked questions about her safety, by the PHWTR staff, before she actually arrived on-site. The auditor discussed housing with the PCM and learned that once the resident came off of quarantine status, she would meet with the resident to discuss her housing needs and preferences.

**Substandard 115.242(e)**

The PREA Coordinator indicated, during her telephonic interview, that transgender and intersex residents are given the opportunity to shower separately from other residents, if they request to do so.

The PREA Compliance Manager stated, during her telephonic interview, that transgender and intersex residents are given the opportunity to shower separately from other residents, if they ask to do so

Both staff who conduct risk screening indicated, during their interviews, that transgender and intersex residents can request to shower separately from other residents.

The resident who was interviewed indicated that she didn't know if she would be allowed to shower without other residents. She indicated that she hadn't had the opportunity to shower since her arrival. The auditor spoke with the facility staff about this to find out the process while the residents are on quarantine status. The auditor was told that the resident just needed to let staff know that she wanted to shower and they would arrange it for her. The issue was addressed that day.

**Substandard 115.242(f)**

The PREA Coordinator stated, during her telephonic interview, that the agency is not subject to any consent decrees or other legal settlement which dictates where transgender or intersex resident may be housed. Their policy expressly prohibits housing these inmates in one specific location. The agency staff conduct periodic reviews to ensure inmates are properly housed.

The auditor was told that the resident had not been housed in an area designated only for LGBTI residents.

The auditor was tasked to review any consent decree, legal settlement, or legal judgement requiring a facility to establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex residents. The auditor was told that none of these types of documentation exist for the PHWTR. In addition, she was tasked to review documentation of housing assignments of residents identified to be lesbian, gay, bisexual, transgender, or intersex (LGBTI) for compliance with the standard. At the time the PAQ was provided, the facility housed five LGBTI offenders. The bed history for all 5 was provided. In reviewing the bed histories, it was noted that these individuals were not housed in any one location.

Per memo from the facility, the facility does not have a dedicated housing area for the assignment of only LGBTI residents. The agency is also not under any related consent decree, legal settlement or legal judgement. Housing and program / job assignments were made based on PREA Risk Assessment identifiers and programming needs. Though not explicitly detailed in policy, the WADOC prohibits housing based solely on an offender's identification or status as a LGBTI individual.

<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Standard 115.251, Resident Reporting</u></b></p> <p><b>Policy related to 115.251</b></p> <p>DOC 490.800, PREA Prevention and Reporting, states:</p> <p>Offenders may report PREA allegations in the following ways:</p> <p>Reporters may remain anonymous;</p> <ol style="list-style-type: none"> <li>1. Through the confidential PREA hotline at 800-586-9431, or at 844-242-1201 for teletypewriter (TTY). <ol style="list-style-type: none"> <li>a. The toll-free number will be posted on or near all offender telephones in Prisons and Work Releases and in the lobby/offender reception area in all Field Offices. Telephones will be accessible to Prison/Work Release offenders only during their free time hours. <ol style="list-style-type: none"> <li>1) The facility/office will not record or monitor calls to the hotline.</li> <li>2) An IPIN will not be required to place a call to the hotline.</li> </ol> </li> <li>b. Headquarters will record and monitor all calls to the hotline. Messages will be checked by Headquarters personnel each regular workday.</li> </ol> </li> <li>2. Verbally to any staff.</li> <li>3. In writing, through the following processes: <ol style="list-style-type: none"> <li>a. Offender kites.</li> <li>b. Written notes or letters to staff.</li> <li>c. Legal mail addressed to the State Attorney General, the Office of the Governor, law enforcement, and/or the PREA Coordinator, per DOC 450.100 Mail for Prison Offenders or DOC 450.110 Mail for Work Release Offenders.</li> </ol> <p>Legal mail to the PREA Coordinator should be sent to P.O. Box 41131, Olympia, WA 98504.</p> </li> <li>d. Offender grievances, including emergency offender complaints, per DOC 550.100 Offender Grievance Program and the Offender Grievance Program Manual. <ol style="list-style-type: none"> <li>1) Copies of grievances alleging sexual misconduct will be forwarded immediately to the applicable authority per the PREA Reporting Process attached to DOC 490.850 Prison Rape Elimination Act (PREA) Response.</li> <li>2) The offender will be notified via the grievance response that the allegation was forwarded for review for a possible PREA investigation.</li> <li>3) The PREA Coordinator/designee will notify the appropriate grievance staff of the determination on whether the allegation meets the definition of sexual misconduct <ol style="list-style-type: none"> <li>a) If the allegation does not, the offender may refile the grievance per DOC 550.100 Offender Grievance Program.</li> </ol> </li> </ol> </li> <li>e. Written report to an outside agency for Prison and Work Release offenders. <ol style="list-style-type: none"> <li>1) These reports will be made using DOC 21-379 Report of Prison Rape Elimination Act (PREA) Allegation. The offender can remain anonymous by not identifying him/herself on the form. The forms will be available: <ol style="list-style-type: none"> <li>a) In areas accessible to offenders in Prisons, with pre-addressed envelopes attached.</li> <li>b) On bulletin boards in Work Releases.</li> </ol> </li> <li>2) In Prisons, the offender will place the completed form in the provided pre-addressed envelope and place it in any offender grievance box. When grievances are retrieved, the Grievance Coordinator will forward the form to the mailroom to be processed without opening, even if there is no return address identifying the author on the envelope.</li> </ol> </li> </ol>

- a) Upon request, offenders placed in restrictive housing will be provided with DOC 21-379 Report of Prison Rape Elimination Act (PREA) Allegation and a pre-addressed envelope.
- (1) Offenders can submit the completed form and envelope inside a grievance/medical envelope, which staff will place in the grievance box for processing.
- (2) When the grievance/medical envelope is opened by grievance staff, the pre-addressed envelope inside will be promptly processed through the facility's mailroom to be processed without being opened or examined.
- 3) If an offender places DOC 21-379 Report of Prison Rape Elimination Act (PREA) Allegation in a grievance/medical envelope or in the facility grievance box without placing it in the pre-addressed envelope, it will be forwarded to the Shift Commander and processed the same as any other PREA allegation received.
- 4) Once received, the outside agency will forward the report to the PREA Coordinator, who will respond to the allegation per DOC 490.850 Prison Rape Elimination Act (PREA) Response.

DOC 450.110, Mail for Work Release Offenders, states:

IV. Legal Mail

A. Incoming legal mail to offenders will be opened in the presence of employees or contract staff. Employees/contract staff will be authorized to inspect the contents to ensure they:

1. Do not contain contraband or any other material that would threaten facility security or order, and
2. Meet the definition of legal mail. Offenders will be responsible for informing their legal correspondents of the requirements for legal mail.

DOC 490.850, PREA Response, states:

Staff Reporting

Staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident.

Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process. (Flow chart is provided for Staff to follow)

This information is provided to the offenders during orientation and in the offender handbook. WADOC provides several methods to report sexual abuse and sexual harassment, retaliation for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

DOC 550.100 states:

Grievances alleging sexual misconduct will be forwarded to the PREA Coordinator per DOC 490.800 Prevention and Reporting of Sexual Misconduct and will not be reviewed through the grievance process

**Substandard 115.251(a)**

The facility reported, via the PAQ, that they have established procedures allowing for multiple internal ways for residents to report privately to agency officials about: 1) Sexual abuse or sexual harassment; 2) Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and 3) Staff neglect or violation of responsibilities that may have contributed to such incidents.

The auditor reviewed relevant documentation on resident reporting policies. She noted that the Resident's handbook lists seven different options for residents to report a PREA allegation. These options include: Report verbally to a staff member, volunteer or contractor; Send a kite, written note or written statement to any staff; Send a KIOSK message; Call the PREA hotline toll free; Write the Department PREA Coordinator, State Attorney General or the Governor's Office. Legal mail is an acceptable method for this purpose; Send an Offender Grievance; Send a report of Prison Rape Elimination Act Allegation form (DOC 21-379). Several of these options allow the offender to remain anonymous. Posters and brochures were also provided for the auditors review. All contained multiple ways an offender can report.

Nine random staff were interviewed. A summary of their responses to the question regarding how residents can privately report an allegation of sexual abuse or sexual harassment include: tell staff, drop a kite, report on hotline, report through the kiosk, file a grievance, family can report on the resident's behalf, and send a letter to Colorado DOC.

Fourteen random resident interview protocols were completed. In summary, the residents indicated that they could report an incident of sexual abuse or sexual harassment by: 1) using the hotline; 2) telling staff; 3) getting information from posters; 4) writing a kite; 5) getting a paper from control to report it; and 6) using the kiosk. They also indicated they could report outside the facility by: 1) using one of the envelopes to Colorado; 2) calling the ombudsperson; 3) calling family; 4) accessing services from information on the posters; and 5) telling his boss. One resident stated they didn't know how they would report outside the facility.

The auditor noted during the on-site visit that there were posters and copies of the brochures available in a variety of location where the residents could access the information.

#### **Substandard 115.251(b)**

The facility reported, via the PAQ, that it provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.

The auditor reviewed the agreement with the Colorado Department of Corrections (DOC), who is responsible for accepting these reports. The original MOU expired in 2019. Amendment #3 has been approved and extends the agreement until March 1, 2022.

The Agency PREA Coordinator stated that the agency has an agreement with the Colorado DOC. There are special forms and envelopes available to all residents to send information to the outside agency. This is covered in the reporting section of the policy.

The PREA Compliance Manager indicated, during her interview, that the agency has an agreement with Colorado Department of Corrections to accept allegations of sexual abuse or sexual harassment. The resident can remain anonymous upon request.

Fourteen random resident interview protocols were completed. Twelve residents indicated they are able to make a report of sexual abuse or harassment without leaving their name. Two indicated they were unsure.

The information for reporting to the Colorado Department of Corrections was available on all of the bulletin boards throughout the facility.

The auditor was informed that there were some changes related to COVID-19 and resident reporting made via a memo. It stated that due to the COVID-19 crisis, the advocacy support service partners relayed that they are not able to provide in-person advocacy support services either during forensic medical examinations or at the facility as part of existing services. They would continue to provide services to work release residents via the telephone system. It reminded the residents that brochures and posters contained contact information and that the calls do not require the use of an IPIN and are not recorded. It informed residents that telephone support would be arranged following a forensic medical examination and resulting interviews associated with the investigation.

The memo also notified the resident population that due to office closures, the Colorado Department of Corrections was unable to receive PREA-related information from incarcerated individuals using DOC form 21-379, Report of Prison Rape Elimination Act (PREA) Allegation. It informed the residents that any forms deposited in grievance boxes would be forwarded to the Work Release Supervisor to address. It notified the residents that if they submitted a report within the last week, that it was not received and forwarded per policy. The memo encouraged residents to re-report this information and to continue to use existing processes to report any PREA allegations and information, to include the hotline, kites, grievances, verbal reports to any staff member and legal mail addressed to the PREA Coordinator.

On November 9, 2020, a memorandum was issued to the inmate/resident population which lifted the restrictions on reporting to Colorado DOC. The auditor received a copy of the memo in English and Spanish on 12/2/20.

#### **Substandard 115.251(c)**

The facility reported, via the PAQ, that it has a policy mandating staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports before the end of their shift.

The auditor was tasked reviewed relevant documentation on resident reporting options and documentation of reports made verbally. She found reports were made verbally during the review period.

Nine staff interview protocols were completed. All indicated that residents could report verbally or in writing, anonymously, and through a third party. They indicated they would document the information they received verbally from the resident as soon as possible, but absolutely before the end of the shift.

Fourteen random resident interview protocols were completed. Of those, 13 residents indicated they are able to make a report in person or in writing. One resident was not sure. All 14 residents indicated that someone else can make a report on their behalf, so that they do not have to be named.

**Substandard 115.251(d)**

The facility reported, via the PAQ, that it has established procedures for staff to privately report sexual abuse and sexual harassment of residents. The description provided was: Staff are required to report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct immediately and confidentially to their supervisor. Staff may report any PREA allegation directly to the Duty Officer or the Appointing Authority if they feel that it is a conflict of interest to report to their supervisor.

The PAQ stated that staff are informed of these reporting procedures through training sessions and other relevant documentation, such as staff handbooks. The auditor verified that this is covered in the training curriculum.

The auditor reviewed relevant documentation on staff reporting.

Nine random staff interview protocols were completed. All staff indicated they are required to report to the supervisor or the duty officer. The information they report must be kept confidential from anyone who does not have a need to know.

The auditor noted during review of the policy that WADOC allows for staff to report allegations of a highly sensitive nature (e.g., allegations against the Shift Commander or Community Corrections Supervisor or in which that person may have a conflict of interest) directly to the Appointing Authority or Duty Officer. This information is also contained in PREA training provided to all staff.



115.252	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Standard 115.252, Exhaustion of Administrative Remedies.</u></b></p> <p><b>Policy related to 115.252</b></p> <p>The agency is not exempt from this standard.</p> <p>DOC 490.800, PREA Prevention and Reporting, states that offenders may report PREA allegations through submission of an offender grievance, including emergency offender complaints. It notes that reporters may remain anonymous. It directs offenders to the written procedures in DOC 550.100, Offender Grievance Program, and the Resolutions Program Manual. It further states the following:</p> <p>d. Offender grievances, including emergency offender complaints, per DOC 550.100 Offender Grievance Program and the Offender Grievance Program Manual.</p> <p>1) Copies of grievances alleging sexual misconduct will be forwarded immediately to the applicable authority per the PREA Reporting Process attached to DOC 490.850 Prison Rape Elimination Act (PREA) Response.</p> <p>2) The offender will be notified via the grievance response that the allegation was forwarded for review for a possible PREA investigation.</p> <p>3) The PREA Coordinator/designee will notify the appropriate grievance staff of the determination on whether the allegation meets the definition of sexual misconduct</p> <p>a) If the allegation does not, the offender may refile the grievance per DOC 550.100 Offender Grievance Program.</p> <p>DOC 550.100, Offender Grievance Program, states:</p> <p>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> <p><b>Substandard 115.252(a)</b></p> <p>The auditor was provided with a memorandum, dated December 20, 2016 and signed by the Secretary of the WADOC. It states that WADOC does not process PREA-related allegations through the offender grievance process. In seeking clarification, the PREA Coordinator indicated that the allegation is removed from the grievance process and submitted to the Headquarters PREA Triage Unit for evaluation. The offender is informed that this has occurred and will be notified once the review process has been completed.</p> <p>A copy of the Offender Grievance Program Manual was provided to the auditor in English and Spanish. It describes what will happened to a grievance that contains a PREA allegation. It does not address that there is no time limit to submit a PREA related grievance. It does set time limits for others grievances. This was addressed and a copy of updated policy and revised Resolution Program Manual were provided. Pages 14 &amp; 15 address incidents submitted through the Resolution Program.</p> <p>The auditor observed that the Resolutions Program Manual is maintained in the hallway by Control 1 and the Resolution Request forms are in a box right beside the manual.</p> <p>The facility reported, via the PAQ, that the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p><b>Substandard 115.252(b)</b></p> <p>The facility reported, via the PAQ, that agency policy and/or procedures allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. DOC 550.100 states that informal resolution should be attempted, as a general statement, does not</p>

specifically address PREA. It was updated in March 2021 and makes no reference to PREA. DOC 490.800 does not address timeframes or the requirement to use the informal grievance process. The revised Resolution Program Manual addresses PREA grievances – appropriately.

The auditor was reviewed the resident handbook to determine that relevant information regarding appeals is provided. A copy of the Offender Grievance Program Manual was provided to the auditor in English and Spanish. It describes what will happen to a grievance that contains a PREA allegation. It does not address that there is no time limit to submit a PREA related grievance. It does set time limits for others grievances. The auditor asked follow up questions and was told that the grievance manual was currently being revised, so the concerns the auditor raised would be forwarded for inclusion. The auditor was provided a copy of the updated policy and revised Resolution Program Manual. In reviewing the revised program manual, the auditor noted that pages 14 & 15 address PREA incidents submitted through the Resolution Program.

**Substandard 115.252(c)**

The facility reported, via the PAQ, that agency policy and procedures allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint and requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

The Resolutions Program Manual provides guidance on how grievance forms are to be completed and the processes that can be used to submit them. There is no mandate that they submit to the staff member who is the subject of the complaint or that it be referred to the staff involved in the complaint.

**Substandard 115.252(d)**

The facility reported, via the PAQ, that policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months, there have been no grievances filed that alleged sexual abuse/harassment. There were no cases where the agency requested an extension of the 90-day period to respond to a grievance. The agency notifies the resident in writing when it files for an extension, including notice of the date by which a decision will be made.

The auditor reviewed the PREA incident tracking log. There were no PREA allegations made utilizing the grievance process during the reporting period. Because no grievances were filed, there was no need for an extension of the allotted time.

There was an interview protocol for residents who reported sexual abuse for this standard. There were no sexual abuse allegations reported during the review period; therefore, this protocol was not utilized.

**Substandard 115.252(e)**

The facility reported, via the PAQ, that policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. Policy and procedure requires that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. There were no grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance.

The auditor reviewed the PREA incident tracking log and determined there was one allegation made via third-party reports and there were no declination of third party assistance during the review period. The third party report was received from an alleged family member.

There was an interview protocol for residents who reported sexual abuse for this standard. There were no sexual abuse allegations reported during the review period; therefore, this protocol was not utilized.

**Substandard 115.252(f)**

The facility reported, via the PAQ, that there is an established procedure outlining response when a resident files an emergency grievance alleging a substantial risk of imminent sexual abuse exists. The procedure requires an initial response within 48 hours. There have been no emergency grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months. The policy on emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days.

The auditor reviewed the PREA incident tracking log and determined there were no emergency grievances alleging a substantial risk of imminent sexual abuse filed during the review period.

**Substandard 115.252(g)**

The facility reported, via the PAQ, that the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, there have been no grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.

The auditor reviewed the PREA incident tracking log and spoke with staff about any disciplinary actions taken as a result of a resident filing a grievance in bad faith. She noted in the log and was told that there was no disciplinary action taken against a resident for filing a grievance in bad faith.

115.253	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Standard 115.253, Resident Access to Outside Confidential Support Services.</u></b></p> <p><b>Policy related to 115.253</b></p> <p>DOC 490.800, PREA Prevention and Reporting, states:</p> <p>The PC will maintain a memorandum of understanding for external victim advocacy services.</p> <p>Community Victim Advocates</p> <p>A. Sexual assault support services may be obtained through the Office of Crime Victims Advocacy (OCVA).</p> <ol style="list-style-type: none"> <li>1. Offenders may call 1-855-210-2087 toll-free Monday through Friday 8:00 a.m. - 5:00 p.m. to reach an OCVA PREA Support Specialist. Calls will not be monitored or recorded, and an IPIN will not be required. Abuse of the toll-free phone line will be reported to the Superintendent or the Work Release Administrator for action as needed.</li> <li>2. In-person consultations may be available to supplement phone based support for eligible offenders.</li> <li>3. Communication between the offender and the OCVA PREA Support Specialist is confidential and will not be disclosed unless the offender signs an authorization to release information.</li> </ol> <p>B. Posters and brochures provided by the PREA Coordinator, detailing the role of the OCVA PREA Support Specialist and listing the toll-free phone number, will be posted in areas accessible to offenders, including Health Services areas, Classification Counselor/Community Corrections Officer (CCO) offices, and law libraries.</p> <p><b>Substandard 115.253(a)</b></p> <p>The facility reported, via the PAQ, that they provide residents with access to outside victim advocates for emotional support services related to sexual abuse by: 1) giving residents mailing addresses and telephone numbers (including toll-free numbers where available) for local, state, or national victim advocacy or rape crisis organizations; and 2) enabling reasonable communication between residents and these organizations in as confidential a manner as possible.</p> <p>The auditor was provided with written materials prepared for residents pertinent to reporting sexual abuse and access to support services. The pamphlet identifies agencies available to provide the services. The In-Person Victim Advocacy Services Guide provides detailed information about the services that are available to the resident population.</p> <p>Fourteen random resident interview protocols were completed. Of those 14, all indicated they were aware that services are available outside of the facility to address sexual victimization. When asked the about the nature of these services, the following responses were provided: 1) therapy; 2) counseling; 3) mental health treatment; 4) rape crisis support; 5) medical treatment; 6) peer support; 7) domestic advocate; and 8) protective custody. All of the residents interviewed indicated that they are provided with mailing addresses and telephone numbers for these outside services and the numbers are toll free. All indicated they could call these services utilizing the phones in the day rooms or via their cell phones.</p> <p>There was an interview protocol for residents who reported sexual abuse related to this standard. During this review period, there were no allegations of sexual abuse; therefore, no interviews were conducted.</p> <p>Posters that provide the information about emotional support services were included in English and Spanish on all of the bulletin boards around the facility.</p> <p><b>Substandard 115.253(b)</b></p> <p>The facility reported, via the PAQ, that residents are informed, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosure of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.</p>

Fourteen random resident protocols were completed. All residents indicated they believed that the information that was shared with the people from these services will remain private. They stated that there were some times when the information might have to be shared, these would be when there was a concern for the health of the resident or if violent threats were expressed against someone else.

There was an interview protocol for residents who reported sexual abuse related to this standard. During this review period, there were no allegations of sexual abuse; therefore, no interviews were conducted.

**Substandard 115.253(c)**

The facility reported, via the PAQ, that the agency maintains interagency agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency maintains copies of those agreements.

The auditor was provided with the current interagency agreement for emotional support services. It was reviewed and determined to contain all required information.

115.254	<p data-bbox="229 69 1509 1303"><b>Third party reporting</b></p> <p data-bbox="229 136 1509 192"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="229 199 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 262 1509 318"><b><u>Standard 115.254, Third Party Reporting.</u></b></p> <p data-bbox="229 383 1509 416"><b>Policy related to 115.254</b></p> <p data-bbox="229 443 1509 477">DOC 490.800, PREA Prevention and Reporting, states:</p> <p data-bbox="229 504 1509 560">The PREA Coordinator will maintain PREA content for the Department website, including publication of required information and documents.</p> <p data-bbox="229 586 1509 687">A PREA Compliance Manager will be identified by the Superintendent for each Prison, and the Work Release Administrator will assign a PREA Compliance Manager for each Work Release. The PREA Compliance Manager will be an employee outside of any Intelligence and Investigation Unit, who will coordinate local PREA compliance and:</p> <p data-bbox="229 714 1509 748">6. Coordinate monthly checks to verify:</p> <p data-bbox="229 775 1509 808">a. The PREA hotline telephone number is posted on or near all offender telephones.</p> <p data-bbox="229 835 1509 891">b. Posters and brochures provided by the PREA Coordinator are posted in areas accessible to offenders and the public, including Health Services areas and Classification Counselor/Community Corrections Officer (CCO) offices.</p> <p data-bbox="229 918 1509 974">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> <p data-bbox="229 1001 1509 1102">The facility reported, via the PAQ, that they provide a method to receive third-party reports of resident sexual abuse or sexual harassment. The facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents via a friends and family brochure. In addition, this process is discussed on the WADOC website.</p> <p data-bbox="229 1128 1509 1229">The auditor reviewed publicly distributed information. This included a copy of the friends and family brochure (English and Spanish) that is available to visitors at the facility. Also, the WADOC website provides information including FAQs about the process.</p>
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115.261	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Standard 115.261, Staff and Agency Reporting Duties.</u></b></p> <p><b>Policy related to 115.261</b></p> <p>DOC 490.850, PREA Response, states:</p> <p>Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation, and other security and management decisions.</p> <p>C. Staff who breach confidentiality may be subject to corrective/disciplinary action.</p> <p><b>Staff Reporting</b></p> <p>A. Staff must immediately report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a Department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident.</p> <p>B. Offenders will be informed of the requirements of mandatory reporting at Reception, and information will be posted in Health Services areas where it can be seen by offenders.</p> <p>1. Health services providers must inform of the duty to report before providing treatment when an offender:</p> <p>a. Displays signs/symptoms of sexual misconduct that are identified or observed in the course of an appointment or examination, or</p> <p>b. Discloses to a medical or mental health provider sexual misconduct that occurred while in any correctional setting.</p> <p>E. Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process.</p> <p>DOC 490.850 also states:</p> <p>The Appointing Authority/designee will ensure that notification is made to:</p> <p>1. Child Protective Services (CPS), if the alleged incident occurred in any correctional setting and the alleged victim is/was under the age of 18 at the time.</p> <p>2. Adult Protective Services (APS), if the alleged victim is classified as a vulnerable adult.</p> <p>DOC 350.550, Reporting Abuse and Neglect/Mandatory Reporting, states:</p> <p>The Department will report suspected child abuse/neglect and incidents of abuse, abandonment, financial exploitation, or neglect involving vulnerable adults to the appropriate authority.</p> <p><b>Reporting Requirements</b></p> <p>A. Information regarding abuse and neglect must be immediately reported to the appropriate authority, as follows:</p> <p>1. Any employee, contract staff, or volunteer who has reasonable cause to believe, based on observations made or information received in the course of his/her duties, that a:</p> <p>a. Child has suffered abuse and/or neglect, or</p> <p>b. Vulnerable adult has suffered abuse, abandonment, financial exploitation, and/or neglect.</p> <p>2. Case managers who observe or receive information that an individual with a current conviction for any of the following is residing with, proposing to reside with, or having unsupervised contact with a child unless authorized per policy:</p> <p>a. A sex offense involving a child victim, or</p> <p>b. Any other offense committed as an adult involving a child victim.</p>

3. Case managers who observe or receive information that an individual with a current conviction for an offense involving a vulnerable adult is residing with, proposing to reside with, or having unsupervised contact with a vulnerable adult unless authorized per policy.

B. The appropriate authorities are as follows:

1. Reports involving a child victim will be made to the:

a. Department of Children, Youth, and Families at 1-866-363-4276 or <https://www.dcyf.wa.gov/safety/report-abuse>, or

b. Law enforcement agency with jurisdiction where the abuse/neglect is believed to have occurred.

2. Reports of sexual or physical assault involving a vulnerable adult victim, or an act that has caused a vulnerable adult victim fear of imminent harm, will be made to the law enforcement agency with jurisdiction where the act is believed to have occurred.

3. All other reports involving a vulnerable adult victim will be made to Adult Protective Services (APS) at 1-866-363-4276 or per the DSHS website.

#### **Substandard 115.261(a)**

The facility reported, via the PAQ, that it requires all staff to report immediately and according to agency policy when they have any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. They are also required to immediately report any retaliation against residents or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Nine random staff protocols were completed. All staff indicated they are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

#### **Substandard 115.261(b)**

The facility reported, via the PAQ, that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Nine random staff were interviewed. All of those interviewed indicated if they were to receive a report of sexual harassment or abuse, they would immediately report it to the PCM or duty officer and would not share this information with any other staff, unless instructed to do so by the person to whom they reported.

#### **Substandard 115.261(c)**

There are no medical or mental health staff assigned at PHWTR; therefore, the interview protocol for this substandard was not utilized. For these same reasons, there was no documentation to review.

#### **Substandard 115.261(d)**

The Facility Director indicated, during her telephonic interview, that the facility does not house residents under the age of 18. If an allegation was made by a vulnerable adult, she would notify the appointing authority and follow instructions given to her by them.

During the telephonic interview with the PREA Coordinator, she stated WADOC does not house minors at the work release facilities. If an allegation was made by a vulnerable adult, the WADOC staff would notify Adult Protective Services. WADOC has an agreement with Adult Protective Services to complete the investigation and share the information when complete. In addition, the notification of the allegation is made to the shift commander, PCM, and Appointing Authority.

The auditor was tasked with reviewing documentation of any reports from individuals who are under the age of 18 or considered a vulnerable adult. According to a memo authored by the PCM, there were no allegations made by individuals



who were identified as vulnerable adults. They do not house those who are under the age of 18 at PHWTR. The auditor was provided with a copy of the agreement between WADOC and Adult Protective Services, which states that WADOC will complete the investigation and share the information when complete. In addition, the notification of the allegation is made to the shift commander, PCM, and Appointing Authority.

**Substandard 115.261(e)**

The Director reported, during her telephonic interview, that all allegations of sexual abuse and sexual harassment are reported to the designated WADOC appointing authority for that facility. The appointing authority will make contact with the investigator.

The auditor was provided with 4 examples of reports, as part of the initial documentation review process. There were different types of allegations made through various processes. In total, the auditor reviewed seven investigative reports, to include those received during the interim period between the dates the initial documentation was provided and the re-scheduled on-site visit was conducted.

<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Standard 115.262, Agency Protection Duties</u></b></p> <p><b>Policy related to 115.262</b></p> <p>DOC 490.820, PREA Risk Assessments and Assignments, states:</p> <p>Monitoring Plans</p> <p>A. Classification Counselors/CCOs will develop a monitoring plan for:</p> <ol style="list-style-type: none"> <li>1. Offenders at increased risk for sexual victimization or predation.</li> <li>2. An offender who scores as a dual identifier.</li> <li>3. Transgender and intersex offenders.</li> </ol> <p>B. Immediate actions will be taken to protect the offender when it has been determined that s/he is at substantial risk of immediate sexual assault or abuse.</p> <p>C. Elements to consider in the monitoring plan include:</p> <ol style="list-style-type: none"> <li>1. Increased Classification Counselor/CCO initiated contact with the offender (e.g., checking in with the offender).</li> <li>2. Increased offender reporting to employees (e.g., checking in with custody officer, assigned Classification Counselor/CCO).</li> <li>3. Notification of screening results to a unit employee with a note to monitor the offender for changes in baseline behavior (e.g., cell change requests, giving/receiving store, depression, avoidance) and referral to mental health using DOC 13-509 PREA Mental Health Notification if changes occur.</li> <li>4. Instructing the offender to immediately report any sexually motivated interactions by other offenders.</li> <li>5. Encouraging the offender to maintain scheduled meetings with mental health providers, if applicable.</li> <li>6. Addressing any contact made between the perpetrator and the victim in cases of substantiated staff sexual misconduct.</li> <li>7. Other items that correlate with any of the specific information contained in the PRA.</li> </ol> <p>D. Classification Counselors and CCOs will document the monitoring plan in a PREA Monitoring chrono entry in the offender's electronic file.</p> <p>E. The monitoring plan will be reviewed during routine Facility Risk Management Team (FRMT) meetings and documented in a PREA Monitoring chrono entry.</p> <p>DOC 490.850, PREA Response, states:</p> <p>Appointing Authority Response</p> <p>A. Offender-on-Offender Sexual Misconduct</p> <ol style="list-style-type: none"> <li>1. Upon receipt of an allegation of offender-on-offender sexual assault, the Appointing Authority/Shift Commander/CCS will immediately direct employees/contract staff to separate the accused from the alleged victim and witnesses. <ol style="list-style-type: none"> <li>a. In Prisons, the accused may be placed in restrictive housing per DOC 320.200 Administrative Segregation or DOC 320.260 Secured Housing Units. <ol style="list-style-type: none"> <li>1) Placement decisions will be based on the seriousness of the allegation. Least restrictive housing options should be considered before placement in restrictive housing.</li> </ol> </li> <li>b. In Work Releases, the accused may be transferred to a Prison.</li> </ol> </li> </ol>

2. Upon receipt of an allegation of offender-on-offender sexual abuse or sexual harassment, the Appointing Authority/Shift Commander/CCS will take necessary actions to protect the alleged victim and will consider:

- a. The nature of the allegation,
- b. The expressed mental health needs of the alleged victim, and
- c. Staff observations of the alleged victim's behavior or demeanor.

B. Staff Sexual Misconduct

1. Upon receipt of an allegation of staff sexual misconduct, the Appointing Authority/designee will direct that one-on-one contact between the accused and the alleged victim is prohibited while the allegation is investigated.

a. The Appointing Authority may temporarily reassign and/or restrict/modify the job duties of the accused during the investigation.

b. If the accused is a contract staff or volunteer, the AA may restrict his/her entry into the facility while the allegation is investigated.

D. The Appointing Authority/designee will attempt to minimize any disturbance to the alleged victim's housing location, program activities, and/or supervision during the investigation.

1. In Prisons, an alleged victim will be placed in Administrative Segregation/Secured Housing per DOC 320.200 Administrative Segregation or DOC 320.260 Secured Housing Units only:

a. At his/her documented request, or

b. If the Appointing Authority/designee has specific information that the alleged victim may be a danger to him/herself or in danger from other offenders.

1) The placement should only be made when no suitable alternative housing exists and last only as long as necessary for the offender's protection.

2. In Work Releases, an alleged victim will be transferred to a Prison only at his/her documented request, or when community medical or mental health services are insufficient to meet his/her needs.

#### **Substandard 115.262(a)**

The facility reported, via the PAQ, that when it learns a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. They reported that in the past 12 months, there have been no reports received where the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse.

The Secretary stated, during his telephonic interview, that when he learns that a resident is subject to a substantial risk of imminent sexual abuse, he will notify the appropriate facility and direct them to speak with the resident, move the resident to safe housing, review the potential aggressor and develop a monitoring plan which will include counselor contact with the victim and will monitor changes in behavior.

The Facility Director indicated, during her telephonic interview, that she would review the information that had been received and follow-up with the resident to see what the issues are. She would consider change in housing, if needed. If she learned there was a concern, she would isolate the resident and notify the appointing authority. She would then take whatever action she was directed to take.

Nine random staff interview protocols were documented. Five staff indicated they would bring the resident to a private area and talk with them about what is going on. If the resident indicated they are fearful, the staff would contact the PCM or duty officer for direction. They would ensure the resident is kept in a safe area until the situation is resolved. Three staff indicated they would contact the PCM or duty officer for direction on what to do. One indicated they would bring the resident to a safe area and call 911. All indicated they would take these actions immediately.

The auditor was tasked with reviewing relevant documentation, and to accomplish this task, the auditor reviewed examples of monitoring plans which have been developed for potential victims and potential predators.

115.263	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 895 297"><b><u>Standard 115.263, Reporting to Other Confinement Facilities.</u></b></p> <p data-bbox="240 387 507 414"><b>Policy related to 115.263</b></p> <p data-bbox="240 445 643 472">DOC 490.850, PREA Response, states:</p> <p data-bbox="240 504 1469 562">The Appointing Authority will notify the appropriate Appointing Authority or facility administrator within 72 hours of receipt of an allegation when the alleged incident:</p> <ol data-bbox="240 593 991 678" style="list-style-type: none"> <li data-bbox="240 593 970 620">1. Occurred in another Department location or another jurisdiction.</li> <li data-bbox="240 651 991 678">2. Involved a staff who reports through another Appointing Authority.</li> </ol> <p data-bbox="240 710 668 736">DOC 490.860, PREA Investigation, states:</p> <p data-bbox="240 768 1485 826">The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department.</p> <ol data-bbox="240 857 1469 974" style="list-style-type: none"> <li data-bbox="240 857 1469 916">A. 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.</li> <li data-bbox="240 947 1161 974">B. Allegations may be referred to law enforcement agencies for criminal investigation.</li> </ol> <p data-bbox="240 1064 496 1090"><b>Substandard 115.263(a)</b></p> <p data-bbox="240 1122 1485 1247">The facility reported, via the PAQ, that it has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined to another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. In the past 12 months, there have been no allegations received that a resident was abused while confined at another facility.</p> <p data-bbox="240 1279 1465 1368">Per a memorandum authored by the PREA Compliance Manager, dated 6/16/20, there were no allegations received that a resident was sexually abused while confined at another facility. Because there were no allegations received, there was no documentation for the auditor to review.</p> <p data-bbox="240 1458 496 1485"><b>Substandard 115.263(b)</b></p> <p data-bbox="240 1516 1485 1574">The facility reported, via the PAQ, that policy requires the facility head to provide notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p data-bbox="240 1664 496 1691"><b>Substandard 115.263(c)</b></p> <p data-bbox="240 1722 1449 1780">The auditor was required to review any documentation of notifications to another agency to verify they occurred within 72 hours of receiving the allegation; however, the agency did not receive any such notifications during the review period.</p> <p data-bbox="240 1870 496 1897"><b>Substandard 115.263(d)</b></p> <p data-bbox="240 1928 1485 2018">The facility reported, via the PAQ, that policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. In the past 12 months, there has been one allegations of sexual abuse the facility received from another facility.</p> <p data-bbox="240 2049 1477 2139">The Agency Secretary informed the auditor, during his telephonic interview, that the designated point of contact for WADOC is the WADOC PREA Unit. Once received there, it is reviewed by the Triage Unit and, if appropriate, forwarded to the appropriate facility for investigation.</p>

The Facility Director indicated that when PHWTR receives an allegation from another facility, she reports it directly to the appointing authority. She will follow the instructions given to her. She stated she is not aware of receiving any allegations from another facility, since she has been there.

The auditor reviewed documentation of allegations from other facilities and documentation of responses (i.e., evidence that allegation has been investigated in accordance with the standard). There was one case where this occurred and it was provided to the auditor.

115.264	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Standard 115.264, Staff First Responder Duties</u></b></p> <p><b>Policy related to 115.264</b></p> <p>DOC 490.850, PREA Response. This policy outlines the agency's response plan. It addresses the response strategy, the medical response, and who is to be involved in the response. It provides checklists for staff to follow when responding to allegations of sexual abuse.</p> <p>DOC 420.365, Evidence Management for Work Release, describes the methods utilized by the agency to collect and properly secure, maintain and destroy evidence collected at all crime scenes. This policy was updated in January 2020.</p> <p>DOC 420.375, Contraband and Evidence Handling, describes the evidence handling process.</p> <p><b>Substandard 115.264(a)</b></p> <p>The facility reported, via the PAQ, that it has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report is required to: separate the victim &amp; abuser; preserve and protect the crime scene; request the victim not destroy evidence by showering; and ensure the abuser does not destroy evidence by showering. In the past 12 months, there have been two allegations that a resident was sexually abused. Of these allegations, on one occasion the first security staff member to respond to the report separated the alleged victim and abuser. The second allegation was made after the staff member was no longer employed by the agency. In the past 12 months, there were no allegations made where staff were notified within a time period that still allowed for the collection of physical evidence.</p> <p>One WADOC staff was the only state staff who had previously acted as a first responder. None of the contract facility monitors have acted as a first responder. The state staff indicated she would control movement of the two residents and have someone watch the door, so no one could go in to the area. She stated that she would separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; request that the alleged victim not take any actions that could destroy physical evidence; ensure that the alleged abuser does not take any actions that could destroy physical evidence; and notify medical of the situation. She indicated they would need to put a separate notice in place to ensure no future contact. Local law enforcement would be contacted and they would transport the victim and suspect for the forensic examination and conduct the investigation.</p> <p>There was an interview protocol for residents who reported sexual abuse; however, there were no residents who made an allegation of sexual abuse during the audit review period. The interview protocol was not utilized.</p> <p>To facilitate the review of documentation of responses to allegations, the auditor was provided with a copy of the PREA allegation tracking log. The log was utilized to identify the investigations to be reviewed by the auditor. The auditor noted during the audit review period, there were two allegations that implied offender-on-offender sexual assault / abuse or staff sexual misconduct that were reported to a security staff member, one allegation was reported to a non-security staff member, and the remaining allegation was received via the hotline.</p> <p><b>Substandard 115.264(b)</b></p> <p>The facility reported, via the PAQ, that policy requires that if the first staff responder is not a security staff member, that responder shall be required to request the victim not take any actions that would destroy evidence and notify security staff. Of the allegations that an inmate was sexually abused made in the past 12 months, there was one time a non-security staff member was the first responder. The non-security staff member requested that the alleged victim not take any actions that could destroy physical evidence and notified security staff.</p> <p>One WADOC staff was the only state staff who had previously acted as a first responder. None of the contract facility monitors have acted as a first responder. The state staff indicated she would control movement of the two residents and have someone watch the door, so no one could go in to the area. She stated that she would separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; request that the alleged victim not take any actions that could destroy physical evidence; ensure that the alleged abuser does not take any</p>

actions that could destroy physical evidence; and notify medical of the situation. She indicated they would need to put a separate notice in place to ensure no future contact. Local law enforcement would be contacted and they would transport the victim and suspect for the forensic examination and conduct the investigation.

Nine random staff interview protocols were completed. They indicated they would control movement of the two residents and have someone watch the door, so no one could go in to the area. They stated they would separate the alleged victim and abuser; control the crime scene and notify the supervisor or duty officer of the situation. Some indicated they would request that the alleged victim not take any actions that could destroy physical evidence and ensure that the alleged abuser does not take any actions that could destroy physical evidence. Others indicated they would ensure both the victim and alleged abuser does not take any action that could destroy physical evidence.

As discussed above in (a), the auditor reviewed documentation of response to allegations.

Corrective action will be required for this standard. Staff were unclear about the requirement to "request" the victim not take any action that could potentially destroy evidence, most indicated they would ensure the victim not take those type of actions. This was brought to the attention of the CCS and the Assistant Operations Manager. The plan to address this was to include it in the discussion at the next regularly scheduled staff meeting. During the period when the audit report was being composed, the facility conducted two staff meetings, on July 6, 2021 and August 3, 2021, to address these concerns. The auditor was provided with copies of the minutes from the meeting. Based on these additional actions, the facility has demonstrated substantial compliance with this standard.

115.265	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Standard 115.265. Coordinated Response.</u></b></p> <p><b>Policy related to 115.265</b></p> <p>DOC 490.850, PREA Response, states:</p> <p>PREA Response Plan</p> <p>A. Each Prison, Work Release, and Field Office will maintain a PREA Response Plan providing detailed instructions for responding to allegations of sexual misconduct.</p> <ol style="list-style-type: none"> <li>1. The PREA Response Plan will consist of 4 sections composed of the documents listed in PREA Response Plan Contents (Attachment 7).</li> <li>2. The plan will be maintained by the PREA Compliance Manager/Specialist: <ol style="list-style-type: none"> <li>a. In the Shift Commander's office for Prisons.</li> <li>b. With the Emergency Management Plan for Work Releases and Field Offices.</li> </ol> </li> </ol> <p><b>Substandard 115.265 (a)</b></p> <p>The Facility Director reported that the facility has a written plan that coordinates actions among first responders, investigators and facility leadership. Medical is provided off-site, so residents would be transported, should they require medical attention.</p> <p>The auditor was tasked with reviewing the facility's institutional plan. As part of the document production, the table of contents for the facility plan was provided. The auditor reviewed the binder while on-site. The binder contained copies of the policies and checklists for staff to utilize when an allegation of sexual abuse or harassment is received. It was well organized with a lot of resources and reference materials included.</p>



115.266	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Standard 115.266, Preservation of Ability to Protect Residents from Contact with Abusers.</u></b></p> <p><b>Substandard 115.266(a)</b></p> <p>The facility reported, via the PAQ, that it has entered into or renewed collective bargaining agreements since the last PREA audit.</p> <p>The auditor reviewed the one agreement entered into since the last PREA audit. The auditor was provided with the Collective Bargaining Agreement between the State of Washington and Washington Federation of State Employees.</p> <p>The Secretary, during his telephonic interview, reported that collective bargaining agreements are updated every 2 years and there is standard PREA language included in all of them during each renewal process.</p> <p>The auditor was provided with a memorandum, authored by the PREA Compliance Manager at the facility. It states Washington State Department of Corrections 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.</p>

115.267	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Standard 115.267, Agency Protection Against Retaliation.</u></b></p> <p><b>Policy related to 115.267</b></p> <p>DOC 490.860, PREA Investigations, states:</p> <p>Retaliation</p> <p>A. Retaliation against anyone for opposing or reporting sexual misconduct or participating in an investigation of such misconduct is prohibited. Individuals may be subject to disciplinary actions if found to have engaged in retaliation, failed to report such activities, or failed to take immediate steps to prevent retaliation.</p> <p>B. Staff and offenders who cooperate with an investigation will report all concerns regarding retaliation to the Appointing Authority. The Appointing Authority will take appropriate measures to address the concerns.</p> <p>C. When an investigation of offender-on-offender sexual assault/abuse or staff sexual misconduct is initiated, the Appointing Authority/designee of the facility where the alleged victim is housed will monitor to assess indicators or reports of retaliation against alleged victims and reporters. If another Appointing Authority is assigned to investigate, s/he or his/her designee will notify the applicable Appointing Authority to initiate monitoring.</p> <p>Indicators of retaliation may include, but are not limited to:</p> <ol style="list-style-type: none"> <li>a. Disciplinary reports,</li> <li>b. Changes in grievance trends,</li> <li>c. Housing/program changes and reassignments, or</li> <li>d. Negative performance reviews.</li> </ol> <p>2. The Appointing Authority of the facility where the alleged victim is housed will notify the following employees, as applicable, when monitoring is required, but will not provide specific details regarding the allegation and investigation:</p> <ol style="list-style-type: none"> <li>a. The PREA Compliance Manager/Specialist at the facility where the report was made will ensure alleged victims and offender reporters are monitored and met with at least monthly.</li> <li>b. The local Human Resource Manager/Community Corrections Supervisor will monitor employee reporters.</li> <li>c. The PREA Compliance Manager/Specialist at the facility where the report was made will monitor contract staff and volunteer reporters.</li> </ol> <p>3. Any report of retaliation expressed or indicated during the monitoring period will be immediately reported to the Appointing Authority, who will take appropriate action.</p> <p>4. Retaliation monitoring will continue for 90 days following notification, or longer if the Appointing Authority determines it is necessary.</p> <ol style="list-style-type: none"> <li>a. The PREA Compliance Manager/Specialist will complete and submit DOC 03-503 PREA Monthly Retaliation Monitoring Report to the Appointing Authority each month. No monitoring-related activities will be documented in chronological entries or supervisory files.</li> <li>b. If a reporter or alleged victim transfers to another facility during the monitoring period, the PREA Compliance Manager/designee at the sending facility will notify the PREA Compliance Manager/designee at the receiving facility. The receiving facility will assume monitoring responsibilities and provide monthly monitoring documentation to the sending facility.</li> <li>c. Monitoring activities may be discontinued if the allegation is determined to be unfounded or the offender is released from incarceration.</li> <li>d. The Appointing Authority will notify the PREA Compliance Manager/Specialist or Human Resource Manager when monitoring activities are no longer required.</li> </ol>

D. For allegations of sexual harassment, retaliation monitoring for reporters and alleged victims may occur at the discretion of the Appointing Authority.

**Substandard 115.267(a)**

The facility reported, via the PAQ, that it has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.

Per a memorandum, authored by the PREA Compliance Manager, dated June 16, 2020, any individual who participates as a witness in a PREA investigation is provided with a DOC 03-484 Interview Acknowledgement form. This form advises interviewees that, "The Department prohibits retaliation against any person because of his/her involvement in the reporting or investigation of a compliant. The Department will treat retaliation as a separate offense subject to investigative, administrative sanctions, and prosecution. Any concerns regarding retaliation are to be reported to the Appointing Authority." There were no retaliation issues reported after DOC 03-484 was completed during interviews.

During the preparation for the audit, it was discovered that retaliation monitoring has not been documented, and in some cases, not assigned. A review of the process, from start to finish, was completed. The following issues were identified:

- There is one appointing authority covering the 12 facilities across the state, with one delegate and one support staff to monitor the investigations.
- Staff turnover and the Work Release Administrator position vacancy has caused some confusion.
- The assignment sheet from the PREA Triage Unit includes the identified parties to be monitored, however, that is forwarded to the investigator and not the supervisor of the facility. This process misses the assignment of retaliation monitoring as the investigator is not responsible for assigning monitoring.
- There is no single area for maintaining all the information.

To address the above issues, the management team is working on a tracking and assignment document that will be maintained on the Work Release SharePoint Site. This document will be restricted to the Appointing Authority, Work Release Operations Administrator and the Executive Secretary. These individuals will share the responsibility of tracking a PREA case from initial report through completion. In addition, the documents associated with the case will be uploaded to site to ensure proper forms and processes are followed per DOC Policy. Development of the site had been completed was reviewed during the visit. It was comprehensive and contained all information related to the allegations and the steps taken to ensure all required protocols are completed.

When an allegation of offender-on-offender sexual assault or abuse or staff sexual misconduct is reported and an investigation initiated, retaliation monitoring begins for the reporter and named victim.

**Substandard 115.267(b)**

The Secretary reported, during his telephonic interview, that retaliation is addressed in policy and there is a structured process that is followed when an allegation of retaliation is received. Each allegation is taken through the structured process which includes monitoring for up to 90 days.

The Facility Director reported that if she is made aware of retaliation, she would isolate the resident from other residents, notify the appointing authority, and carry out whatever instructions were given to her by the appointing authority.

The staff member charged with monitoring retaliation was interviewed telephonically on 10/27/2020 at approximately 10:15 am. She informed the auditor that there is a standard form used to document the monitoring. She completes the form and looks at behavior changes, signs of abuse, acting out. She speaks with the resident about what is happening. She noted that if the retaliation is by another resident, she makes them aware that this type of behavior could lead to a return to a prison. If staff are potentially involved in the retaliation, she considers placement of different shifts, placement at another facility, or removal from the job.

There was an interview protocol for residents who reported sexual abuse. There were no allegations of sexual abuse during the review period, so no interviews were conducted.

The auditor requested documentation of any protective measure that have been taken during the audit review period. She was provided with an example of protective measures taken to address a concern expressed by a resident.

**Substandard 115.267(c)**

The facility reported, via the PAQ, that they monitor the conduct and treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The length of time the monitoring is conducted is a minimum of 90 days and if retaliation is suspected, they act promptly to remedy it. The facility continues monitoring beyond 90 days if the initial monitoring indicates a continuing need. The facility reported that there have been no instances of retaliation in the past 12 months.

The Facility Director reported, during her telephonic interview, that she would notify the appointing authority and take whatever action necessary to keep the resident safe from retaliation.

During the interview with the staff member charged with monitoring for retaliation, she indicated that while conducting her retaliation monitoring, she looks at potential disciplinary actions, bed moves, and unnecessary searches. She also considers if the victim is requesting a bed move, what might be driving that request. She monitors for a minimum of 90 days. If retaliation is suspected, she works with the appointing authority or designee to determine how long the monitoring will continue. She continues to track as long as she has concerns.

The auditor was tasked with reviewing documentation of monitoring efforts and reviewed the tracking log that has been established by the Work Release Oversight Administrator. On this tracking sheet, it tracks when the monitoring is happening and what actions, if any were taken.

The auditor was tasked with reviewing documentation of reports of retaliation and agency response; however, the facility reported there were no instances of retaliation reported during the document review period. The auditor reviewed all investigation packages to verify this information. During this review, she found no reports of retaliation.

**Substandard 115.267(d)**

The staff member charged with monitoring for retaliation, during her telephonic interview, stated that she conducts frequent status checks with the victim.

The auditor was tasked with reviewing documentation of retaliation monitoring of the residents. She found the recently established tracking log is thorough and shows the cases being monitored and any action that has been taken.

**Substandard 115.267(e)**

The Secretary reported, during his telephonic interview, that the person who expressed a fear of retaliation would be monitored for a minimum of 90 days. They would consider moving the person to a different work environment, if needed. The allegation would be investigated and an action plan would be developed to address any concerns that were identified.

The Facility Director stated, during her telephonic interview, that she would notify the appointing authority and follow the instructions given to her.

115.271	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>Standard 115.271, Criminal and Administrative Agency Investigations.</u></b></p> <p><b>Policy related to 115.271</b></p> <p>DOC 490.800, PREA Prevention and Reporting, states:</p> <p>PREA investigators will be trained in: 1. Crime scene management/investigation, including evidence collection in Prisons and Work Releases; 2. Confidentiality of all investigation information; 3. Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process; 4. Crisis intervention; 5. Investigating sexual misconduct; 6. Techniques for interviewing sexual misconduct victim; and 7. Criteria and evidence required to substantiate administrative action or prosecution referral.</p> <p>WADOC 490.860, PREA Investigations, states:</p> <p>Policy:</p> <p>I. The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department.</p> <p>A. 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> <p>B. Allegations may be referred to law enforcement agencies for criminal investigation.</p> <p>C. Investigators will be assigned by the Appointing Authority/designee and must be trained per DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting. Investigators will:</p> <p>1. Interview alleged victims, accused offenders/staff, and witnesses. Individuals interviewed will be provided and asked to sign DOC 03-484 Interview Acknowledgment.</p> <p>2. Refer the offender for mental health assessment using DOC 13-509 PREA Mental Health Notification if the investigation uncovers new information that the offender was the victim of any physical and/or emotional trauma of a sexual nature, whether in an institutional setting or in the community.</p> <p>3. Collect any additional evidence per DOC 420.375 Contraband and Evidence Handling, DOC 420.365 Evidence Management for Work Release, or DOC 420.395 Evidence/Property Procedures for Field, as applicable.</p> <p>E. The Appointing Authority will review the report and prior complaints/reports of sexual misconduct involving the accused, when available, and ensure DOC 02-382 PREA Data Collection Checklist is completed.</p> <p>1. Previous complaints/reports of sexual misconduct involving the alleged victim may be reviewed, as applicable.</p> <p>Investigations</p> <p>A. The Prison Rape Elimination Act (PREA) Coordinator/designee will review all allegations, determine which allegations fall within the definition of sexual misconduct, and forward those allegations to the appropriate Appointing Authority for investigation.</p> <p>1. The Appointing Authority will develop local procedures to ensure the alleged victim is notified of formal review decisions (e.g., case initiated, appended to existing case, not PREA).</p> <p>a. The Work Release Administrator will make notifications if the alleged victim is housed in a Work Release. If notification cannot be made in person, the United States Postal Service will be used to make notification.</p> <p>2. The Appointing Authority/designee may review the allegation with the PREA Coordinator/designee if s/he disagrees with a decision to open an investigation.</p> <p>3. All allegations that appear to be criminal in nature will be referred to law enforcement for investigation by the Appointing Authority/designee. Referrals may be made using DOC 03-505 Law Enforcement Referral of PREA Allegation.</p> <p>a. Investigation reports received from law enforcement will be an attachment to the final PREA investigation report</p>

submitted.

- L. When a substantiated allegation is criminal in nature, the Appointing Authority/designee will notify:
  - 1. Law enforcement, unless such referral was made previously during the course of the investigation, and
  - 2. Relevant licensing bodies.

The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department.

- A. 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.
- B. Allegations may be referred to law enforcement agencies for criminal investigation.

WADOC policy 420.375, Contraband and Evidence Handling, states:

#### Evidence Handling

- A. The Shift Commander/investigator will ensure evidence collected is handled using standard precautions. Employees/contract staff must wear gloves whenever handling evidence.
  - 1. Suspected illegal/unauthorized drugs will be handled per DOC 420.385 Presumptive Drug Testing.
  - 2. Each facility will develop procedures for drying damp/wet (e.g., body fluid) evidence. Evidence will be dried at room temperature and in a secure location immediately after being collected.
    - a. Plastic bags or containers may only be used to transport damp/wet evidence from the collection area to the drying location.
    - b. Areas used to dry evidence will be cleaned using a 10 to one water and bleach solution.
  - 3. Clothing evidence must be removed while the individual is standing on a large sheet of clean paper.
  - 4. Dry evidence will be completely wrapped in paper and packaged in a paper evidence bag. Only one piece of evidence will be secured in each bag.

WADOC policy 420.365, Evidence Management for Work Release, states:

The Community Corrections Supervisor (CCS) will assign an Evidence Officer to ensure all evidence seized during searches has been properly secured and DOC 05-131 Evidence/Property Record - Work Release has been completed.

WADOC policy 400.360, Polygraph Testing of Offenders, states:

Offenders who are alleged victims, reporters, or witnesses in Prison Rape Elimination Act (PREA) investigations will not be asked or required to submit to a polygraph examination regarding the alleged misconduct under investigation.

WADOC policy 190.860, PREA Investigations, states:

Investigators will submit the investigation report and DOC 02-382 PREA Data Collection Checklist to the appropriate Appointing Authority/designee. All reports will follow DOC 02-351 Investigation Report Template.

- 1. Photocopies/photographs of all physical evidence and evidence cards will be included in the investigation report.
- 2. Electronic evidence (e.g., video recording, JPay message, telephone recording) used as part of an investigation will be submitted with the investigation report.
- D. The committee will review policy compliance, causal factors, and systemic issues using DOC 02-383 Local PREA Investigation Review Checklist.

WADOC policy 490.860 states:

#### Record Retention

- A. Records associated with allegations of sexual misconduct will be maintained according to the Records Retention Schedule.
  - 1. PREA records may include, but will not be limited to:

- a. Incident reports
- b. Investigation reports
- c. Electronic evidence
- d. Investigation findings/dispositions
- e. Law enforcement referrals
- f. Criminal investigation reports
- g. Required report forms
- h. Documentation of:
  - 1) Local PREA Review Committees,
  - 2) Completed DOC 02-382 PREA Data Collection Checklists, and
  - 3) Ongoing notifications.
- B. The Appointing Authority/designee will maintain original PREA case records as general investigation reports per the Records Retention Schedule.
- C. The PREA Coordinator/designee will maintain electronic PREA case records per the Records Retention Schedule.
  - 1. Prior to destruction, all investigation records will be reviewed to ensure the accused has been released from incarceration or Department employment for a minimum of 5 years. If a review of the investigation records reveals that the accused individual does not meet this 5 year requirement, the records will be maintained until this requirement is met, even if it exceeds the established retention schedule.

**Substandard 115.271(a)**

The facility reported, via the PAQ, that it has a policy related to criminal and administrative investigations.

During the interviews with the two investigators, the auditor learned that the allegation is immediately forwarded to the PREA triage unit at WADOC headquarters. If determined to be PREA, it is returned to the Appointing Authority, who will assign it to an investigator. Process usually takes 1 – 2 days. Both investigators indicated that anonymous and third party reports are treated the same as all other allegations that are received. They can be a little more difficult to investigate because the victim and/or aggressor may not be identified, and figuring out who they are can be a challenge.

The auditor was tasked with reviewing a sample of investigative reports for allegations of sexual abuse or sexual harassment. The facility had five PREA allegations during the audit review period (July 2019 - July 2020). In addition, there were four allegations that were determined not to be PREA. There were two additional allegations made during the extended period before the on-site audit was rescheduled. The auditor reviewed seven investigation packages, which were all of the completed investigations which occurred during the audit review period and the extended period. The auditor found all to be completed thoroughly, promptly and objectively. There were a few minor concerns and those were addressed with the agency via telephone on Monday, March 22, 2021. On March 31, the agency provided responded to all concerns and corrected the ones that were possible to correct.

**Substandard 115.271(b)**

The auditor was tasked with reviewing training records for investigators. She was provided with a list of all trained investigators. She selected investigators who had worked on the investigations during the review period and requested copies of their training records. She received all requested information.

Two staff who perform investigations were interviewed. Both indicated they had received the agency's specialized training for investigators. One indicated she had the training in 2016. The second indicated he had the training about 10 years ago and then had a refresher in 2013 or 2014.

The WSP agreement to provide criminal investigations was provided; however, the 2nd amendment expired 6/30/20. It is currently being revised and a copy will be provided when complete.

**Substandard 115.271(c)**

Both investigators indicated that once they are assigned as the investigator, usually 1 – 2 days after allegation is received, they review the IMRS, any written reports and any physical evidence that has already been collected. They determine if additional physical evidence might need to be gathered, such as video footage, logs, security checks or staff rosters, and collect it, as appropriate. They identify the victim, suspect, and potential witnesses; develop the questions for the interviews, and conduct the interviews. They write an investigative report which summarizes all of their actions and findings and submit it to the Appointing Authority. If, at any point, they determine that a crime may have occurred, they stop their investigation, contact the Appointing Authority for discussion, and a referral is made to the outside law enforcement agency. Outside law enforcement would be responsible to collect DNA evidence and have it processed at the laboratory.

The auditor was tasked with reviewing a sample of Investigative Reports; the Record Retention Schedule; and copies of case records detailing allegations of abuse. To meet this requirement, she reviewed all completed investigation packages during the review period. The auditor reviewed the Record Retention Schedule that was provided when requested in November 2020. The auditor requested and was provided with a copy of the allegations tracking log that covered the audit review period (July 2019 to July 2020). On January 28, 2021, an additional tracking log was provided covering the period from June 2020 through January 25, 2021.

The appointing authority addresses review of prior complaints and reports of sexual abuse involving the suspected perpetrator on the DOC 02-378, Investigative Finding Sheet.

**Substandard 115.271(d)**

Both investigators interviewed, indicated that if there appears to be evidence to support criminal prosecution, they stop their internal investigation, notify the appointing authority of their findings and a notification is made to the outside law enforcement agency. They remain on hold with their internal investigation until notice is received from the outside law enforcement agency. Depending on the outcome, a determination will be made if the need exists to continue the internal investigation. The internal investigators do not conduct compelled interviews.

The auditor was tasked with reviewing a sample of investigative reports, with a focus on compelled interviews. During this review period, there were no compelled interviews completed on any of the investigations that were conducted.

**Substandard 115.271(e)**

Through the interview with both investigators, the auditor learned that the WADOC internal investigators are not tasked to judge the credibility of an alleged victim, suspect or witness. This responsibility falls to the appointing authority. Both indicated they would not, under any circumstances, require a resident to submit to a polygraph examination as a condition for proceeding with an investigation.

There was an interview protocol for residents who reported sexual abuse. There were not residents at the facility who reported sexual abuse during our visit; therefore, the interview protocol was not utilized.

The Investigations Checklist for all 4 criminal investigations were provided with the PAQ. These documents were included with the entire investigation packages. In addition, the auditor requested and reviewed 3 additional investigation packages. In total the auditor reviewed 7 investigation packages.

The credibility of the victim, suspect, and witnesses is judged by the appointing authority. It is documented on the DOC 02-378, Investigative Findings Sheet.

**Substandard 115.271(f)**

Both investigators are responsible to complete administrative investigations. Both indicated their report, at the conclusion of the investigation, provides a complete picture of the actions they took and the information they discovered. They do not determine whether staff actions or failures to act contributed to the abuse. This is the responsibility of the appointing authority. Both indicated in their written reports, they include a summary of the allegation, summary of the interviews conducted, summary of the evidence that was gathered and reviewed, a statement as to whether law enforcement was notified, and if any retaliation was identified.

The auditor was mandated to review Administrative Investigation Reports. To meet this requirement, the auditor reviewed several administrative investigations that were completed during the audit period. In addition, she reviewed the only case



involving substantiated allegations to ensure it was referred for prosecution. The auditor was notified that on March 31, the Prosecuting Attorney's Office declined to prosecute the case. The resident was notified of that information.

The responsibility to determine whether staff actions or failure to act contributed to the sexual abuse belongs to the appointing authority. It is documented on the DOC 02-378, Investigative Findings Sheet.

**Substandard 115.271(g)**

Both investigators indicated that criminal cases are documented by outside law enforcement. The report would be received and included with the internal investigative process to close out the case. Both indicated the outside law enforcement reports are thorough and contain descriptions of physical, testimonial and documentary evidence.

The auditor was tasked with reviewing a sample of criminal investigative reports for allegations of sexual abuse. The facility had five PREA allegations during the audit review period (July 2019 - July 2020). In addition, there were four allegations that were determined not to be PREA. There was one additional allegation made during the extended period before the on-site audit was rescheduled. The auditor reviewed a total of seven investigation packages, which were all of the completed investigations which occurred during the audit review period and the extended period. The auditor found all to be completed thoroughly, promptly and objectively. There were a few minor concerns and those were addressed with the agency via telephone on Monday, March 22, 2021. On March 31, the auditor received responses to her inquiries and corrections were made where possible.

**Substandard 115.271(h)**

The facility reported, via the PAQ, that there were two substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit. One of these occurred during this audit review period.

Both investigators indicated that a case is referred to outside law enforcement when they discover evidence of a potential criminal act. Outside law enforcement will conduct the investigation and make the referral to the prosecuting attorney's office, when appropriate.

There was only one case referred for criminal prosecution during the audit review period. As of 3/22/21, a decision to accept the case by the Prosecuting Attorney's Office had not been made. On 3/31/21, the agency was notified that the case would not be picked up by the prosecuting attorney's office.

**Substandard 115.271(i)**

The facility reported, via the PAQ, that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The auditor noted, during the review of the Record Retention Schedule, that all required documents are retained for 50 years after the close of the investigation.

**Substandard 115.271(j)**

Both investigators indicated, during their telephonic interview, that an investigation continues to completion, regardless of the departure of the alleged abuser or victim from the employment or control of the agency.

**Substandard 115.271(l)**

The Facility Director reported that management of the allegations is done by staff from the WADOC. The appointing authority would be notified and would provide instructions on what steps need to be taken. If outside law enforcement is involved, the WADOC liaison is involved with the outside agency. She keeps the COO, CFO and HR informed of the progress of the investigation.

During the interview with the PREA Coordinator, the auditor was told that on a monthly basis, the PREA Triage Unit generates and send reports to the appointing authority. These reports highlight areas of concern and those investigations that have been open for more than 90 days. The Appointing Authority is expected to follow-up on the status. These same

reports are shared with the Deputy Directors.

The PREA Compliance Manager shared that administrative investigations are completed by investigators from WADOC. Criminal investigations are completed by outside law enforcement. She works in conjunction with the WADOC Liaison to interact with the outside law enforcement personnel to ensure they have current knowledge on the status of the investigation.

The investigators, during their telephonic interview, indicated that they would act as the agency liaison, when a case is referred to an outside law enforcement agency.

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>Standard 115.272, Evidentiary Standard for Administrative Investigations</b></p> <p>Policy outlining evidentiary standards for administrative investigations is found in WADOC policy 490.860, PREA Investigations. It states:</p> <p>For each allegation in the report, the Appointing Authority will determine whether the allegation is:</p> <ol style="list-style-type: none"> <li>1. Substantiated: The allegation was determined to have occurred by a preponderance of the evidence,</li> <li>2. Unsubstantiated: Evidence was insufficient to make a final determination that the allegation was true or false, or</li> <li>3. Unfounded: The allegation was determined not to have occurred.</li> </ol> <p>RCW 72.09.225, Sexual misconduct by state employees, contractors, states:</p> <ol style="list-style-type: none"> <li>1. When the secretary has reasonable cause to believe that sexual intercourse or sexual contact between an employee and an inmate has occurred, notwithstanding any rule adopted under chapter 41.06 RCW the secretary shall immediately suspend the employee.</li> </ol> <p>(2) The secretary shall immediately institute proceedings to terminate the employment of any person:</p> <ol style="list-style-type: none"> <li>(a) Who is found by the department, based on a preponderance of the evidence, to have had sexual intercourse or sexual contact with the inmate; or</li> <li>(b) Upon a guilty plea or conviction for any crime specified in chapter 9A.44 RCW when the victim was an inmate.</li> </ol> <p><b>Substandard 115.272(a)</b></p> <p>The facility reported, via the PAQ, that the agency imposes a standard of a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Both investigators, who were interviewed, indicated the standard of proof utilized in sexual abuse and sexual harassment investigations is a preponderance of the evidence.</p> <p>The auditor was tasked with reviewing documentation of administrative findings for proper standard of proof. Training curriculum for appointing authorities was provided; it addresses the preponderance of evidence standard and explains it. In addition, the auditor reviewed seven investigations and found all to have had the preponderance of evidence standard applied.</p>

115.273	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 695 297"><b>Standard 115.273, Reporting to Residents.</b></p> <p data-bbox="240 331 1329 358">The policy outlining resident notifications is located in WADOC policy 490.860, PREA Investigation. It states:</p> <ol style="list-style-type: none"> <li data-bbox="240 387 477 414">I. Investigations <ol style="list-style-type: none"> <li data-bbox="240 443 1406 537">A. The Prison Rape Elimination Act (PREA) Coordinator/designee will review all allegations, determine which allegations fall within the definition of sexual misconduct, and forward those allegations to the appropriate Appointing Authority for investigation.</li> <li data-bbox="240 566 1457 629">3. All allegations that appear to be criminal in nature will be referred to law enforcement for investigation by the Appointing Authority/designee. Referrals may be made using DOC 03-505 Law Enforcement Referral of PREA Allegation. <ol style="list-style-type: none"> <li data-bbox="240 658 1452 721">a. Investigation reports received from law enforcement will be an attachment to the final PREA investigation report submitted.</li> <li data-bbox="240 750 1390 777">G. Once the Appointing Authority has made a determination, the alleged victim will be notified of the findings. <ol style="list-style-type: none"> <li data-bbox="240 806 1406 869">1. The Appointing Authority/designee of the facility where the offender is housed will inform the offender of the findings in person, in a confidential manner. <ol style="list-style-type: none"> <li data-bbox="240 898 1099 925">a. Notification may be provided in writing if the offender is in restrictive housing.</li> <li data-bbox="240 954 1460 1016">2. If the offender has been released, the Appointing Authority will inform the offender of the findings in writing to the offender's last known address as documented in his/her electronic file.</li> </ol> </li> </ol> </li> </ol> </li> <li data-bbox="240 1046 735 1072">VIII. Ongoing Notifications to Alleged Victims <ol style="list-style-type: none"> <li data-bbox="240 1102 1447 1164">A. The Department will make the following notifications, in writing, to alleged victims until they are no longer under Department jurisdiction: <ol style="list-style-type: none"> <li data-bbox="240 1193 948 1220">1. Offender-on-Offender Allegations of Sexual Assault or Abuse <ol style="list-style-type: none"> <li data-bbox="240 1249 1473 1312">a. The alleged victim will be notified if the Department learns that the accused has been indicted on or convicted of a charge related to sexual assault or abuse within the facility.</li> <li data-bbox="240 1341 1177 1368">b. The PREA Coordinator/designee will track all cases and make required notifications.</li> </ol> </li> <li data-bbox="240 1397 1230 1424">2. Substantiated/Unsubstantiated Allegations of Staff Sexual Misconduct against employees <ol style="list-style-type: none"> <li data-bbox="240 1453 675 1480">a. The alleged victim will be notified: <ol style="list-style-type: none"> <li data-bbox="240 1509 1243 1536">1) When the accused employee is no longer regularly assigned to the offender's housing unit,</li> <li data-bbox="240 1565 1195 1592">2) When the accused employee no longer works at the same facility as the offender, and</li> <li data-bbox="240 1621 1431 1684">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.</li> </ol> </li> <li data-bbox="240 1713 1418 1776">b. The appointing authority/designee will track all cases, make required notifications, and forward copies to the PREA Coordinator.</li> </ol> </li> <li data-bbox="240 1805 1393 1868">B. Notifications will be provided to alleged victims in a confidential manner through legal mail or by another method determined by the Appointing Authority.</li> <li data-bbox="240 1897 1334 1924">G. Once the Appointing Authority has made a determination, the alleged victim will be notified of the findings. <ol style="list-style-type: none"> <li data-bbox="240 1953 1406 2016">1. The Appointing Authority/designee of the facility where the offender is housed will inform the offender of the findings in person, in a confidential manner. <ol style="list-style-type: none"> <li data-bbox="240 2045 1099 2072">a. Notification may be provided in writing if the offender is in restrictive housing.</li> <li data-bbox="240 2101 1460 2128">2. If the offender has been released, the Appointing Authority will inform the offender of the findings in writing to the</li> </ol> </li> </ol> </li> </ol> </li> </ol> </li></ol></li></ol>

offender's last known address as documented in his/her electronic file.

**Substandard 115.273(a)**

The facility reported, via the PAQ, that it has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. There were four criminal and/or administrative investigations of alleged sexual abuse that were completed by the agency/facility during the audit review period. Of the alleged sexual abuse investigations that were completed, four residents who were notified, verbally or in writing, of the results of the investigation.

The Director indicated, during her telephonic interview, that this is done by WADOC staff. The appointing authority typically meets with the resident, in person, and notifies them of the outcome of the investigation. If the resident is gone, then a letter is sent to their last known residence.

Both investigators indicated, during their interviews, that policy requires notification to the resident of the outcome of the investigation. Both indicated they are not responsible to make the notification, it is done by the appointing authority. Generally, it is done verbally, if the resident is still at the facility and a letter is sent, if the resident is no longer at the facility.

There was an interview protocol for residents who reported a sexual abuse. There were no residents at the facility during our visit who had reported sexual abuse; therefore, the interview protocol was not utilized.

A sample of alleged sexual abuse investigations completed by agency were reviewed by the auditor. These investigation packages included notifications to residents. However, the written notifications did not inform the victim of the outcome, only that the investigation was completed. This was discussed with the facility in August 2020. Since that discussion, written notifications include the outcome of the investigation. The auditor was provided with examples of the revised notifications.

**Substandard 115.273(b)**

The facility reported, via the PAQ, that when an outside entity conducts such investigations, they gather the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. In the past 12 months, there have been no investigations of alleged resident sexual abuse in the facility and there were four residents alleging sexual misconduct, not rising to a criminal level, who were notified verbally or in writing of the results of the investigation.

The auditor was tasked with reviewing a sample of alleged sexual abuse investigations completed by outside agencies and a sample of responses provided to residents for alleged sexual abuse investigations completed by outside agency. The auditor found that the agency still complete an investigations package and all required documentation is included. If the investigation was completed by the outside agency, a report from the investigating officer is included with the package. Notification to the resident were made, when required.

**Substandard 115.273(c)**

The facility reported, via the PAQ, that following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: 1) the staff member is no longer posted within the resident's unit; 2) the staff member is no longer employed at the facility; 3) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There have been no substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against a resident in the past 12 months.

After reviewing all of the allegations received during the review period and the extended period before the on-site portion of the audit was rescheduled, the auditor noted there were no allegations of sexual abuse by a staff member against a resident during the review period.

There was an interview protocol for residents who reported a sexual abuse. There were no residents at the facility during our visit who had reported sexual abuse; therefore, the interview protocol was not utilized.

**Substandard 115.273(d)**

The facility reported, via the PAQ, that following a resident's allegation that he or she has been sexually abused by another resident in the facility, they inform the victim whenever: 1) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The auditor was tasked with reviewing a sample of documentation of notifications to residents. There was only one case in which this would have been applicable and the notification has not been made. The case has been referred to the Prosecuting Attorney's Office. The Prosecuting Attorney's Office chose not to move forward with prosecution. Notification was made and a copy was provided.

There was an interview protocol for residents who reported a sexual abuse. There were no residents at the facility during our visit who had reported sexual abuse; therefore, the interview protocol was not utilized.

**Substandard 115.273(e)**

The facility reported, via the PAQ, that the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, there were four notifications to residents provided pursuant to this standard. All were documented.

The auditor reviewed copies of notification letters and/or DOC form 02-378, Investigative Findings Sheet, to determine notifications were made, on all cases that required notification.

**Substandard 115.273(f)**

This substandard states that an agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody. The facility sends a letter to the last known address of the resident, notifying them that the investigation has been completed.

115.276	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 778 297"><b>Standard 115.276, Disciplinary Sanctions for Staff</b></p> <p data-bbox="240 387 778 414"><b>Policies related to disciplinary sanctions for staff:</b></p> <p data-bbox="240 445 959 472">WADOC policy 490.800, PREA Prevention and Reporting, which states:</p> <p data-bbox="240 504 1473 595">I. The Department recognizes the right of offenders to be free from sexual misconduct. The Department has zero tolerance for all forms of sexual misconduct. The Department will impose disciplinary sanctions for such conduct, up to and including dismissal for staff. Incidents of sexual misconduct will be referred for criminal prosecution when appropriate.</p> <p data-bbox="240 627 842 654">WADOC policy 490.860, PREA Investigations, which states:</p> <p data-bbox="240 685 1281 712">L. When a substantiated allegation is criminal in nature, the Appointing Authority/designee will notify:</p> <ol data-bbox="240 743 1361 824" style="list-style-type: none"> <li>1. Law enforcement, unless such referral was made previously during the course of the investigation, and</li> <li>2. Relevant licensing bodies.</li> </ol> <p data-bbox="240 855 483 882">IV. Staff Discipline</p> <p data-bbox="240 913 1449 940">Employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies.</p> <p data-bbox="240 972 823 999">WADOC policy 450.050, Prohibited Contact, which states:</p> <p data-bbox="240 1030 916 1057">III. Restriction Process for Staff Sexual Misconduct/Harassment</p> <p data-bbox="240 1088 1461 1146">A. Presumptive restrictions for contact between an individual found to have engaged in staff sexual misconduct and any offender, except an offender who is the staff's non-victim family member, are as follows:</p> <ol data-bbox="240 1178 1461 1442" style="list-style-type: none"> <li>1. Substantiated allegations of sexual intercourse, as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting, will result in: <ol data-bbox="240 1267 1190 1348" style="list-style-type: none"> <li>a. Permanent restriction on visitation, which may be appealed after 3 years.</li> <li>b. An 18 month restriction on telephone and mail communication, including eMessaging.</li> </ol> </li> <li>2. All other substantiated allegations of staff sexual misconduct will result in a one year restriction on telephone and mail communication, including eMessaging, and a 2 year restriction on visitation.</li> </ol> <p data-bbox="240 1473 1481 1532">B. At the time the allegation is substantiated, the Appointing Authority will ensure notification is made to the mailroom, Visiting, and the Intelligence Officer to ensure the restrictions are put in place.</p> <p data-bbox="240 1563 1477 1657">C. With Deputy Director or Work Release/Residential Administrator approval, the Appointing Authority may grant a request for an exception to the presumptive restrictions, but only when extraordinary circumstances support the request and granting the requested exception will not undermine the Department's zero tolerance of all forms of sexual misconduct.</p> <ol data-bbox="240 1688 1477 1836" style="list-style-type: none"> <li>1. Before exception or lifting of restriction will be considered, the offender must submit a signed DOC 21-067 Request for Visitation/Release, confirming s/he is freely participating in communication with the individual.</li> <li>2. Appointing Authorities will consult with the Deputy Secretary for possible pursuit of a no contact order between the individual and the offender.</li> </ol> <p data-bbox="240 1868 946 1895">D. Violation of restrictions may result in an extension of the restriction.</p> <p data-bbox="240 1984 499 2011"><b>Substandard 115.276(a)</b></p> <p data-bbox="240 2042 1453 2101">The facility reported, via the PAQ, that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p>

**Substandard 115.276(b)**

The facility reported, via the PAQ, that in the past 12 months there have been no staff from the facility who have violated agency sexual abuse or sexual harassment policies.

The auditor was tasked to review a sample of records for terminations, resignation, or other sanctions for violations of sexual abuse or sexual harassment policy. This request for records was discussed with the PREA Compliance Manager. In January, the auditor received a memo stating there were no termination, resignations, or other sanctions against staff for violations of sexual abuse or sexual harassment policy.

**Substandard 115.276(c)**

The facility reported, via the PAQ, that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. In the past 12 months, there have been no staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

The auditor was tasked to review records of disciplinary sanctions taken against staff for violations of the agency sexual abuse or sexual harassment policies in the past 12 months. The auditor noted that there were no allegations of sexual abuse or sexual harassment made against staff during the 12 month review period. When allegations were made against contract staff, the agency ensured the contract staff was no longer allowed to have contact with the resident, pending completion of the investigation.

**Substandard 115.276(d)**

The facility reported, via the PAQ, that 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 law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, there were no staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

The auditor was tasked to review reports to law enforcement agencies for violations of agency sexual abuse or sexual harassment policies. The auditor noted there were none during this review period.



115.277	<b>Corrective action for contractors and volunteers</b>
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 970 297"><b>Standard 115.277, Corrective Action for Contractors and Volunteers</b></p> <p data-bbox="240 329 1032 356"><b>The policies outlining contractor and volunteer notification requirements:</b></p> <p data-bbox="240 387 831 414">WADOC policy 490.860, PREA Investigation, which states:</p> <p data-bbox="240 445 1270 472">L. When a substantiated allegation is criminal in nature, the Appointing Authority/designee will notify:</p> <ol data-bbox="240 504 1362 584" style="list-style-type: none"> <li>1. Law enforcement, unless such referral was made previously during the course of the investigation, and</li> <li>2. Relevant licensing bodies.</li> </ol> <p data-bbox="240 616 395 642">Staff Discipline</p> <p data-bbox="240 674 1461 732">A. Employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies.</p> <p data-bbox="240 763 1442 857">B. Contract staff and volunteers who are found to have committed staff sexual misconduct will be terminated from service and prohibited from contact with offenders. For any other violations of Department PREA policies, appropriate actions will be taken.</p> <ol data-bbox="240 889 1490 1153" style="list-style-type: none"> <li>1. For contract staff terminations: <ol data-bbox="240 947 1490 1099" style="list-style-type: none"> <li>a. The Appointing Authority will notify the contract staff/organization in writing with a copy to the PREA Coordinator/designee, who will alert all facilities of the termination.</li> <li>b. Facilities will establish procedures to track contract staff terminations and notify appropriate control points to ensure facility access is not granted to terminated individuals.</li> </ol> </li> <li>2. Volunteer terminations will be tracked per DOC 530.100 Volunteer Program.</li> </ol> <p data-bbox="240 1184 823 1211">WADOC policy 450.050, Prohibited Contact, which states:</p> <p data-bbox="240 1243 916 1270">III. Restriction Process for Staff Sexual Misconduct/Harassment</p> <p data-bbox="240 1301 1461 1359">A. Presumptive restrictions for contact between an individual found to have engaged in staff sexual misconduct and any offender, except an offender who is the staff's non-victim family member, are as follows:</p> <ol data-bbox="240 1391 1461 1659" style="list-style-type: none"> <li>1. Substantiated allegations of sexual intercourse, as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting, will result in: <ol data-bbox="240 1480 1190 1570" style="list-style-type: none"> <li>a. Permanent restriction on visitation, which may be appealed after 3 years.</li> <li>b. An 18 month restriction on telephone and mail communication, including eMessaging.</li> </ol> </li> <li>2. All other substantiated allegations of staff sexual misconduct will result in a one year restriction on telephone and mail communication, including eMessaging, and a 2 year restriction on visitation.</li> </ol> <p data-bbox="240 1691 1485 1749">B. At the time the allegation is substantiated, the Appointing Authority will ensure notification is made to the mailroom, Visiting, and the Intelligence Officer to ensure the restrictions are put in place.</p> <p data-bbox="240 1780 1477 1874">C. With Deputy Director or Work Release/Residential Administrator approval, the Appointing Authority may grant a request for an exception to the presumptive restrictions, but only when extraordinary circumstances support the request and granting the requested exception will not undermine the Department's zero tolerance of all forms of sexual misconduct.</p> <ol data-bbox="240 1906 1485 2054" style="list-style-type: none"> <li>1. Before exception or lifting of restriction will be considered, the offender must submit a signed DOC 21-067 Request for Visitation/Release, confirming s/he is freely participating in communication with the individual.</li> <li>2. Appointing Authorities will consult with the Deputy Secretary for possible pursuit of a no contact order between the individual and the offender.</li> </ol> <p data-bbox="240 2085 946 2112">D. Violation of restrictions may result in an extension of the restriction.</p>

**Substandard 115.277(a)**

The facility reported, via the PAQ, that policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Policy requires that any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents. In the past 12 months, no contractors or volunteers have been reported to relevant licensing bodies for engaging in sexual abuse of residents. In the past 12 months, there were no contractors reported to law enforcement for engaging in sexual abuse of residents.

The auditor was tasked to review reports of sexual abuse of residents by contractors or volunteers. To accomplish this task, all investigations were reviewed for the audit review period and the while the on-site portion of the audit was being rescheduled due to COVID restrictions. Referrals were made when appropriate.

**Substandard 115.277(b)**

The facility reported, via the PAQ, that it takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The Facility Director reported, during her telephonic interview, that the contractor would be placed on leave through the completion of the investigation. The volunteer would not be allowed to return until the investigation was complete. They do not use remedial measures in these circumstances.

115.278	<b>Disciplinary sanctions for residents</b>
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 834 297"><b>Standard 115.278, Disciplinary Sanctions for Residents</b></p> <p data-bbox="240 329 804 356"><b>The policies outlining inmate disciplinary sanctions:</b></p> <p data-bbox="240 387 831 414">WADOC policy 490.860, PREA Investigation, which states:</p> <p data-bbox="240 445 531 472">V. Offender Discipline</p> <p data-bbox="240 504 1473 562">A. Prison and Work Release offenders may be subject to disciplinary action per DOC 460.050 Disciplinary Sanctions or DOC 460.135 Disciplinary Procedures for Work Release for violating Department PREA policies.</p> <p data-bbox="240 593 1469 651">1. For substantiated allegations against an offender, an infraction must be written against the perpetrator for the applicable violation listed:</p> <p data-bbox="240 683 1485 741">a. 635 - Committing sexual assault against another offender, as defined in Department policy (i.e., aggravate sexual assault or offender-on-offender sexual assault)</p> <p data-bbox="240 772 1166 799">b. 637 - Committing sexual abuse against another offender, as defined in Department policy</p> <p data-bbox="240 831 1224 857">c. 659 - Committing Sexual harassment against another offender, as defined in Department policy.</p> <p data-bbox="240 889 1492 947">2. If the accused offender transfers to another facility before a hearing is held, the sending Appointing Authority/designee will forward an electronic copy of the investigation report to the receiving Appointing Authority/designee.</p> <p data-bbox="240 978 1160 1005">3. Hearings on PREA-related infractions will be heard by the primary Hearing Officer.</p> <p data-bbox="240 1037 1476 1095">a. The Superintendent/designee may assign one alternate Hearing Officer per DOC 460.000 Disciplinary Process for Prisons.</p> <p data-bbox="240 1126 1473 1184">4. The Hearing Officer may request access to review the investigation report from the Appointing Authority/designee. The review will be conducted in the location where the records are maintained. Copies will not be made for this purpose.</p> <p data-bbox="240 1216 1473 1274">5. Appeals of findings or sanctions imposed for PREA-related violations will be submitted to the Prisons Command B Deputy Director The offender will be notified of the appeal decision on DOC 09-197 Disciplinary Hearing Appeal Decision.</p> <p data-bbox="240 1305 1332 1332">B. Alleged victims are not subject to disciplinary action related to violating PREA policies except when:</p> <p data-bbox="240 1364 1316 1391">1. An investigation of staff sexual misconduct determines that the staff did not consent to the contact.</p> <p data-bbox="240 1422 1265 1449">2. The formal PREA investigation resulted in a determination that the allegation was unfounded.</p> <p data-bbox="240 1480 1128 1507">a. A 549 violation may be written and served upon completion of the investigation.</p> <p data-bbox="240 1538 1473 1597">b. A report of sexual abuse made in good faith will not constitute providing false information, even if the investigation does not establish sufficient evidence to substantiate the allegation.</p> <p data-bbox="240 1628 962 1655">WADOC policy 460.000, Disciplinary Process for Prisons, which states:</p> <p data-bbox="240 1686 1485 1780">The offender will be notified of the date, time, and place of the hearing and served DOC 05-093 Disciplinary Hearing Notice/Appearance Waiver not less than 24 hours before the hearing, including DOC 17-076 Initial Serious Infraction Report, supporting non-confidential documents, and summaries of supporting evidence and any confidential information.</p> <p data-bbox="240 1812 1224 1839">D. The Hearing Clerk will schedule the hearing to be held within 5 business days of service.</p> <p data-bbox="240 1870 1482 1928">1. The hearing may be held within 24 hours of service with the offender's written consent on DOC 05-093 Disciplinary Hearing Notice/Appearance Waiver.</p> <p data-bbox="240 1960 1473 2018">2. If the offender is in segregation, the hearing will be held within 3 business days of service, unless a continuance is granted.</p> <p data-bbox="240 2049 477 2076">G. Conduct of Hearing</p> <p data-bbox="240 2107 1466 2134">1. Before the hearing begins, the Disciplinary Hearing Officer will ensure interpreters provide their qualifications and</p>

state their name and whether they are a certified or registered interpreter on the record per RCW 2.43.050.

2. The offender will be present at the hearing unless waived on DOC 05-093 Disciplinary Hearing Notice/Appeal Waiver, or s/he displays disruptive behavior during the hearing. [4-4237]

a. If s/he refuses/waives attendance, the Disciplinary Hearing Officer will be notified both verbally and on DOC 17-071 Disciplinary Hearing Offender Refusal/Waiver of Attendance.

1) Failure to attend without cause will be considered refusing attendance.

b. The Disciplinary Hearing Officer will document the offender's absence and reason(s) on DOC 21-312 Disciplinary Hearing Minutes and Findings.

3. An offender may be excluded during the testimony of any employee, contract staff, volunteer, or offender whose testimony must be given in confidence. The Disciplinary Hearing Officer will ensure the offender's exclusion is documented on DOC 17-072 Disciplinary Hearings Review of Confidential Information Checklist.

4. The offender will have the opportunity to make a statement, present documentary evidence at the hearing, and request witnesses on his/her behalf.

a. Written statements will be submitted on DOC 05-094 Witness Statement.

b. The Disciplinary Hearing Officer will document the reason(s) for denying a request on DOC 21-312 Disciplinary Hearing Minutes and Findings.

c. Any continuance/interruption to the hearing lasting longer than 24 hours requires completion of DOC 20-167 Continuance/Postponement of Decision of Disciplinary Hearing and will be documented in the Prison Discipline screen in the electronic file.

5. Category A, B, and C infraction hearings will be audio recorded and retained per the Records Retention Schedule.

H. Disciplinary Hearing Officer Decision

1. All evidence presented at the hearing must be reviewed and considered.

2. Hearing proceedings, including the hearing decision and supporting reasons, will be documented in the electronic file and on DOC 21-312 Disciplinary Hearing Minutes and Findings, and scanned into the electronic imaging file. A copy of the minutes and findings will be given to the offender.

a. DOC 21-312A Disciplinary Hearing Minutes and Findings Continuation Sheet may be used, as necessary.

b. The infraction report and non-confidential supporting documents will be scanned into the electronic imaging file and filed in the central file upon completion of the hearing process.

c. A copy of the non-redacted infraction report and supporting documentation will be maintained in the Disciplinary Hearing Office per the Records Retention Schedule.

3. If the Disciplinary Hearing Officer determines that the offender is guilty, s/he may impose sanctions per WAC 137-28, DOC 460.050 Disciplinary Sanctions, and other applicable policies.

a. Sanctions imposed will be documented on DOC 17-085 Sanction Notification.

b. Sanctions that include restitution will be documented on DOC 05-363 Restitution Review.

c. Offenders sanctioned to disciplinary segregation will receive credit against the sanction for time served in segregation for that violation(s).

d. The Disciplinary Hearing Officer will ensure mental health employees/contract staff at the hearing have the opportunity to recommend sanctions.

e. If mental health employees/contract staff have concerns relating to a sanction(s) imposed after the conclusion of the hearing, s/he may:

1) Contact the Disciplinary Hearing Officer and the Superintendent/designee to consider a sanction change(s), or

2) Submit concerns/recommendations to the Director of Mental Health for review/consideration.

4. If the offender is found guilty and under Board jurisdiction, the Board will be notified in writing, including supporting documentation and a recommendation, per DOC 320.100 Indeterminate Sentence Review Board (ISRB).

5. When the offender is found guilty of only some of the rule violations originally charged, the record will clearly describe the violation(s) for not guilty findings and the charges will be redacted from the infraction report.
6. When all rule violations in the infraction report are dismissed or the offender is found not guilty of any violations during a hearing, no records pertaining to the violation(s) will be placed in the central file.
  - a. The Disciplinary Hearing Officer may retain the records for statistical, litigation, and recordkeeping purposes.
7. When all charges have been expunged, the infraction record will be cleared/removed from the:
  - a. Central file and mailed to the Disciplinary Hearings Coordinator to retain for statistical, litigation, and recordkeeping purposes.
  - b. Electronic imaging file and the Infraction Summary in the electronic file.

#### V. Reporting to Law Enforcement

A. The Superintendent should report any felony under state or federal law committed in a facility to local law enforcement.

WADOC policy 460.050, Disciplinary Sanctions, which states:

##### I. General Requirements

- A. The Disciplinary Hearing Officer will determine the appropriate sanction(s) when an offender is found guilty of a violation.
  1. The following will be used to determine appropriate sanctions: [4-4226] [4-4228] [4-4255]
    - a. Disciplinary Violations for Prison and Work Release (Attachment 1) provides the categories and levels of violations, including loss of classification points.
    - b. Prison Sanctioning Guidelines (Attachment 2) provides guidelines for imposing sanctions based on the number and frequency of violations received during a designated time period.
  2. The offender's disciplinary record, prior conduct, mental status, overall facility adjustment, and employee/contract staff recommendations may be considered.
  3. For any offense, up to the maximum sanction allowed may be imposed per WAC 137-28-240, WAC 137-28-350, and Attachment 2, regardless of whether it is a first or subsequent offense.

##### VI. Prison Rape Elimination Act (PREA) Violations

A. For substantiated PREA allegations against an offender, an infraction report must be written against the accused per DOC 490.860 Prison Rape Elimination Act

(PREA) Investigation.

An offender who is found guilty of a 611, 613, 635, or 637 violation may be sanctioned 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).

The Disciplinary Violations Chart and the Violation Categories and Range of Sanction Options chart were provided to the auditor.

WADOC policy 460.135, Disciplinary Procedures for Work Release, which states:

##### Major Infraction Hearing Process

The Hearing Officer will conduct the Work Release major infraction hearing, assess the evidence, and render decisions in a fair and impartial manner in accordance with statute, case law, Washington Administrative Code, and Department policy.

Unless waived by the offender, Hearing Officers may not preside over a hearing in which they have personal involvement with any party or issue under consideration.

Consider factors such as the offender's overall adjustment to the facility, prior infractions, prior conduct, and mental status

An offender who is found guilty of a 611, 613, 635, or 637 violation may be sanctioned to a multidisciplinary FRMT review for consideration of available interventions (e.g., Mental Health therapy, Sex Offender Treatment Program, Anger Management).

**Substandard 115.278(a)**

The facility reported, via the PAQ, that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months, there has been one administrative finding of inmate-on-inmate sexual abuse that have occurred at the facility. There were no criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility.

The auditor was provided with a copy of the disciplinary report with the PAQ.

**Substandard 115.278(b) & (c)**

The Facility Director, during her telephonic interview, stated that resident sanctions for major infractions are found in the Washington Administrative Code. They could include return to confinement, loss of credits. The sanctions are proportionate with the severity of the infraction.

The auditor was tasked to review investigative reports and documentation of sanctions imposed. The auditor reviewed all investigative reports and documentation of sanctions on two cases. One of the disciplinary reports was for an unrelated issue that was identified during the PREA investigation. All sanctions were found to be in compliance with agency policy.

**Substandard 115.278(d)**

The facility reported, via the PAQ, they they do not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

There are no medical or mental health staff assigned at PHWTR; therefore, the interview protocol was not utilized during this audit.

The facility does not offer these services, if the resident needed these services, they would be provided in the community.

**Substandard 115.278(e)**

The facility reported, via the PAQ, that it disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

The auditor was tasked to review a sample of records of disciplinary actions against residents for sexual conduct with staff. There were no incidents of this nature during the review period, so no records were reviewed.

**Substandard 115.278(f)**

The facility reported, via the PAQ, that it prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The auditor reviewed all allegations and noted there were no occurrences during the review period.

**Substandard 115.278(g)**

The facility reported, via the PAQ, that the agency prohibits all sexual activity between residents. The agency disciplines residents for such activity; when it deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

115.282	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Standard 115.282, Access to Emergency Medical and Mental Health Services</b></p> <p><b>The policies outlining medical/mental health treatment for sexual abuse :</b></p> <p>WADOC policy 490.850, PREA Response, which states:</p> <p>III. Response to Allegations of Sexual Misconduct</p> <p>For all allegations except aggravated sexual assault, the Shift Commander/Community Corrections Supervisor (CCS)/designee will implement appropriate security procedures and initiate the PREA Response and Containment Checklist. For allegations of aggravated sexual assault, the Shift Commander/CCS/designee will initiate the Aggravated Sexual Assault Checklist (Attachment 1), and the PREA Response Team will conduct a coordinated, multidisciplinary response to the allegation.</p> <p>3. Prisons and Work Releases will maintain PREA response kits for responding to allegations of aggravated sexual assault, which contain the items listed in Attachment 6. The PREA Compliance Manager/designee will immediately replace any used items and inspect the kits regularly.</p> <p>4. In Prisons, forensic examinations will be conducted per DOC 610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct.</p> <p>5. Work Releases will develop local procedures to ensure alleged victims of aggravated sexual assault are provided with emergency medical care to include forensic medical examinations, as applicable.</p> <p>6. Victims in all cases of reported sexual misconduct, regardless of who the misconduct is reported to, will receive immediate medical and mental health services per DOC 610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct.</p> <p>7. Each Prison, Work Release, and Field Office will develop procedures for victims to receive ongoing medical, mental health, and support services as needed.</p> <p>VI. Medical and Mental Health Services</p> <p>All medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender.</p> <p>1. Offenders housed in facilities with onsite health services will receive timely access to medical and mental health services per DOC 610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct.</p> <p>2. Medical and mental health services for all other offenders will be coordinated by the Work Release Administrator or applicable Field Administrator or their designees.</p> <p>WADOC policy 610.300, Health Services for Work Release Offenders, which states:</p> <p>Offenders who are on Work Release status will have unimpeded access to health care. Facilities will ensure that all offenders who report being a victim of sexual misconduct have access to local community providers for medical treatment and mental health evaluation, as appropriate. If an offender is transported to a community health care facility, employees/contract staff will take steps to protect the victim upon return from the community health care facility. In the case of sexual misconduct, the Appointing Authority will authorize payment and coverage of medically necessary treatment and any identified mental health treatment. A victim of sexual misconduct will not have debt added to his/her account for any medical or mental health treatment received as a result of reported sexual misconduct, whether or not s/he names the abuser or cooperates with any related investigation.</p> <p><b>Substandard 115.282(a)</b></p> <p>The facility reported, via the PAQ, that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the</p>

appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

There are no medical or mental health staff assigned at PHWTR; therefore, there were no secondary materials regarding access to services, available to review. In addition, the interview protocol for medical and mental health staff was not utilized.

There was an interview protocol for residents who reported sexual abuse. There were none during the review period, so no interviews were conducted.

The auditor confirmed there were no medical staff assigned at PHWTR during the tour of the facility.

**Substandard 115.282(b)**

One WADOC staff was the only state staff who had previously acted as a first responder. None of the contract facility monitors have acted as a first responder. The state staff indicated she would control movement of the two residents and have someone watch the door, so no one could go in to the area. She stated that she would separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; request that the alleged victim not take any actions that could destroy physical evidence; ensure that the alleged abuser does not take any actions that could destroy physical evidence; and notify medical of the situation. She indicated they would need to put a separate notice in place to ensure no future contact. Local law enforcement would be contacted and they would transport the victim and suspect for the forensic examination and conduct the investigation.

The auditor was tasked to review documentation demonstrating immediate notification of the appropriate medical and mental health practitioners. The auditor noted that there are no on-site medical or mental health staff, so notifications would be made to the outside medical facility. There were no incidents during the review period which required medical or mental health response.

**Substandard 115.282(c)**

The facility reported, via the PAQ, that resident victims of sexual abuse are 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.

There are no medical or mental health staff assigned at PHWTR; therefore, there were no secondary materials regarding access to services, available to review. In addition, the interview protocol for medical and mental health staff was not utilized.

Per a memorandum received from the facility, if an offender in a work release facility alleges aggravated sexual assault, he/she is transported to the designated community health care facility. Offenders are provided with information regarding emergency contraception and sexually transmitted infection prophylaxis. As no health care personnel work within these facilities, the offender would then be referred to community health care resources for follow up care as needed.

**Substandard 115.282(d)**

The facility reported, via the PAQ, that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.



115.283	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Standard 115.283, On-going Medical and Mental Health Care for Sexual Abuse Victims and Abusers</b></p> <p><b>The policies outlining on-going medical and mental health treatment for victims and abusers :</b></p> <p>WADOC policy 490.850, PREA Response, which states:</p> <p>VI. Medical and Mental Health Services</p> <p>All medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender.</p> <ol style="list-style-type: none"> <li>1. Offenders housed in facilities with onsite health services will receive timely access to medical and mental health services per DOC 610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct.</li> <li>2. Medical and mental health services for all other offenders will be coordinated by the Work Release Administrator or applicable Field Administrator or their designees.</li> </ol> <p>WADOC policy 610.025, Health Services Management of Offenders in Cases of Alleged Sexual Misconduct, which states:</p> <p>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.</p> <p>WADOC policy 610.040, Health Screening and Assessments, which states:</p> <p>XI. Health Services at Release</p> <ol style="list-style-type: none"> <li>A. Primary care practitioners will review health records and current medications for each individual scheduled for release. <ol style="list-style-type: none"> <li>1. Release prescriptions will be ordered per DOC 650.035 Medications for Transfer and Release.</li> </ol> </li> <li>B. Medically necessary durable medical equipment and applicable 30 day supplies will be provided.</li> <li>C. The Headquarters Nurse Desk and/or psychiatric social worker will assist with release planning for community supervision violators with extraordinary medical or mental health needs.</li> </ol> <p>WADOC policy 630.500, Mental Health Services, which states:</p> <p>III. Mental Health Services Provided Under the Offender Health Plan</p> <ol style="list-style-type: none"> <li>A. Crisis Services <ol style="list-style-type: none"> <li>1. Crisis services are provided for offenders with symptoms of an acute mental disorder that impair the offender's ability to function in areas such as self-care, social functioning, communication, and/or judgment. The offender may pose a safety risk to themselves and/or others. In addition to the services that are provided under DOC 630.550 Suicide Prevention and Response, crisis services may include: <ol style="list-style-type: none"> <li>a. Emergent/urgent mental health crisis screening, which will be the basis for prioritizing the offender for further mental health assessment.</li> <li>b. Immediate access to services if a crisis exists at the time of evaluation.</li> <li>c. Delivery of emergent/urgent psychiatric services and/or psychotropic medications per DOC 610.010 Offender Consent for Health Care and/or DOC 630.540 Involuntary Antipsychotic Administration.</li> <li>d. Delivery of brief crisis counseling services.</li> </ol> </li> </ol> </li> <li>B. Routine Mental Health Services <ol style="list-style-type: none"> <li>1. Assessment</li> </ol> </li> </ol> <p>A mental health provider will assess the need for mental health services in cases where the offender reports sexual abuse or</p>

has been identified as a victim or perpetrator of sexual abuse and is requesting mental health services.

#### VIII. Release Planning for Offenders with Serious Mental Illness

Six months prior to the offender's Earned Release Date (ERD), the mental health employee/contract staff designated to facilitate care coordination will review seriously mentally ill offenders, along with supporting information, to determine which offenders will need community mental health aftercare.

1. For offenders identified, the mental health employee/contract staff designated to facilitate care coordination will:
  - a. Assist with referrals to community supports and appropriate benefits or entitlements, and
  - b. Collaborate with Classification Counselors and Community Corrections Officers in planning and preparation for offender transition into the community.

B. Three months prior to ERD, the mental health employee/contract staff designated to facilitate care coordination, in collaboration with the supervising psychologist, will identify offenders that may be eligible for Department of Social and Health Services (DSHS) disability-based benefits and will:

1. Assist identified offenders in completing their application for expedited Medicaid eligibility for medical benefits as required in RCW 74.09.555 by submitting an application through DSHS.
2. Coordinate with the offender to identify mental health services in their community and schedule an intake appointment with a mental health provider.

C. Release planning for offenders who are designated for the ORCS Program must be provided per DOC 630.590 Offender Reentry Community Safety (ORCS) Program Review. This includes participation in the planning meetings and responding to all information requests by ORCS Program employees/contract staff.

WADOC policy 610.300, Health Services for Work Release Offenders, which states:

#### Policy

Offenders who are on Work Release status will have unimpeded access to Health Care.

#### Directive:

##### I. Offender Responsibility

A. When health services are not provided by the Department, offenders will need to secure funding for their health care through appropriate means, such as basic health plans, the Veteran's Administration, their employer, or personal resources.

B. In the case of sexual misconduct, the Appointing Authority will authorize payment and coverage of medically necessary treatment and any identified mental health treatment.

1. A victim of sexual misconduct will not have debt added to his/her account for any medical or mental health treatment received as a result of reported sexual misconduct, whether or not s/he names the abuser or cooperates with any related investigation.

##### IV. Health Care Treatment

A. The Chief Medical Officer is the designated Health Authority for Work Releases that do not have on-site medical services.

1. At Rap House/Lincoln Park Work Release, the Registered Nurse is the designated Health Authority.

B. Health services are only provided by health care professionals acting within the scope of activities authorized by law.

C. Offenders will be given DOC 20-109 Point-to-Point Pass to attend approved health care appointments per DOC 300.550 Monitoring Graduated Community Access.

D. When attending health care appointments, and/or medical examinations related to serious, infectious, or communicable diseases, offenders will take DOC 14-016 Community Health Care Report for the health care provider to complete. The offender will return the completed form to the Work Release.

E. Facilities will ensure that all offenders who report being a victim of sexual misconduct have access to local community providers for medical treatment and mental health evaluation, as appropriate.

F. For offenders identified as the perpetrator in a substantiated allegation of sexual misconduct, employees/contract staff will submit a referral for a community mental health evaluation.

1. If the offender refuses to participate in the evaluation, s/he will be transferred to a Prison for evaluation and offered ongoing treatment as assess risk.

G. Female offenders housed in a Work Release will have access to pregnancy management services.

1. If pregnancy is the result of sexual misconduct which took place while incarcerated, the offender will receive timely and comprehensive information and treatment related to lawful pregnancy-related services.

#### Health Education

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.

#### **Substandard 115.283(a)**

The facility reported, via the PAQ, that it offers medical and mental health evaluation in the community and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

PHWTR is a community based facility. All medical and mental health services provided to the residents who reside at PHWTR are provided by community providers.

#### **Substandard 115.283(b)**

There are no medical or mental health staff assigned at PHWTR; therefore, the medical/mental health staff interview protocol was not utilized.

There was an interview protocol for residents who reported sexual abuse. At the time of the on-site visit, there were no residents who reported sexual abuse housed at the facility; therefore, the interview protocol was not utilized.

The auditor was tasked to review medical records and secondary documentation. During the documentation review period, she found that community health services should have been offered to three residents. In the first case, the resident was offered a referral to community-based mental health care. However, due to a change in the facility supervisor, this documentation cannot currently be located. In the second case, the offender was offered a referral but declined as she was receiving non-related mental health care and wished to continue with her current provider. In the third case, a referral was provided and accepted for the offender to access community-based mental health services. Upon request of the auditor, the documentation of that referral was provided.

#### **Substandard 115.283(c)**

There are no medical or mental health staff assigned at PHWTR; therefore, the medical/mental health staff interview protocol was not utilized.

The auditor was tasked to review medical records or secondary documentation that demonstrates the victim received medical and mental health services consistent with community level of care. At this facility, there are no medical or mental health staff assigned. Care is provided by medical and mental health staff in the community; therefore, there are no records to review.

#### **Substandard 115.283(d)**

The facility reported, via the PAQ, that female victims of sexually abusive vaginal penetration are offered pregnancy tests.

The auditor was tasked to review medical records or secondary documentation that demonstrates that female victims were offered pregnancy tests. After reviewing the incident tracking log, the auditor noted there were no incidents which would have required a pregnancy test to be administered.

**Substandard 115.283(e)**

The facility reported, via the PAQ, that if pregnancy results from sexual abuse while incarcerated, the victim receives timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. This is provided by the community care provider.

There are no medical or mental health staff assigned at PHWTR; therefore, the medical/mental health staff interview protocol was not utilized.

There were no female residents who reported sexual abuse that consisted of sexually abusive vaginal penetration, so this question was not asked.

**Substandard 115.283(f)**

The facility reported, via the PAQ, that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections, as medically appropriate, during treatment in the community.

The auditor was tasked to review medical records or secondary documentation that demonstrates victims were offered tests for sexually transmitted infections as medically appropriate. There are no medical or mental health services provided at PHWTR. All services are provided in the community, so there were no records to review.

**Substandard 115.283(g)**

The facility reported, via the PAQ, that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**Substandard 115.283(h)**

The facility reported, via the PAQ, that it attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners.

There are no medical or mental health staff assigned at PHWTR; therefore, the interview protocol for medical/mental health staff was not utilized.

The auditor was tasked to review mental health records or secondary documentation that demonstrate evaluations of resident-on-resident abusers. In response to this document request to the PREA Compliance Manager, the auditor was provided with a memo which explained their process. It stated: If an investigation is conducted in which an offender is identified as a substantiated perpetrator of sexual abuse or assault of another offender, a mental health referral would be generated for the evaluation of that offender. In a work/training release facility, if such an allegation were to be received, the offender would be transferred to a prison facility during the course of the investigation. Additionally, if the agency learns of substantiated allegations of assault or abuse committed by an offender in another jurisdiction, the offender would also be referred for a mental health evaluation as soon as the information was obtained. The offender's PREA Risk Assessment would also be reviewed to ensure the newly learned information was added and housing assignments reviewed accordingly. During the audit documentation period, there were no applicable investigations or related information received. As such, no related mental health evaluations were conducted.

115.286	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 778 297"><b>Standard 115.286, Sexual Abuse Incident Reviews</b></p> <p data-bbox="240 387 794 414"><b>The policy outlining sexual abuse incident reviews:</b></p> <p data-bbox="240 445 842 472">WADOC policy 490.860, PREA Investigations, which states:</p> <p data-bbox="240 504 614 530">III. Multidisciplinary PREA Review</p> <p data-bbox="240 562 1453 620">A. For each substantiated or unsubstantiated finding of offender-on-offender sexual assault/abuse and staff sexual misconduct, the Appointing Authority/designee will convene a local PREA Review Committee to examine the case.</p> <p data-bbox="240 651 1437 710">1. Investigations that result in a determination that the allegations was unfounded and any investigation of sexual harassment may be reviewed at the discretion of the Appointing Authority.</p> <p data-bbox="240 741 1474 799">2. For Prisons, if the Superintendent of the facility where the allegation took place is not the Appointing Authority, the Superintendent or his/her designee will be on the committee.</p> <p data-bbox="240 831 879 857">B. The committee will meet every 30 days, or as needed.</p> <p data-bbox="240 889 1481 947">C. The committee will be multidisciplinary and include facility management, with input from supervisors, investigators, and medical/mental health practitioners.</p> <p data-bbox="240 978 1485 1037">1. Hearing Officers cannot serve as a PREA Review Committee member for any violation(s) for which they conducted the hearing.</p> <p data-bbox="240 1068 1474 1126">D. The committee will review policy compliance, causal factors, and systemic issues using DOC 02-383 Local PREA Investigation Review Checklist.</p> <p data-bbox="240 1216 499 1243"><b>Substandard 115.286(a)</b></p> <p data-bbox="240 1274 1474 1400">The facility reported, via the PAQ, that it conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, there have been four criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents.</p> <p data-bbox="240 1431 1474 1592">The auditor was tasked to review documentation of incident reviews. The 4 that were completed during this review period were provided with the PAQ. All were reviewed and had some details missing. The auditor addressed these concerns with the staff and corrections were made where possible. In addition, the auditor reviewed all of the completed criminal or administrative investigations of sexual abuse to determine if the incident review documents were contained therein. All that should have had one, contained one.</p> <p data-bbox="240 1682 499 1709"><b>Substandard 115.286(b)</b></p> <p data-bbox="240 1740 1493 1865">The facility reported, via the PAQ, that they ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. In the past 12 months, there were four criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.</p> <p data-bbox="240 1955 499 1982"><b>Substandard 115.286(c)</b></p> <p data-bbox="240 2013 1485 2072">The facility reported, via the PAQ, that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="240 2103 1474 2161">The Facility Director reported, during her telephonic interview, that the facility conducts Incident review committees, but it is done by WADOC staff, not by the contract staff.</p>

The auditor was tasked to review documentation of review team minutes or reports. Through this review, she determined that all included the required staff members.

**Substandard 115.286(d)**

The facility reported, via the PAQ, that it prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) – (d)(5) of this standard and any recommendations for improvement. The report is submitted to the division head and PREA Coordinator.

The facility documents the incident review committee on the DOC 02-383, Local PREA Investigation Review Checklist. This form is used the the committee to document the review that is conducted. It shows the date the investigation was completed, the date of the local review committee, identifies those in attendance, addresses the need for updated PREA Risk Assessments, and addresses requirements of (d)(1)-(d)(5) of this standard. The auditor reviewed a total of seven investigations. From those, there were four incident review committees conducted. All documents were completed thoroughly and timely.

During the telephonic interview with the Facility Director, she stated she is not involved in the process. The incident review committees are completed by WADOC staff.

The PREA Coordinator, during her telephonic interview, indicated that the WADOC division that supervises the work release facilities is responsible to conduct the incident reviews and prepare the written report. It is reviewed by the Appointing Authority for the work release facilities, she does not review it.

The PREA Compliance Manager, during her telephonic interview, indicated the facility conducts incident reviews. They are documented and reviewed by the WADOC hiring authority. She indicated that if any issues were identified during the review, they would create an after action report to ensure all corrections were completed.

The auditor interviewed two members of the Incident Review Team. These were the WADOC Liaison and the PREA Compliance Manager. Both indicated that all requirements of this standard are completed during their review and that the review is documented. This information is incorporated in the annual report.

**Substandard 115.286(e)**

The facility reported, via the PAQ, that it implements the recommendations for improvement or documents its reasons for not doing so.

The auditor was tasked to review documentation supporting implementation of recommendations. All of the incident reviews that were completed during the review period were reviewed by the auditor. There was only one that included a recommendation. The recommendation was accepted and implemented. The auditor was also tasked to review documentation of reasons for not implementing recommendations. The auditor found that there were no instances where the recommendations were not accepted.

<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Standard 115.287, Data Collection</b></p> <p><b>The policy outlining sexual abuse data collection:</b></p> <p>WADOC policy 490.860, PREA Investigations. It states:</p> <p>D. Investigators will submit the investigation report and DOC 02-382 PREA Data Collection Checklist to the Appointing Authority/Designee. All reports will follow DOC 02-351 Investigation Report Template.</p> <p>IX. Data Collection and Reporting</p> <p>A. All PREA data containing personal identifying information will be maintained as Category 4 data per DOC 280.515 Electronic Data Classification.</p> <p>B. Data will be collected by the PREA Coordinator/designee for each allegation of sexual misconduct.</p> <p>1. Data will be aggregated at least annually and include available information from investigation reports and incident review committees, as well as from each private facility contracted to confine or house Department offenders.</p> <p>2. Data will be analyzed to identify factors contributing to sexual misconduct in Department facilities and offices.</p> <p>C. The PREA Coordinator will generate an annual report of findings.</p> <p>The report requires Secretary approval. Approved reports will be made available to the public through the Department website.</p> <p>Information may be redacted from the report when publication would present a clear and specific threat to facility security, but the report must indicate the nature of the material redacted.</p> <p>X. Record Retention</p> <p>A. Records associated with allegations of sexual misconduct will be maintained according to the Records Retention Schedule.</p> <p>1. PREA records may include, but will not be limited to:</p> <p>a. Incident reports</p> <p>b. Investigation reports</p> <p>c. Electronic evidence</p> <p>d. Investigation findings/dispositions</p> <p>e. Law enforcement referrals</p> <p>f. Criminal investigation reports</p> <p>g. Required report forms</p> <p>h. Documentation of:</p> <p>1) Local PREA Review Committees,</p> <p>2) Completed DOC 02-382 PREA Data Collection Checklists, and</p> <p>3) Ongoing notifications.</p> <p>B. The Appointing Authority/designee will maintain original PREA case records as general investigation reports per the Records Retention Schedule.</p> <p>C. The PREA Coordinator/designee will maintain electronic PREA case records per the Records Retention Schedule.</p>

1. Prior to destruction, all investigation records will be reviewed to ensure the accused has been released from incarceration or Department employment for a minimum of 5 years. If a review of the investigation records reveals that the accused individual does not meet this 5 year requirement, the records will be maintained until this requirement is met, even if it exceeds the established retention schedule.

**Substandard 115.287(a)**

The facility reports, via the PAQ, that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, 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.

The auditor reviewed the set of definitions, which are found in WADOC policy 490.800. A copy was provided with the PAQ. The auditor also reviewed the data collection instrument. On 11/30/2020, the auditor was provided with the Survey of Sexual Victimization, 2019 for WADOC. This form is used to formally report all required information to the USDOJ.

**Substandard 115.287(b)**

The facility reported, via the PAQ, that the agency aggregates the incident-based sexual abuse data at least annually.

The auditor was tasked to review a sample of the aggregated data: To accomplish this task, the auditor reviewed reports from 2017 and 2018. In November 2020, the 2019 report was provided to the auditor. Upon receipt, this report was also reviewed.

**Substandard 115.287(d)**

The facility reported, via the PAQ, that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigations files, and sexual abuse incident reviews.

The agency maintains a database of all allegations received for all facilities under control of the governor.

**Substandard 115.287(e)**

The facility reported, via the PAQ, that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data from private facilities complies with Survey of Sexual Violence reporting regarding content.

The auditor was tasked to sample incident-based and aggregated data from a private facility. The facility being audited is a private facility which houses WADOC offenders prior to release into the community. The auditor reviewed the incident tracking log for the facility for the period July 2019 through April 2021.

**Substandard 115.287(f)**

The facility reported, via the PAQ, that the agency provides the Department of Justice with data from the previous calendar year, upon request.



115.288	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 820 300"><b>Standard 115.288, Data Review for Corrective Actions</b></p> <p data-bbox="240 329 919 358"><b>The policy which addresses data review for corrective actions :</b></p> <p data-bbox="240 387 844 416">WADOC policy 490.860, PREA Investigations, which states:</p> <p data-bbox="240 445 1131 474">The PREA Coordinator will generate an annual report of findings. The report will include:</p> <p data-bbox="240 504 1406 562">An analysis of PREA prevention and response for the Department and for each facility, including high-level summary information and detailed facility data analysis. Findings and corrective actions at facility and Department levels.</p> <p data-bbox="240 591 1414 649">An assessment of the Department's progress in addressing sexual misconduct, including a comparison with data and corrective actions from previous years.</p> <p data-bbox="240 678 1418 736">The report requires Secretary approval. Approved reports will be made available to the public through the Department website.</p> <p data-bbox="240 766 1493 824">Information may be redacted from the report when publication would present a clear and specific threat to facility security, but the report must indicate the nature of the material redacted.</p> <p data-bbox="240 920 499 949"><b>Substandard 115.288(a)</b></p> <p data-bbox="240 978 1450 1106">The facility reported, via the PAQ, that the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</p> <p data-bbox="240 1135 1422 1193">The auditor was tasked to review documentation of corrective action plans. To accomplish this task, she reviewed the Annual Reports from 2017, 2018, and 2019. The 2019 annual report stated:</p> <p data-bbox="240 1223 1436 1281">During 2019, a total of 108 local review committees were held across the agency. Of these, 14 resulted in some form of action plan. Elements included in action plans include, but are not limited to:</p> <ul data-bbox="240 1310 1409 1664" style="list-style-type: none"> <li data-bbox="240 1310 1046 1339">• Add a camera in an identified location to address a potential blind spot</li> <li data-bbox="240 1368 1394 1397">• Lock identified areas within the facility, allowing access by incarcerated individuals only under staff escort</li> <li data-bbox="240 1426 1406 1485">• Modify the cabs of Department of Natural Resources crew vehicles or add cameras to allow supervisors to observe crew members during transport</li> <li data-bbox="240 1514 1054 1543">• Modify procedures to conduct pat searches in areas in view of cameras</li> <li data-bbox="240 1572 1031 1601">• Add a mirror in an identified location to address a potential blind spot</li> <li data-bbox="240 1630 1086 1659">• Implement a formal separation between identified incarcerated individuals.</li> </ul> <p data-bbox="240 1688 1469 1816">During the telephonic interview with the Agency Head, the auditor was told that WADOC creates the annual report from the data collected from all of their facilities. The plan identifies areas of concern and areas that could use improvement. They evaluate all of the information and create a plan to correct any identified deficiencies. This is done on both the facility and agency level.</p> <p data-bbox="240 1845 1485 1973">The PREA Coordinator indicated, during her telephonic interview, that all data from the work release facilities is incorporated in the annual report. The WADOC division who supervises the work release facilities is responsible to provide the information to the PREA Triage Unit for inclusion in the annual report. If trends are identified, the issue is presented to the PREA Advisory Council for discussion and potential action.</p> <p data-bbox="240 2002 1453 2060">The PREA Compliance Manager, during her telephonic interview, stated the data from the work release is provided to the WADOC Liaison. She is responsible to submit the information to the PREA Triage Unit for inclusion in the annual report.</p>

**Substandard 115.286(b)**

The facility reported, via the PAQ, that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

The auditor reviewed annual report of findings from data reviews/corrective actions.

**Substandard 115.286(c)**

The facility reported, via the PAQ, that the agency makes its annual report available to the public at least annually through its website. The annual reports are approved by the agency head.

The auditor reviewed the website where the annual report is available. Screen prints were provided with the PAQ. Auditor went to website to review data directly from website. All pertinent data was available there.

The Secretary indicated, during his telephonic interview, that he approves the annual report and once approved, it is posted on the agency website.

**Substandard 115.288(d)**

The facility reported, via the PAQ, that when the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

The auditor reviewed the annual report of findings from data reviews/corrective actions. Reports do not contain any personal identifying information, so no redaction is needed.

The PREA Coordinator indicated, during her interview, that the annual report does not contain any personal identifying information; therefore, no information is redacted.

115.289	<b>Data storage, publication, and destruction</b>
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 906 297"><b>Standard 115.289, Data Storage, Publication, and Destruction.</b></p> <p data-bbox="240 329 1425 389"><b>The policy that outlines data storage, publication and destruction is in policy 280.310, Information Technology Security:</b></p> <p data-bbox="240 421 1441 546">Department Information Technology (IT) resources are Department property, and the Department is obligated to protect them. The Department will take physical and technical precautions to prevent misuse, unauthorized use, and accidental damage to IT resources, including equipment and data. IT use and access must follow state law, regulations, and Department policies and IT Security Standards.</p> <p data-bbox="240 577 584 604">DOC 490.860 PREA Investigation</p> <p data-bbox="240 636 1485 696">All PREA data containing personal identifying information will be maintained as Category 4 data per DOC 280.515 Electronic Data Classification</p> <p data-bbox="240 728 1225 754">Data will be collected by the PREA Coordinator/designee for each allegation of sexual misconduct.</p> <p data-bbox="240 786 1445 846">Data will be aggregated at least annually and include available information from investigation reports and incident review committees, as well as from each private facility contracted to confine or house Department offenders</p> <p data-bbox="240 878 1469 904">Records associated with allegations of sexual misconduct will be maintained according to the Records Retention Schedule.</p> <p data-bbox="240 936 687 963">DOC 280.515, Electronic Data Classification</p> <p data-bbox="240 994 1075 1021">Electronic data will be classified into 4 groups per the Data Classification Standards</p> <p data-bbox="240 1052 1493 1113">Category 4 Data: Restricted Information - Data containing information that may endanger the health or safety of others or that has especially strict handling requirements by law, statute, or regulation</p> <p data-bbox="240 1144 1461 1205">Each staff is responsible for electronic data in his/her care, and will: Protect data at all times to avoid unauthorized access, loss, theft, or improper disclosure</p> <p data-bbox="240 1236 1465 1296">Staff will immediately report to the Chief Information Security Officer any: Unauthorized access or release of Category 2, 3, and 4 data</p> <p data-bbox="240 1328 1490 1388">Failure or refusal to perform assigned responsibilities or willful violation of data classification policy or standards may result in disciplinary action, up to and including termination.</p> <p data-bbox="240 1420 1299 1447">Policy outlining PREA data availability is in policy 280.310, Information Technology Security, which states:</p> <p data-bbox="240 1478 655 1505">II. Access Rights and Privileges</p> <p data-bbox="240 1536 1422 1597">A. Mandatory criminal history background checks, as required in DOC 810.015 Criminal Record Disclosure and Fingerprinting, must be completed and cleared prior to granting access to IT resources.</p> <p data-bbox="240 1628 1082 1655">B. Access rights and privileges to IT resources will require prior authorization.</p> <p data-bbox="240 1686 1425 1747">1. New or transferred employee user accounts and deletion of employee user accounts will be generated by the Human Resources Management System (HRMS) through the IT service request process.</p> <p data-bbox="240 1778 1469 1839">a. If the request has not been generated before the employee needs access, the supervisor, Appointing Authority, or Logon Identification (LID) Coordinator may send an email to the Account Administrative Unit to request.</p> <p data-bbox="240 1870 1453 1930">b. DOC 08-076 Information Technology Security Data Request will be used if immediate deletion of an employee's user account is required.</p> <p data-bbox="240 1962 1414 2022">2. The LID Coordinator will use DOC 08-012 IT-DOC Systems Access Request (SAR) to request user account creation or suspension for contract staff and volunteers.</p> <p data-bbox="240 2054 1493 2145">3. For other non-Department personnel, authorization to use IT resources requires approval from the appropriate Appointing Authority and the Chief Information Officer (CIO)/designee. Access to electronic data will be considered a release of data outside the Department and requires a data sharing agreement per DOC 280.515 Electronic Data Classification.</p>

**Substandard 115.289(a)**

The facility reported, via the PAQ, that the agency ensures that incident-based and aggregate data are securely retained.

The PREA Coordinator indicated, during her interview, that the agency reviews data collected in order to assess and improve the effectiveness of the PREA policies and training curriculum.

Per a memo from the facility: the following systems are in place to ensure restricted access to all PREA allegations, investigations, and related data within the Washington Department of Corrections:

All allegations are reported via the Incident Management Report System (IMRS) within the Offender Management Network Information (OMNI) system. Access to any IMRS regarding PREA is restricted and confidential and limited to only those staff with a need to know. Access to this system is reviewed by the agency's Emergency Operations Administrator to ensure access is essential to PREA-related responsibilities.

The PREA database within OMNI is the primary source of information regarding allegations and investigations. Access is restricted to:

- o Agency executive administrators
- o Appointing Authorities
- o Facility staff to include Associate Superintendents, Captains, Human Resources, Shift Commanders, Intelligence and Investigations Chiefs, and staff designated to manage investigations within the facility.
- o Identified Information Technology staff responsible for system maintenance.

All access is reviewed and approved at the Headquarters level to ensure compliance with established restricted access parameters. All investigation reports, hotline call recordings, and related allegation information is maintained within an access-restricted drive. Access to that drive is limited to the agency PREA Unit that is responsible for managing all allegations and maintaining related information.

**Substandard 115.289(b)**

The facility reported, via the PAQ, that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

The auditor reviewed the website for publicly available aggregated sexual abuse data.

**Substandard 115.289(c)**

The facility reported, via the PAQ, that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

The auditor reviewed a sample of publicly available sexual abuse data to check that personal identifiers were removed. She found the reports did not contain any personal identifying information.

**Substandard 115.289(d)**

The facility reported, via the PAQ, that the agency maintains sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of initial collection.

The auditor reviewed historical data since August 20, 2012.

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Standard 115.401, Frequency and Scope of Audits</b></p> <p>The agency had all of it's facilities audited during the prior three year cycle. One-third of each facility type have been audited annually since 2013.</p> <p>The auditor had access to and was able to observe all areas of the audited facility. The auditor has received copies of all documents that have been requested. The auditor was able to conduct private interviews with residents.</p> <p>Audit notices had been posted prior to the audit being postponed. They were reposted, once the on-site date was finalized. The auditor was provided photographs of the areas where the postings were placed and verified the locations while on-site.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Standard 115.403, Audit Content and Findings</b> The agency has published all final audit reports on it's website.

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes



<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	no
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, 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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes



<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

<b>115.242 (f)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes



<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	no
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident 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 residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(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 residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.287 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes