

PREA Facility Audit Report: Final

Name of Facility: Tri-Cities Work Release

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/04/2021

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"/>
Auditor Full Name as Signed: Kate Joy Burkhardt, Ph.D.	Date of Signature: 10/04/2021

AUDITOR INFORMATION	
Auditor name:	Burkhardt, Kate
Email:	kate.burkhardt@cdcr.ca.gov
Start Date of On-Site Audit:	08/18/2021
End Date of On-Site Audit:	08/19/2021

FACILITY INFORMATION	
Facility name:	Tri-Cities Work Release
Facility physical address:	524 E. Bruneau Avenue, Kennewick, Washington - 99336
Facility Phone	
Facility mailing address:	524 E. Bruneau Ave, Kennewick, Washington - 99336

Primary Contact	
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Facility Director	
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Facility PREA Compliance Manager	
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Facility Characteristics	
Designed facility capacity:	40
Current population of facility:	17
Average daily population for the past 12 months:	19
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18-67
Facility security levels/resident custody levels:	Minimum
Number of staff currently employed at the facility who may have contact with residents:	20
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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

Agency Chief Executive Officer Information:	
Name:	Dr. Cheryl Strange
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Telephone Number:	360-725-8810

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.

Audit Agreement: Tri-Cities Work/Training Release (TCWTR), which is part of the State of Washington Department of Corrections (WADOC), participated in a Prison Rape Elimination Act (PREA) audit conducted by a certified auditor who was from the California Department of Corrections and Rehabilitation (CDCR). The auditor, Dr. Kate Burkhardt, Chief Psychologist is a member of the CDCR audit team, and was supported by certified auditors not present during the onsite review. Nancy Hardy, Retired Chief Deputy Warden, and John Katavich, Retired Warden, assisted in the completion of telephonic interviews, offsite, in support of completion of this audit. The CDCR along with WADOC are part of a consortium of state agencies who have formed an agreement to complete PREA audits. A responsibility of consortium participation is to ensure non-reciprocity and equivalency for the auditing assignments of each state.

Site Review Location: The site review for this audit took place at TCWTR located at 524 E. Bruneau Ave., Kennewick, WA on August 18, and 19, 2021. The auditor had the opportunity to conduct pre-audit work prior to arrival at the facility, including review of the Pre-Audit Questionnaire (PAQ) and informational consolidation with the pre-audit compliance tool. Of note, WADOC refers to residents as 'individuals', and periodically in Policy as 'offenders'; thus, the terms 'offenders' will be used as applicable to Policy, with 'individuals' and 'residents' used interchangeably throughout this report to demonstrate awareness and attention to both WADOC Agency and PREA Handbook terminology.

Pre-Audit Phase

Website Review: During the pre-audit phase, the auditor visited the State of Washington, WADOC agency and TCWTR facility websites. Specifically, they reviewed the websites for PREA-related content. The auditor investigated the Agency and State of Washington-based websites to gain familiarity with mandatory reporting laws in the state. The auditor also looked for evidence of previous PREA audits at TCWTR, which she found on the WADOC website. The prior PREA audit was conducted October and report completed PREA Audit was conducted originally on October 1, 2018, with an extension granted secondary to unforeseen circumstances and continuation on November 7, 2018 with a report completed May 8, 2019. Deficiencies identified and brought into compliance during the previous review included: Exchanging see-through men's shower curtains to provide adequate privacy while showering (115.215); An audible alarm for entry into the visiting room was installed to provide audible coverage of entry (115.213); The facility's Aggravated Sexual Assault Checklist was updated to reflect language appropriate standard language (115.264). In addition, a recommendation only was that the facility to develop a Staffing Plan utilizing the Agency Staffing Plan template, ensuring that the Plan is documented (to include all staff involved in the development), and that each element is considered (115.213). There was evidence during the current audit that each of these components had achieved institutionalization of process and maintained sustainability.

Victim Advocacy: During the pre-audit phase, the auditor attempted to establish contact with community advocacy groups for the facility, to include both Just Detention International (JDI) and the Office of Crime Victim Advocacy (OCVA). The auditor left a message for JDI by both voicemail, and received a response from JDI on July 30th, 2021, indicating they had not received any reports for individual resident follow-up from TCWTR within the audit reporting period. Per report, JDI did not receive any PREA-related calls from the facility during the same period.

As part of the PAQ, the auditor received a WADOC contract with the Office of Crime Victim Advocacy (OCVA) to provide victim advocacy by way of telephone and/or in-person visits for residents at TCWTR. Secondary to confidentiality issues, OCVA is unable to release a telephone log for individual contacts. The OCVA posters stated offenders are able to reach an operator at OCVA from Monday through Friday, between the hours of 0800 and 1700. Should the incarcerated individual require services beyond those available through the OCVA telephonic support specialist, they would receive a referral for an in-person victim advocate contact through Support, Advocacy and Resource Center (SARC; described below). In addition, the auditor ensured testing of the OCVA telephonic number, which resulted in a positive connection.

The auditor contacted the SARC, as contracted through the OCVA on 8/17/21 and 9/27/2021. As described WADOC contracts with OCVA, and TCWTR partners with SARC locally for the provision of confidential, in-person victim advocacy. The Director of SARC confirmed they had not provided victim advocacy services during the reporting period to any TCWTR offenders. The Director expressed they have an open line of communication with TCWTR's management, including the PCM (PREA Compliance Manager)/CCS (Community Corrections Supervisor). They described annualized meetings and reported mutuality of feedback in efforts to continue improving their partnership.

Audit Posting: The posting, titled in red bold font, "Notice of PREA Audit", was printed in large font, black text, highlighted with red and black color font in segments with additional bolding and underlining to enhance readability. Confidentiality was delineated on the posting, along with exceptions as to when confidentiality must legally be broken (e.g., mandatory reporting, subpoena). Prior to the site review, the PCM/CCS confirmed posting of the audit notice posting in the following areas: Central Duty Station, Visitation Room, as well as Male and Female Housing Units. By pictures, the postings were evident in both male and female housing units, and other areas deemed to ensure

visibility and accessibility to residents, staff, and visitors to the facility. The PCM/CCS provided pictures to the auditor of postings throughout the facility on July 1, 2021. There were no letters received from residents at the facility prior to arrival at the institution, and none following the audit.

On-Line Audit System (OAS) & Pre-Audit Questionnaire (PAQ): At the time of audit preparation, the PREA Resource Center had implemented the portal transition towards the Online Audit System (OAS) Reporting process, including the Online Audit Initiation Form. The auditor submitted the Audit Initiation Form for TCWTR on July 7, 2021. The auditor then reviewed the PAQ materials provided by the facility, and they annotated documents that were outstanding, required clarification, and/or had expired secondary to fiscal year crossover. Throughout the review, the auditor maintained telephonic and email correspondence with the facility, primarily with the PCM/CCS and PREA Coordinator, to receive documentation required to fill any remaining informational gaps.

As indicated, prior to the onsite audit, in July of 2021 the PAQ was completed in the OAS with supporting documentation. The documentation included all notations as related to PREA grievances/allegations received during the reporting period preceding the site review. Of note, the facility does not manage PREA-related issues at the level of a grievance, as these would be elevated as PREA-related grievances for review by the PREA Triage Unit. There were reportedly no PREA-related grievances during the reporting period. There were no (0) PREA complaints received in any form. This information was uniformly clear across standard review, interviews of residents and staff, as well as documents provided and onsite review. There was no evidence to suggest that the facility had failed to follow-up on any allegations of sexual abuse and/or sexual harassment, as received during the reporting period. Based upon all evidence gathered, the PAQ information indicating that TCWTR had no sexual abuse and/or sexual harassment allegations and/or investigations opened and/or closed during the reporting period was judged to be an accurate representation of the reporting period of the current audit.

Site Review Preparation: In July 2021, the auditor provided the facility's management with email notification regarding the team's upcoming site review. Following her email, the auditor conducted telephonic and email 'kick-off' contacts with the PREA Coordinator, and PCM/CCS who would serve as primary contacts for the purpose of this audit. The discussion of these communications focused on the purpose and process of the audit, role of the auditor, and logistics to include, the auditor's unimpeded access to the facility, documentation, residents and staff. The auditor described audit goals and expectations, as well as the general purpose of corrective actions, if issued, with timelines and milestones. A schedule for continued communications was determined and further delineated during the site review.

The auditor communicated to the facility requesting the following information be prepared for the site review:

- A map of the facility with a listing of the buildings and rooms
- Access to staff (to include contractors and volunteers) personnel files and training records
- Access to resident files
- A current roster of residents, staff, volunteers and contractors at TCWTR*

*Note: TCWTR has no contract employees and no volunteers who enter the facility to deliver services.

Prior to the onsite, the auditor had asked for a list of residents who would meet criteria for Targeted/Specialized interviews, including residents who were identified as: 1.) transgender or intersex, 2.) bisexual, lesbian, gay and/or gender non-conforming; 3.) Limited English Proficiency (LEP; i.e., English second language) or non-English speaking; 4.) hearing impaired, vision impaired and/or mobility impaired; and those identified to have 5.) learning disabilities; and 6.) filed a PREA complaint, in whatever manner, within the audit reporting (regardless of outcome). The facility was unable to identify any residents who met any of these criteria while the auditor was onsite. The auditor interviewed 12 of the 17 residents and none were judged to meet any of these criteria. The profiles of the additional residents were presented to the auditor, and these individuals were not judged to meet these criteria based upon description and/or presentation. The facility has; however housed individuals who have met these criteria historically. Per report, no one in these categories are restricted specifically from placement at TCWTR. The auditor also queried whether, at any time, the facility housed youthful offenders and if the facility segregated any residents deemed to be at risk of sexual victimization (in any manner). The PCM indicated neither practice occurred at TCWTR, which was confirmed by PAQ responses and onsite evidence.

In addition, the auditor requested a private work location where they could set up their computer and review documentation. The auditor also noted that a location was required to hold private interviews with the Random selection of individuals from the resident population. As well, the auditor indicated they would conduct Randomized and Specialized staff interviews with different classifications of staff. The auditor informed that TCWTR had a very small complement of staff and as a result, the auditor would be required to interview nearly all staff available during the onsite portion of the review to meet minimum interview requirements.

On-Site Phase

The onsite portion of TCWTR's audit had been scheduled for August 19, 2020. The auditor originally been scheduled to conduct the audit on a single day (August 19, 2021) with a second certified support auditor. However, secondary to complications related to COVID contact, occurring immediately prior to the onsite portion, the support auditor was unable to participate. In addition, accommodations were required in order to ensure that residents would have equal opportunity to participate, as many worked during the day hours and were unavailable for interview on August 19, 2021. As a result, the auditor arranged with the PREA Coordinator and the facility to conduct the onsite portion of the audit across two days. The auditor was present at the facility on both August 18 and 19, 2021.

Facility Entrance: On August 18, 2021, the auditor, Dr. Kate Burkhardt, Chief Psychologist, arrived for the first day of the site review, and

met for an entrance meeting with the TCWTR PCM in their office. The office served functionally as the auditor's primary workspace for the two (2) day site review. The auditor had met with the PREA Coordinator earlier in the week at another WADOC facility and had a pre-entry discussion regarding processes at TCWTR.

At the entrance, the auditor coordinated with the PCM/CCS to complete initial introductions, finalize data requests, and perform information sharing. Discussion, as provided during the 'kick-off', elaborated the purpose and process of the audit, role of the auditor and logistics, emphasizing the auditor's requirement to receive unimpeded access to the facility, documentation, residents and staff. The auditor focused the meeting upon audit goals and expectations, as well as shared needs for continuous and open communication. They expressed intentions to be forthcoming with the TCWTR team regarding any noted deficiencies, such as not to 'blind-side' the facility by any findings. The auditor expressed their aim was to establish interactive communication with hopes of ensuring resolution of any items identified to require correction in a manner that benefited the facility. The entrance meeting also touched on the general purpose and importance of corrective actions, if necessary, including timelines and milestones.

Upon conclusion of the entrance meeting, the auditor received institutional information, including a map of the facility and safety protocols, as prepared by the PCM. This information comprised the information, as initially requested during the pre-audit phase. While an offender list (organized by housing) was provided, the auditor was not able to randomize selection of interview participants, as there were solely enough individuals present at the facility across the two-day onsite portion of the audit to ensure the twelve (12) required Random resident interviews were completed.

Audit Schedule: On day one of the audit, August 18, 2021, the auditor determined to utilize their time most efficiently they would interview all residents and staff present, and conduct as many Specialized interviews, as possible. The auditor conducted a total of twelve (12) Random resident interviews and twelve (12) Random staff interviews, with twenty-two (22) Specialized interviews. The auditor remained at the facility through the night shift; therefore, the PCM had left for the day. Instead, the following day, August 19, 2021, the auditor presented their preliminary findings to the PCM and PREA Coordinator. At that time, the auditor informed the TCWTR team members that the interviews had been exceptional in quality and there were thus far, no identified actions requiring corrective remedies. In fact, the auditor conveyed that the resident population had been able to respond to all questions with affirmative responses, noting no apparent deficiencies in process and/or required procedures (e.g., resident education, PREA Risk Screening, sexual abuse/sexual harassment reporting).

On day two of the audit, August 19, 2021, the auditor completed the majority of the Random and Specialized staff interviews. Mid-day, the auditor and PCM completed the physical plant site inspection. During the afternoon, the auditor reviewed specified documentation and conducted the remaining interviews, as viable. The auditor reviewed documentation related to the resident population, including intake, screening, and education. Upon completion of these duties, the auditor reviewed documentation of staff personnel questions and training compliance. The auditor met periodically throughout the day to discuss progress, concerns, and compliance determinations, informing the PREA Coordinator and PCM of the same. The Superintendent was not onsite, while the auditor did speak telephonically with the Superintendent and conveyed audit results thus far, following scheduled interview. At the conclusion of day two, the auditor held an exit meeting with the PCM to discuss preliminary audit findings and discuss actions towards which they could implement remedial work. There were no items identified at that time deemed by the auditor to require long term monitoring, while the auditor conveyed this may change upon incorporation of findings with PAQ content and report writing [Note: no items were determined upon audit conclusion to require a corrective action plan].

Interviews: The auditor conducted informal interviews throughout the course of the site review. The auditor had conversations with residents and staff through both casual and spontaneous contacts. For example, during the physical plant inspection the auditor queried residents about: 1.) if opposite gender announcements regularly occurred; 2.) if they had privacy while toileting, showering, and changing clothes; and 3.) if they felt sexually safe at the facility. The auditor queried staff at their job sites about awareness and knowledge of general PREA-related content. During the onsite audit, it was apparent that facility staff routinely made cross gender announcements, as the auditor heard spontaneous announcements throughout the physical inspection and periodically even when not actively touring the facility.

In all cases, the auditor was responsible for the randomized selection of staff and residents for formal interview protocols. However, in all instances randomization could not occur. The facility was of such size that all residents and staff onsite were interviewed while the auditor was present. For Specialized interviews, in most capacities solely one staff served in a particular job function. There were no participants eligible for PREA-Targeted resident interviews. The selection of Random resident interviews must be considered in light of those individuals physically available for interview. The facility was a small Work/Training Release and operating under capacity with seventeen (17) residents. The majority of individuals typically participated in work program, and some had schedules incompatible to interview participation based upon the auditor's time onsite. The auditor attempted to be as flexible as possible, being present onsite from the afternoon through early night of day one and morning through evening of the following day. The auditor did not want the facility to hold any workers back for the purpose of possible Randomized participation in the audit. Instead, selection was completed based upon the individual residents who were available onsite across the two-day period of the onsite portion of the audit.

The auditors completed formal offender interviews largely in the Visiting Room, which was the location judged to be most conducive regarding ease of access, and resident willingness to participate. No (0) individuals declined interview participation. The interview location was confidential for sound. Formal staff interviews were completed in confidential spaces, generally in staff offices. The Random Staff interviewee list also included all staff, and incorporated some staff who were part of the Specialized list. Breakdown below will include the total number of Specialized and Random interviews conducted and the total number of individuals who participated. Specialized staff

interviewees were completed at the availability of the represented party, and in some cases, telephonically. Prior to interview, the auditor confirmed with each interview participant that their participation was voluntary, not coerced, and assured the interviewee all personally identifying information would be redacted from audit reporting. For completed interviews, the auditor communicated standard advisory statements, utilized PREA-interview protocols, and recorded responses by hand on the associated protocol.

Random Resident Interviews: As noted, the Random resident interviewees were selected based on availability and presence at the facility. The auditor received a resident roster by housing with offender identification numbers. However, residents were not housed based upon length of stay, ethnic group or age. Therefore, utilizing housing placement as the primary criterion for interview selection provided the ability to capture a variety of offender demographics, including age, ethnicity, and sentence lengths. The auditor attempted to ensure selection of, at minimum, a resident from every housing unit, as there were two (2) housing units at the facility. On the first day of the site review, August 18, 2021, there were fourteen (14) residents with three (3) new intakes incarcerated at TCWTR, on the second day, August 19, 2021, there were seventeen (17) residents. As noted previously, the interviewee selection was limited to those individuals physically present onsite during the course of the site review and amenable to interview. While notably, no residents declined interview.

Random offender interviews were largely conducted in the Visiting Room. This location was soundproof and provided moderate visual confidentiality from other offenders, as the Visiting Room was not directly visible from the areas where individuals would congregate. Supporting the individual to remain in a familiar setting within the facility, while not in an administrative office while meeting with the auditor for interview was judged to have been of benefit in their sharing PREA-related content. At the commencement of the interview, the auditor introduced themselves and communicated the PREA interview standard advisory statements. Each resident was asked explicitly if their participation was voluntary, not coerced, and whether they had any concerns and/or questions about participation. Upon confirmation of the resident's voluntary agreement to participate, the auditor proceeded with questions directly from the Random interview protocol. The auditor requested clarification, as necessary, throughout the course of the interview. Queries were made and prompting done to ensure interview responses provided sufficient detail for the auditor to make determinations regarding standard compliance. The auditor hand transcribed resident's responses onto the interview protocol document.

The Random resident interviews were completed across both days of the audit. To the best of this auditor's knowledge no individuals offered participation refused the interview process, with twelve (12) Random Resident interviews completed. There were no PREA-Interest protocols conducted, as no residents met criteria based upon facility report and auditor observation. Therefore, during the TCWTR site review, the auditor conducted a total of twelve (12) Random interview protocols with residents.

Targeted Resident Interviews: The auditor had requested information prior to the site review regarding offenders falling within the PREA-Special Interest categories. According to facility report, there were no residents for PREA-Target interviews who met criteria for the following considerations; individuals identified as: transgender or intersex; gay, lesbian, bisexual or gender non-conforming; Limited English Proficiency (LEP); individuals identified to have: physical disabilities (i.e., physical, hard of hearing, blind and/or vision impairments); cognitive impairments; and/or individuals who had reported sexual abuse during the reporting period. As noted previously, there were no youthful offenders (under 18 years of age) incarcerated at the facility. Additionally, there were no offenders who had been segregated for risk of sexual victimization over the review period. The auditor confirmed the veracity of these reports through collateral information gathered during site review, resident interviews and facility observation. There did not appear to be any residents who met the criteria for PREA Target interviews at TCWTR while the auditor was onsite.

PREA Management Interviews: The auditor was primarily responsible for interviews conducted with the TCWTR management, to include Agency Head, Superintendent, and PCM. However, based upon the consortium participation and the auditor's team alliance, audit support members not present onsite interviewed the WADOC PREA Coordinator (completed by Nancy Hardy) and Administrative Superintendent (completed by John Katavich). Three of these interviews were conducted telephonically. The auditor conducted an interview, telephonically, with the Agency Head, prior to the site review. The auditor worked with the management staff to make interview times conducive to their schedules. There were (4) PREA Management category Interviews completed with five (5) individuals (as two employees had held a position representative of Superintendent; 1. Work Release Operations Director and 2. Work Release Superintendent).

Specialized Staff Interviews: For the Specialized Staff Interviews, the auditor interviewed staff members as each were available. Some of the interviewees had offices off-site or were located at external locations, and telephonic interviews were necessary with these individuals. For example, the Sexual Assault Nurse Examiner (SANE), Agency Contract Administrator, JDI and SARC (OCVA) respondents each participated in the interview process telephonically, as all were located remotely. The selection and randomization of Specialized Staff for interview was not possible based upon the limited number of employees at TCWTR. As noted, in most cases only one (1) designated staff filled a specialized role. For example, there was one (1) trained Facility Investigator; therefore, the auditor was unable to select randomly for this position. In many cases, one individual filled multiple Specialized roles. In such instances, multiple Specialized Staff protocols were utilized with the same staff member. There were twenty-two (22) Specialized Staff interview protocols completed with a total of fifteen (15) individuals.

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

Telephonic Interview:

- Victim Advocate – SARC (OCVA) and JDI; one (1) SARC, and one (1) JDI contact

- WADOC Contract Administrator; one (1) staff
- Sexual Assault Nurse Examiner (SANE); one (1) staff
- Human Resources; one (1) staff
- Staff on the Sexual Abuse Incident Review Team; one (1) staff

Site Review Interview:

- Facility Investigators (Note, TCWTR used External Investigators for all criminal investigations, while conducted all of their own administrative investigations); one (1) Investigator
- Intermediate or Higher Level Facility Staff; two (2) staff
- Designated Staff charged with Retaliation Monitoring; one (1) staff
- Staff on the Sexual Abuse Incident Review Team; one (1) staff
- First Responders (Security and Non-Security); four (4) staff
- Intake Staff; one (1) staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness; one (1) staff

Of note, there were twenty-two (22) interviewees with Specialized Staff completed. Note, the twenty-two (22) Specialized interviews were not with twenty-two (22) different individuals, but instead fifteen (15) individuals, as some filled multiple roles (described above).

Random Staff Interviews: At the time of the site review, the facility had twenty (20) WADOC state employed staff, to include administrative and security. The auditor made efforts to ensure representation from different shifts (and remained at the facility through the Night Shift to conduct interviews with staff on Graveyard), as well as representation from a diverse range of functions. Nonetheless, randomizing selection for staffing interviews proved futile as staff hold-overs were necessary and there were solely enough employees at the facility during the site review to ensure minimum numbers of Random staff interview protocols were completed.

Facility shifts were performed over eight (8) hour shifts; First 2200 to 0600 hours; Second 0600 to 1400 hours; and Third 1400 to 2200 hours (Note: There is an assigned Duty Officer providing on-call coverage). Administration staff typically work forty-hours (40) per week. Prior to the site review, the auditor requested if any staff who normally worked the night shift were working overtime, they would like to interview them. Instead, with the alteration of schedule, the auditor remained onsite to interview the officers during their shift. Random staff interview protocols were conducted with a variety of staff members, including officers, correctional sergeant, administrative support staff, counselors, kitchen staff; each assigned across a variety of facility areas and functions. Twelve (12) Random staff interviews were conducted.

The auditor conducted all Random staff interviews in private rooms, generally staff offices. At the initiation of the conversation, the auditor would introduce themselves and explain the general purposes of the interview, query staff as to whether their participation was voluntary and ensure consent was not coerced. Following PREA protocol introduction, the auditor would proceed with the interview, by asking questions conforming to the Random staff interview protocol, transcribing responses by hand onto the paper document. The auditor asked for clarification and prompted verbally, as necessary, to ensure participant responses provided sufficient information for determination of standard compliance.

Site Review: The auditor performed a comprehensive physical inspection of the facility on the second day (August 19, 2021) at the site. The facility site review included reviewing all locations where residents could be present, as well as areas to where only staff members had access. The PCM participated in escorting the auditor throughout the facility during the inspection. The auditor's queries and observations of the physical plant were aimed to establish PREA standard compliance, with notations made of any apparent deficiencies. Any notations and identified deficiencies were provided directly to the PCM throughout to the TCWTR physical plant site review. The PCM was noted to be engaged in the physical plant inspection process, by asking questions, proffering resolution to deficiencies, and making notes. The auditor also engaged residents and staff spontaneously, asking PREA-related questions about WADOC procedures and PREA safety considerations.

During the site review, the team members inspected all areas of the facility to include the external grounds. Rooms inside the facility included the Administration Hallway with Staffing offices; Central Duty Station; Visiting Room with Restroom; Kitchen Services and Dining Room; Fitness Room/Gymnasium, Male and Female Television Lounges; Recreation Room; Education/Study; Laundry Facilities; Male and Female Housing Units with Restroom/Showers; Back Patio with Grounds Maintenance Shed.

While inspecting the facility, the auditor consistently checked doors, restrooms, and office areas to ensure they were secured and locked. The auditor noted placement and coverage of video monitoring technology, along with surveillance cameras and mirrors, evaluating for potential blind spots. During the physical plant inspection, it was clear that the facility had placed a great deal of emphasis on identifying blind spots and providing effective coverage. Inspection of bathroom and shower areas was conducted with particular concern regarding any possibilities for cross-gender viewing. The bathrooms were in stand-alone rooms on each unit, and had appropriate partitions with stalls and doors on the latrines and full coverage curtains on the individual showers. There were limited issues identified related to potential areas of isolation. Three staff-designated restrooms had slide-bolt latch locking mechanisms mounted in addition to the door handle with an exterior key lock. As the slide-bolt latch was only accessible from inside of the door, this created an area for potential offender isolation. The remedy for this was completed by the facility and proof-of-practice, as described in section Supervision and Monitoring (115.213; below).

During the site review, the auditor assessed for adequate levels of supervision, and observed the presence of staff routinely making checks throughout the facility. In addition, the areas where residents congregated (specifically television lounges) were largely visible directly from the Duty Station. All co-ed activity rooms had large, front facing windows with internal visibility. Staff were queried as to whether residents were unsupervised in isolated areas or placed in lead positions as supervisor over other residents, which both staff and residents denied. The Agency's phone system was tested for functionality of the OCVA and hotline to report sexual abuse and sexual harassment, both by the local facility phone and an external cellphone, which demonstrated positive results. WADOC sexual abuse reporting processes were also inspected for visibility, readability, and availability. WADOC PREA and OCVA Posters (posted in English and Spanish) were visible throughout the facility, near the resident phone and Duty Station, in the Visiting Room and on both Housing Units. Additional sexual abuse resources, to include the published outside reporting mechanism (Colorado Reporting Form), WADOC Visitor's PREA Information, and Washington rape advocacy services were also readily visible with brochure slots permanently mounted. The auditor was also able to confirm through informal conversation and interviews with residents that they were aware of how to utilize the hotline to report PREA allegations, as well as access outside support and addresses provided to process a report of sexual abuse and/or sexual harassment.

During the onsite audit there were three (3) residents who had been received immediately prior to the auditor's arrival at the facility; thus, the auditor was able to partially observe the intake process, to include PREA resident education. Secondary to scheduling conflicts, the auditor was unable to view the intake screening. However, one of the Intake Counselors comprehensively described the intake process, as did one of the residents who had participated in the intake. For PREA Resident Education, the residents described that within an hour to two of arrival they receive a facility orientation, completed by a Counselor. During this orientation, the Intake Counselor provided a Comprehensive PREA Resident Training, to include showing the WADOC PREA education video, explaining PREA reporting practices and asking if the residents have questions and/or concerns. Every resident interviewed endorsed having received information about PREA on their first day at the facility via the TCWTR Orientation Handbook and WADOC supported PREA brochure in their Orientation Packet, as well as having participated in a comprehensive PREA Resident Education. In addition, residents expressed they had met one-to-one with the PCM to ensure their understanding of the facility's zero-tolerance stance and each was asked to communicate reporting strategies to ensure their understanding of how to report sexual abuse and/or sexual harassment. Several stated they felt particularly sexually safe at TCWTR, in contrast to prior placements, as the environment was clearly intolerant towards any forms of 'horseplay', 'sexual joking', and/or 'sexually nuanced behavior'.

Document Reviews: During the site review, the auditor's document review included, but was not limited to, inspection of personnel files and training records of staff, as well as resident PREA intake/screening, and education records. On day two, the auditor conducted documentation review of resident files, which included inspection for PREA Screening (PREA Risk Assessment; PRA) intake completion (initial and follow-up), education (initial and comprehensive), as well as any grievances and PREA investigations. Later on the same day, the auditor conducted documentation review of personnel files and training records. They reviewed criminal background record checks and PREA training records of staff. The auditor's selection for file review was largely associated with viewing documentation of individuals the could be corroborated by those selected for Specialized and Random interviews in both categories.

As noted, the auditor received a comprehensive list to support documentation requested for site review needs, as indicated with the PAQ. The PCM provided documentation in list form for the following:

Youthful residents	n/a; no residents under 18
Residents with disabilities	n/a; no resident with disabilities
Residents with cognitive disability/mental disability	n/a; no residents w/ cognitive disability
Residents who are Limited English Proficient (LEP)	n/a; no residents who are LEP
Residents who identify as Lesbian, Gay or Bisexual	n/a; no residents identified
Residents who identify as Transgender or Intersex	n/a; no residents identified
Residents who reported sexual abuse	n/a; no sexual abuse reported
Staff roster	Obtained = 20 staff
Specialized staff	Obtained (included in staff roster)
All contractors who have contact with residents	n/a; No facility contractors
All volunteers who have contact with residents	n/a; No facility volunteers
All grievances in the 12 months review period	n/a; None filed
All incident reports in the 12 month review period	n/a; None filed
All closed investigations of sexual abuse & sexual harassment in review period	n/a; None filed (opened and/or closed)
All JDI calls during 12 months review period	Records not privy to disclosure
All hotline calls during report review period	Records not privy to disclosure

As the documentation review selection was specifically identified for corroboration purposes based upon individuals who had participated in Random resident, as well as Random and Specialized staff protocols, further randomization for documentation review purposes was done solely to limit the sample size. As the auditor had received documentation with the PAQ comprised of individuals who may likely have participated in interviews, the auditor selected by random number generation twenty to twenty-five percent of the interview participants and compiled lists for document review to ensure appropriate sample sizes.

Personnel and Training Files: The facility has twenty (20) state employed staff. The team reviewed four (4) personnel files for background records and PREA-question compliance checks. Personnel records selected included representation across shifts, job functions, and post assignments. Of note, there were no contractors or volunteers at the facility. Compliance on all standard provisions for each category reviewed was found through documentation review.

Resident Files: On the first day of the onsite phase of the audit, the resident population was 17. The auditor reviewed a total of three (3) resident records. The auditor aimed to align the records selected for documentation with those residents interviewed for Random protocols. Based upon documentation review, the facility was compliant with offender timely completion of 72-hour intake screening PRA (3/3; 100%) and of the same resident Follow-up within 30 days (3/3; 100%). As well, PREA Offender Education components associated with receipt of PREA Information upon Intake, and provision of Comprehensive PREA Education was in full compliance based upon documentation file review (3/3; 100%).

Incident Reports: As described to the auditor by the PREA Coordinator and PCM, the PREA allegation screening process in WADOC involved each facility submitting local complaints, grievances, and PREA allegations by way of an Incident Report documented through the Incident Management Reporting System (IMRS) to PREA Headquarters Triage. Upon PREA Triage review of the Incident Report, it was returned to the facility once determined if the allegation submitted was PREA-related for the assigned Appointing Authority to initiate a PREA investigation. The PREA Coordinator and PCM informed the auditor that any incidents reported to the Headquarters PREA Triage Unit judged not to fall under PREA mandates were returned to the facility to process through appropriate investigative and/or response mechanisms.

The auditor viewed a sample PREA allegations investigation report, which would include the required components for PREA standard consideration. The WADOC investigations package included a PREA Investigation Checklist with the following components: Investigative Finding Sheet (DOC 02-378); Proof of Victim Notification; Proof of Staff Notification; PREA Data Collection Checklist (Form 02-382); Investigation Report Template, including attachments (e.g., IMRS report, applicable response checklist, PREA Mental Health Notification (DOC-13-509)); Videos submitted using SFT process or by sending to DOC PREA Triage; Local PREA Investigation Review Checklist (Form 02-383); Retaliation Monitoring (scan with packet, if complete. If not complete, scan once monitoring has been completed); Packet scanned to DOC PREA Triage – file name is the case number. Per the PREA Coordinator all WADOC investigative files included the

case#/ID report number, report date (with date of allegation and relevant investigation dates), victim, suspect and witnesses names, investigating officer and/or law enforcement with Appointing Authority names; and disposition/status of the case. Each would also contain relevant information associated with PREA considerations, to ensure compliance with investigative reporting protocol, to include: staff or resident on resident; sexual abuse/harassment; disposition (substantiated; unsubstantiated; unfounded; and is disposition justified); and notification given to resident.

Per documentation received with the PAQ and onsite review, at TCWTR no (0) PREA complaints were received during the reporting period. There were also no (0) that had been opened prior and were closed during the reporting period, nor cases (0) that were opened and failed to be closed during the reporting period. The auditor found no additional documents or findings discovered (e.g., interviews with staff and offenders) as related to PREA allegations gathered during site review, suggesting that PREA allegations had not been investigated at TCWTR. The cumulative PREA allegation breakdown at TCWTR during the reporting period, was, as follows (below).

Sexual Abuse:

Staff on Offender: zero (0) Offender on Offender: zero (0)

PREA Investigation Outcome of Sexual Abuse Allegations:

- Not applicable, as no investigations fell in this category

Sexual Harassment:

Staff on Offender: zero (0) Offender on Offender: zero (0)

PREA Investigation Outcome Totals of Sexual Harassment Allegations:

- Not applicable, as no investigations fell in this category

Based upon the auditor's review, to include Policy, interview and supporting documentation associated with PREA standard (i.e., 115.264, 115.234), while there were no PREA-related investigations during the reporting period, it appeared that at TCWTR allegations would be timely, objectively, and comprehensively investigated. The residents and staff contacted during the audit iterated that TCWTR would prioritize responses towards any report of resident sexual abuse and/or sexual harassment, ensuring the safety of the victim. The PAC and Superintendent, who were both WADOC trained Investigators, and facility staff as well as residents indicated TCWTR aimed to uphold standards that maintained an environment with zero-tolerance towards sexual abuse and/or sexual harassment. This was evident in the facility's standard 115.211 compliance at 'above standard'.

Grievances (Resolution Request Process): Per WADOC policy, When TCWTR receives a grievance (now known as resolution request in WADOC) from a resident alleging any PREA-related sexual misconduct a copy of the resolution request was to be immediately forwarded to the WADOC PREA Triage unit for processing. If the grievance is determined to be PREA-related, the Triage unit assigned the grievance a PREA allegation number in the IMRS, and returned the allegation to the TCWTR Superintendent who assigned the case for investigation. If the PREA Triage Unit determined the grievance issue not PREA-related, the resident may pursue the issue through the resolution request process, and this grievance will not be considered a PREA allegation. Based upon PAQ and site review information, there were no (0) grievances converted into PREA allegations during the reporting period. This was confirmed through onsite review, including interviews with the facility's PCM, as well as Random resident interviews. Complete documentation review as provided through the PAQ from the reporting period also supported this finding. There was no discovery during interviews with the offender population, both formal and informal, or documentation review, which would suggest that there were additional PREA-related investigations and/or grievances filed during this period that had not been provided to the auditor.

Retaliation Monitoring: Per PAQ and onsite evidence, TCWTR had no cases during the reporting period that required use of Retaliation Monitoring. There were two (2) staff designated to conduct Retaliation Monitoring processes, and both were versed in the requirements and components of monitoring. Per discussion, TCWTR would ensure Retaliation Monitoring was initiated for residents and/or staff who reported the sexual abuse and residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff. In addition, any individual and/or staff who reported fears associated with retaliation secondary to reporting of PREA allegations and/or participation in PREA-related investigation would be monitored, as appropriate. The TCWTR staff designated to conduct Retaliation Monitoring noted components in their review to include; for residents: disciplinary reports; housing changes; program changes; and for staff: negative performance reviews, and reassignments. Finally, the facility reported they would act promptly to remedy any such retaliation, should it be discovered, with elevation of any incidents of retaliation to the Appointing Authority (i.e., Superintendent).

Information Consolidation: The auditor frequently consolidated their findings to ensure interviews, documentation reviews, and observations gathered across the site review were sufficient to support compliance determinations with required PREA standards. This was beneficial to establish continued audit needs. The auditor included the TCWTR PCM and PREA Coordinator (as available) in briefings to discuss any discrepancies or deficiencies. When identified the auditor and the PCM dialogued immediately for clarification and/or remedy. Each day of the site visit, the auditor attempted to ensure effective communication of information as relayed to the TCWTR team.

At junctures when additional information was required to establish standard compliance requests were placed via the PCM and/or PREA Coordinator. The management team was exceptionally responsive and made every effort to deliver available documentation to provide proof of practice. Furthermore, the auditor found TCWTR to be receptive to identified deficiencies and implement improvement measures in an effective and thoughtful manner. It was apparent that the TCWTR management team and local employees, who were present across the site review and participated in audit functions, were welcoming and helpful, transparent in their interactions, and sought sustainability for corrections to any deficiencies. This reflected their investment in providing an environment free from sexual abuse and/or sexual harassment for the TCWTR residents.

Exit Meeting: The auditor conducted an exit on August 19, 2021 with the PCM at which auditor conveyed preliminary findings to the facility. During the exit, the auditor provided a list of identified non-compliant items (specifically the three (3) doors with slide-bolt locks), specifying these fell under standard 115.213c and describing how these related to this particular provision. They confirmed the noted deficiencies could be remedied by facility modification prior to issuance of the Interim Report. For resolution of issues following the exit, the auditor requested the facility provide photographic evidence, via electronic communication for proof of practice. The identified issues involved date in time evidence (e.g., removal of a locking mechanism on a bathroom door), and could readily be resolved prior to the Interim Report.

POST-AUDIT PHASE

The auditor and facility Executive staff agreed, during the post-audit phase, to communication by email and telephone regarding any identified needs for additional documentation, as well as clarification of questions that arose while the auditor collated data. Furthermore, the facility Executive management indicated they would provide the auditor with proof of practice on an ongoing basis, as related to correction of identified deficiencies. Communication with the PREA Coordinator and TCWTR PCM was ongoing, with timely, efficient, and thorough responses provided by email and telephone. Documentation and clarification emails facilitated the ability to process the Audit Report. A significant email contact occurred on 9/20/21 in which the facility provided proof of practice regarding completion of identified Action Item List issues the auditor had identified as deficiencies.

Audit Section of the Compliance Tool: The auditor reviewed documentation and interview notes gathered during the site review and compiled information to collate with that gathered prior to the audit, as related to the compliance tool. The auditor integrated details from the interviews into sections of relevant standards, utilizing the compliance tool as a guide. Upon collation of all gathered document, interview, and observational notations, utilizing the compliance tool, the auditor proceeded standard by standard through each subsection and provision in their final determination of standard compliance. Following completion of all data reviewed from the audit and analysis via the audit compliance tool, the auditor made overall determinations of PREA standard conformity, utilizing the evidence collected to support standard compliance as 'exceeded', 'met', or 'does not meet'.

Final Audit Report: The auditor proceeded standard by standard, using the Audit Compliance Tool as a guide, in the determination of standard compliance. As the auditor made compliance determinations, they began writing each section of the Audit Report in the OAS. The Report included references to material provided via PAQ submission (including Policies and local procedures, reports, directives, memorandums, and supplementary documentation), as well as supporting information gathered during site review (including interviews, site inspection, and observations), and any clarifying information provided post-audit. All aggregated and individual information regarding residents was de-identified for the purposes of this audit.

The auditor made standard compliance determinations item-by-item, reviewing each provision as a stand-alone measure, ensuring every provision of each standard was evaluated independently to meet compliance in all material ways over the relevant review period. The auditor incorporated evidence gathered during site review with the PAQ and follow-up documentation as proof in supporting the final conclusion as to whether the facility exceeded, met, or did not meet the standard under review. The facility had completed remedial action for two (2) standards prior to the issuance of the Final Report (Standards 115.213; and 115.264), and did not have any corrective actions issued. Moreover, the facility had exceeded and was above standard on two (2) standards upon issuance of the Final Report (Standards 115.211; and 115.233).

On 10/04/2021, the auditor spoke with the facility PCM and Superintendent regarding the Final Audit findings. Then the auditor closed the Final Report fully on the OAS, and sent a notification email was sent to the PREA Coordinator, as well as Superintendent and PCM with a request for feedback. The auditor conducted a follow-up contact with the PREA Coordinator, Superintendent and PCM to review the Final Report findings, discuss any report discrepancies, and ensure their agreement with the body of the report prior to the auditor closing the Audit on the OAS. There was no corrective action phase for TCWTR, as implementation of all required action items were completed by TCWTR with proof of practice prior to the 45-day period of audit closure, and no items required processes to be institutionalized. Upon completion of the Final Report (completion date: 10/03/2021), the facility was judged to have exceeded two (2) standards, and met all other required standards. The FINAL Report was available via OAS to the WADOC PREA Coordinator, as well as TCWTR Superintendent and PCM. The auditor will submit the Post-Audit Report Form to the PRC via the Online Audit System (OAS) within ten (10) days of issuance of the Final Report.

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.

Facility Characteristics

WADOC's Mission Statement: To improve public safety by positively changing lives.

Tri-Cities Work Training Release Mission Statement: "is a highly motivated team that specializes in successful reintegration of residents into society". Fact: "Recent research conducted by the WA State Institute for Public Policy indicated that Work/Training Release programs have a positive cost/benefit impact. For every dollar spent at a work release, \$3.82 is returned to the state".

Location: Tri-Cities Work/Training Release (TCWTR; physical address: 524 E. Bruneau Ave. Kennewick, WA) is located immediately south of the Columbia River in east downtown Kennewick, Washington. TCWTR is a minimum-security WADOC facility that operates as a 'work-training release'. TCWTR opened in June of 1999, in a 12,500 square foot building on a lot 1.37 acres. TCWTR is unique in that there are only WADOC state-employed staff (total: 20 staff members).

At TCWTR, residents have the opportunity to fulfill work and training responsibilities while living in a secured, community-integrated environment in preparation for full release. Per the TCWTR Welcome Book, "Work/Training Release (WTR) facilities serve as a bridge between life in prison and life in the community. Incarcerated individuals at work release focus on transition, to include finding and retaining employment, treatment, enrolling into trade school or community college, re-connecting with family members, develop life skills, and becoming productive members of the community. They learn and refine social and living skills to create a smoother transition from prison confinement. Work/Training release is an opportunity for self-improvement, while assisting incarcerated people in creating a safe and productive lifestyle that can be sustained upon release".

Resident Demographics: In the review period there was an average daily population housed at TCWTR of 17 residents, with day one (8/18/21) of the site review at 14 and 3 intakes (total: 17 residents), and day two (8/19/21) at 17 residents. The resident population gender was 16 males and 1 female. The residents ages were between 18 and 65 years of age, and were incarcerated at TCWTR for sentences of six (6) months or less length of stay, with an average length of stay at 4.8 months. Those assigned to TCWTR must meet eligibility criteria, to include: have a record of good behavior, and be assigned 'Minimum 1' Custody Level. All residents must continue to meet therapy, treatment, programming, and classes requirements.

Entrance Security Protocol: The main entrance to the facility is through the centralized entry, where security staff conduct screening of visiting facility entrants, both professional and those visiting offenders. Specifically, at the facility front entrance, all non-facility staff completed a screen with submission of identification and sign-in/out protocol prior to gaining access to TCWTR. The centralized control (i.e., Duty Station) was staffed with a two correctional officers. These officers staff the facility and operate the main entry/exit door of the facility, are responsible to ensure compliance with regulated entry into and out of the facility, and have access to continuous facility camera viewing.

Of note, when the audit occurred, WADOC-COVID monitoring protocol was in place and all entrants into the facility (whether staff, residents, or visitors) were required to submit to Agency supported COVID protocol questions and have completed the requisite testing in order to enter the facility.

Video Surveillance and Monitoring: The facility had fully implemented video camera surveillance as a tool to protect against sexual abuse. At the time of the site inspection, TCWTR had cameras strategically located throughout buildings, laneways, outdoor areas, and within the building in order to provide the best coverage over blind spots. As such, the auditor was able to observe cameras visibly mounted throughout the facility. The camera locations included: Cameras were located in main programming areas, to include central entrance, main administration hallway, therapeutic community/television rooms, recreation/gymnasium, kitchen/dining room, visiting room, male and female housing unit hallways, as well as external perimeter gable cameras of the parking lot, front entrance and front/back patios. Some cameras were multidirectional, when of benefit, to create viewpoints with different vistas. While there was video monitoring equipment located in the male and female housing unit hallways, none bore the potential for cross gender viewing based upon placement. Primary viewing for the camera output was located at the Duty Station and an area for viewing video footage was available in the Clerical Area next to the CCS' office.

Facility Housing Units: The facility is a single building design in which there were two distinct and separate housing units, as designated male and female. Each of the identified housing units contained the same configuration of sleeping space, and were set up as wings on separate sides of the building. Each housing unit had double-bed occupancy rooms, which were utilized as single-occupancy rooms. The facility design was maximum capacity 40 residents with 34 males (in 17 rooms) and 6 females (in 3 rooms).

The Housing Units have primary entrances available for resident ingress/egress. The offender commodes and showers were in individual rooms located off the hallway near the front of each wing, before the residents' bunk locations in the female Housing Unit and opposite the

resident rooms in the male Housing Unit. The bathrooms are protected from cross-gender viewing by curtains for the showers and partitions with doors for the latrines.

Facility Components: The facility was split into two functional areas for facility housing and programming needs. The Housing Units were on the farthest opposite sides of the building. The facility also held an Administration Hallway with respective offices for Management, Counselors, Custodial and support staff. There were Kitchen Services and a resident Dining Room. The Kitchen was fully functioning with associated dry and frozen storage lockers, providing meal preparation needs for all resident needs, including sacked meals. There was a Visiting area, with a separate bathroom for any visitors. During visits, residents had to return to their unit to utilize their Housing Unit restroom. Off the main Duty Station, there was a co-ed general games/recreation room, work/study with facility bulletin board, fitness room/gym (with internal locked clothing closet), resident laundry facilities, as well as male female separated television rooms. In the back, there was a resident accessible patio for resident outside access with picnic tables. In the backyard was also a Maintenance Shed with the facility lawn mower and gardening supplies. There was no offender access permitted in any of the Shed or beyond the back patio outside of the facility perimeter in the absence of authorized permission by a staff member.

The doors to all aforementioned areas were locked with the exception of when staff provided access. In any areas where offenders were present alone there were routine checks conducted on a randomized basis and no areas viewed with potential for offender isolation or significant blind spots following modifications after site review.

TCWTR Programming: Through the auditor's discussions with the TCWTR PCM/CCS, Superintendent, local staff, and residents during the site review, along with readings of website publications, and TCWTR Welcome Packet, it was evident that TCWTR offered a well-established program with a variety of unique, growth-oriented opportunities. Participant requirements for acceptance into the TCWTR program included: In-House Work Detail; Daily \$13.50 Room & Board Payment; Payment of Income Tax; Crime Victim Compensation; Fulfill Restitution Obligations; Gain/Maintain Full-time Employment or Schooling; and Engagement in Required Programming.

They had comprehensive programming expectations and residents understood requirements to engage in supported educational courses and vocational opportunities. Some activities had been impacted to various degrees secondary to COVID-19 restrictions; however, the auditor has chosen to include them in to their fullest degree, as the facility intends to resume regular programming, as soon as permitted to do so.

Enrollment in activities was based upon the assessment of resident's needs, coupled with, available resources. Independent programming available to offenders at the facility included, but was not limited to, educational development, recreational library, dayroom activities with television viewing, along with well-furnished indoor fitness room and outdoor yard. TCWTR does not have volunteers, while residents are permitted to engage in a variety of community activities, as supported by their requests and appropriate permissions.

Primarily, employment prospects at TCWTR merit discussion based upon the full involvement of residents in community re-entry, as well as apparent self-improvement elements. While TCWTR does not specifically offer job opportunities, most residents develop resume and interview skills, entering into initial employment in warehouse, production, food service, agribusiness, and construction. TCWTR has established on-going relationships with businesses who regularly seek to employ residents at the work release.

Community Education/Treatment Programs: Educational skills and therapeutic programming were aimed to help residents gain skills and knowledge to help them become productive members of society upon release. Educational programming included: Aftercare Treatment; Intensive Outpatient Treatment; Chemical Dependency Assessments; Stress and Anger Management; GED Classes; Thinking for Change; Mental Health Counseling; and Parenting Classes.

Community Transitional Resources: Re-entry is facilitated by ensuring adequate access to appropriate wrap-around services and TCWTR provided resident connection to necessary resources for success upon release. Transitional services included: Job Resource Center; Low Cost Housing; Mental Health Services; Low Cost Medical/Dental Services; Public Transit System; Clean & Sober Housing; Clothing Bank; Community College; Technical Schools; Religious/Community Volunteers.

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.

Number of standards exceeded:	2
Number of standards met:	39
Number of standards not met:	0

Summary of Audit Findings

Remedial Actions (implemented prior to 45-Day FINAL Report):

Supervision and Monitoring (115.213): The facility removed the slide-bolt latches, eliminating the interior locking ability (Photographic evidence provided 09/20/21). The three locations requiring removal of slide-bolt latch to ensure accessibility of entry included:

1. Staff Hallway Restroom Slide-Bolt Latch,
2. Visiting Room Visitor's Restroom, and
3. Kitchen Staff Restroom.

The facility remedied all noted issues by September 20, 2021, providing proof of practice to the auditor by emailed photographic evidence. Through immediate remedial action, the facility appropriately resolved this area, as considered for potential offender isolation.

Staff First Responder Duties (115.264): One procedural concern was conveyed to the facility as related to TCWTR's evidence gathering protocol secondary to post-allegation placement of the alleged abuser. Based upon existing local procedures, the alleged abuser would be placed behind a double-locking, secured door in the facility laundry room. However, the concern was that this room gave the alleged abuser access to running water via a wash basin and the washing machines. This would potentially allow them to destroy physical evidence.

The facility made the determination that the best placement of alleged abuser would be in the male television room, which remained in the direct line of sight with the Duty Station, while no access to restroom facilities, running water, and/or any other material that may alter/destroy potential evidence. The facility discussed this at their staff meeting to provide training on 09/29/2021, distributing this information by way of staff meeting minutes. Proof of practice was provided by email to the auditor on 10/01/2021 and with attached meeting minutes on 10/04/2021.

List of Standards Exceeded:

Prevention and Planning

- § 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

When considering the elements of 115.211, WADOC has incorporated strong Policy, which has been implemented at TCWTR in practice, to ensure the application of zero tolerance towards all forms of sexual abuse and sexual harassment. The Agency has employed individuals in leadership positions of PREA Coordinator and PCM who take their positions seriously. The designated staff work tremendously hard to apply the Agency's Policies. Moreover, they aim to ensure staff and residents effectively receive necessary PREA-related standard components (e.g., hiring and promotion decisions 115.218; employee training 115.231; resident education 115.233; screening for risk of victimization and abusiveness 115.241; resident access to outside confidential support service 115.252) to be proactive in the prevention of sexual abuse and sexual harassment. The TCWTR residents and staff alike expressed the facility had zero tolerance for any forms of behavior that may lead towards sexual abuse and/or sexual harassment. Finally, the residents expressed they felt sexually safe at TCWTR and believed the facility would prioritize the management of any incident of sexual abuse and/or sexual harassment.

It is clear WADOC's Policy for mandating zero tolerance towards all forms of sexual abuse and sexual harassment, as outlined by their approach to preventing, detecting, and responding to such conduct has been clearly communicated to TCWTR residents and staff and integrated into the facility's culture. Furthermore, there is clearly infrastructure in place at TCWTR to maintain the Agency's zero tolerance stance. As such, the auditor evaluated this standard substantially to exceed requirements for compliance.

Training and Education

- § 115.233 Resident Education

It was clear the efforts of TCWTR considered comprehensive provision of PREA education to residents, to include the components, as required in 115.231a, specifically, “the Department’s zero tolerance stance and ways to report sexual misconduct”, in a manner that would ensure residents were prepared for PREA situations and readily able to implement their knowledge proactively in their environment. Furthermore, the facility had implemented a structured resident educational programming strategy that was above that required standard of 115.231, in that residents were provided comprehensive PREA information, instead of that which was different only at TCWTR from the Agency. TCWTR had multi-modal teaching methods for diverse needs of residents, as required by the standard. Moreover, proof of this practice was readily available and TCWTR residents not only demonstrated 100% compliance with training requirements, but also were able to demonstrate this in practical applications, as discussed during interview. Residents had been instructed by way of a mnemonic, with the five reporting mechanisms, which they readily applied to the auditor’s questions.

It is clear that the groundwork for the fundamental practice of PREA sexual abuse and sexual harassment prevention, detection, and response has been clearly laid at TCWTR through the resident education practices. As such, the auditor evaluated this standard substantially to exceed requirements for compliance.

List of Standards Met:

Prevention and Planning

- § 115.212 Contracting with other entities for the confinement of residents
- § 115.213 Supervision and monitoring
- § 115.214 Youthful Offenders (Reserved per OAS Tool)
- § 115.215 Limits to cross-gender viewing and searches
- § 115.216 Residents with disabilities and residents who are limited English proficient
- § 115.217 Hiring and promotion decisions
- § 115.218 Upgrades to facilities and technologies

Responsive Planning

- § 115.221 Evidence protocol and forensic medical examination
- § 115.222 Policies to ensure referrals of allegations for investigation

Training and Education

- § 115.231 Employee training
- § 115.232 Volunteer and contractor training
- § 115.234 Specialized training: Investigations
- § 115.235 Specialized training: Medical and mental health care

Screening and Risk of Sexual Victimization and Abusiveness

- § 115.241 Screening for risk of victimization and abusiveness
- § 115.242 Use of screening information
- § 115.243 Protective Custody (Reserved per OAS Tool)

Reporting

- § 115.251 Resident reporting
- § 115.252 Exhaustion of administrative remedies
- § 115.253 Resident access to outside confidential support services
- § 115.254 Third-party reporting

Official Response Following a Resident Report

- § 115.261 Staff and agency reporting duties
- § 115.262 Agency protection duties
- § 115.263 Reporting to other confinement facilities
- § 115.264 Staff First-Responder duties
- § 115.265 Coordinated response
- § 115.266 Preservation of ability to protect residents from contact with abusers

- § 115.267 Agency protection against retaliation

Investigation

- § 115.271 Criminal and administrative agency investigations
- § 115.272 Evidentiary standard for administrative investigations
- § 115.273 Reporting to residents

Discipline

- § 115.276 Disciplinary sanctions for staff
- § 115.277 Corrective action for contractors and volunteers
- § 115.278 Disciplinary sanctions for residents

Medical and Mental Care

- § 115.282 Access to emergency medical and mental health services
- § 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

Data Collection and Review

- § 115.286 Sexual abuse incident reviews
- § 115.287 Data collection
- § 115.288 Data review for corrective action
- § 115.289 Data storage, publication, and destruction

Audits and Corrective Action

- § 115.401 Frequency and scope of audits
- § 115.403 Audit content and findings

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	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1489 398">The auditor reviewed Agency Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (Rev. 11/20/20); and 490.860 PREA Investigation (Rev. 9/29/20); as well as Tri-Cities Work/Training Release (TCW/TR) Operational Memorandum (OM) 490.800 PREA Prevention and Reporting (Rev. 11/20/20); and TCWTR OM 490.850 PREA Response (Rev. 10/08/20) towards making compliance determinations for the provisions of this standard.</p> <p data-bbox="242 432 1489 622">Standard 115.211a: The Agency Policy 490.800 materially provided WADOC's written policy mandating zero tolerance towards any form of sexual misconduct. Policy defined sexual misconduct to include aggravated sexual assault, individual-on-individual sexual assault, sexual abuse, and sexual harassment. It also included staff-on-individual sexual harassment and staff sexual misconduct. This definition encompassed all forms of sexual abuse and/or harassment towards residents by resident peers and staff. The PREA Prevention and Reporting Policy, coupled with OM 490.850: PREA Response, delineated WADOC's approach for prevention and detection of, as well as response towards sexual misconduct.</p> <p data-bbox="242 656 1489 913">Interviews with the Agency Head, Superintendent, and PREA Coordinator, as well as all randomly selected (12 of 12; 100%) employees supported a solid understanding at TCWTR of the WADOC zero tolerance towards sexual abuse and harassment policy. All staff were able to articulate efforts related to prevention and detection of, as well as response to sexual misconduct. Furthermore, staff expressed that in all incidents of sexual misconduct the safety of the victim must be ensured and report made immediately (i.e., without delay), with no exceptions, to a higher-level supervisor (i.e., depending on time of notification Work Release Administrator or Duty Officer). Resident interviews and site review observations (including available PREA posters and pamphlets, and informal discussions with staff and residents) provided additional support of WADOC and TCWTR's commitment to zero tolerance of sexual abuse and sexual harassment.</p> <p data-bbox="242 947 1489 1205">Standard 115.211b: The auditor reviewed a WADOC organizational chart demonstrating the PREA Coordinator position, filled and designated as an upper-level management position. The PREA Coordinator reported to the Deputy Director, Prisons Command B. The auditor reviewed the PREA Coordinator Position Description, as provided. The PREA Coordinator has responsibilities to administer development, implementation, and maintenance strategies, departmental policies, and procedural operations for PREA compliance. The position also acts as a liaison and subject matter expert to stakeholders throughout the state. Additional responsibilities of the PREA Coordinator position include overseeing all PREA investigations assigned to Agency Appointing Authorities, completion of related data analysis for strategic planning and deficiency correction, as well as ensuring communicating PREA-related information to WADOC management.</p> <p data-bbox="242 1238 1489 1395">During interview, the PREA Coordinator reported having sufficient time and authority to conduct their responsibilities associated with the development, implementation, and oversight of WADOC's efforts to comply with PREA standards at all community confinement facilities. They indicated that they speak or interact with the Work Release Administrator and Community Corrections Supervisors largely via e-mail on a routine basis. The PREA Coordinator also reportedly conducts monthly PREA Advisory Council (PAC) meetings either in person or via video.</p> <p data-bbox="242 1429 1489 1653">The PREA Coordinator provided telephone and email consultation regarding the TCWTR OAS-PAQ prior to the audit, and was onsite during day two of the site review. They were available by telephone and email to respond to the auditor's questions and provided clarification, as required, after the review. Per interview with the Community Corrections Supervisor, the PREA Coordinator had been a reliable resource to assist with any PREA-related issues at the facility. Through the course of the pre-audit, site review, and post-audit processes, via formal and informal observations, it was evident to the auditor that the PREA Coordinator continuously engaged in providing direction and appropriate guidance to facility staff as related to the WADOC's sexual abuse prevention policy.</p> <p data-bbox="242 1686 1489 2045">When considering the elements of 115.211, WADOC has incorporated strong Policy, which has been implemented at TCWTR in practice, to ensure the application of zero tolerance towards all forms of sexual abuse and sexual harassment. The Agency has employed individuals in leadership positions of PREA Coordinator and PCM who take their positions seriously. The designated staff work tremendously hard to apply the Agency's Policies. Moreover, they aim to ensure staff and residents effectively receive necessary PREA-related standard components (e.g., hiring and promotion decisions 115.218; employee training 115.231; resident education 115.233; screening for risk of victimization and abusiveness 115.241; resident access to outside confidential support service 115.252) to be proactive in the prevention of sexual abuse and sexual harassment. The TCWTR residents and staff alike expressed the facility had zero tolerance for any forms of behavior that may lead towards sexual abuse and/or sexual harassment. Finally, the residents expressed they felt sexually safe at TCWTR and believed the facility would prioritize the management of any incident of sexual abuse and/or sexual harassment.</p> <p data-bbox="242 2078 1489 2134">It is clear WADOC's Policy for mandating zero tolerance towards all forms of sexual abuse and sexual harassment, as outlined by their approach to preventing, detecting, and responding to such conduct has been clearly communicated to</p>

TCWTR residents and staff and integrated into the facility's culture. Furthermore, there is clearly infrastructure in place at TCWTR to maintain the Agency's zero tolerance stance. As such, the auditor evaluated this standard substantially to exceed requirements for compliance.

No corrective action was required for this standard.

115.212	Contracting with other entities for the confinement of residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1474 566">The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting, IX. Contracted Confinement of Individuals (Rev. 11/20/20), along with the WADOC current contract shell. The auditor was also viewed the Agency's current contract with American Behavioral Health Systems (ABHS; exp. 06/30/23), as well as compaction agreements with Iowa and Minnesota Departments of Correction, and the PREA Coordinator's Summary WADOC Contracted Public and Private Agency Sites (dated: 04/14/21). Additional documentation reviewed by the auditor towards making compliance determinations for the provisions of this standard included: Revised Code of Washington (RCW) 72.01.410 Child under eighteen convicted of crime amounting to felony – Placement; WADOC Secretary Memorandum (dated: 01/22/21): Housing of violators in local, regional and tribal jails; and DOJ email (dated: 08/27/13): PREA compliance directives associated with WADOC offenders' housed in primary designation residential chemical dependency treatment programs.</p> <p data-bbox="240 598 1485 790">Standard 115.212a: Agency Policy 490.800 IX.A stated, "Any new or renewed contracts for the confinement of individuals will include the requirements that the contracted facility comply with PREA standards and allow the Department to monitor PREA compliance". Since the last PREA Audit conducted in October of 2018, per the PAQ, the Agency had entered into or renewed three (3) contracts for the confinement of offenders. The Agency Contract Administrator and PREA Coordinator indicated all contracts into which WADOC entered (for audit review, the three noted above) required contractors to adopt and comply with PREA standards in full, which the auditor confirmed by review of each provided contract.</p> <p data-bbox="240 822 1485 1048">During interview with the Agency Contract Administrator, they affirmed upon WADOC's initiation of any contract each included required PREA standard provision 115.12 language, as stated in the 'shell contract'. This is included by way of standardized PREA language, in the 'shell contract' template and includes the entity's obligation to comply with PREA standards and engage the monitoring process. The Contract Administrator indicated the PREA Coordinator is responsible for oversight of each contracted entity regarding audit processes, resolution of deficiencies and on-going monitoring, as necessary. The PREA Coordinator confirmed their performance of contract associated duties. The Agency 'shell contract', as reviewed by the auditor, included language that conformed to the provisions of this standard.</p> <p data-bbox="240 1079 1485 1339">WADOC asserted three exceptions to contract situations. Exception 1 applied to juvenile offenders and was researched secondary to PREA Resource Center (PRC) Frequently Asked Questions (FAQ). WADOC asserted housing of violators in local, regional and tribal jails was not applicable under standards 115.12 and 115.212. The Agency based their determination upon FAQ information, specifically, as extracted from the applicable FAQ (dated: 2/19/14): "<i>When a local facility houses state inmates for short periods of times for either adjudication of parole or probation violations or following the temporary transfer to the local facility for a court appearance, the arrangement does not constitute a confinement of inmates for the purposes of 115.12 (115.212 and 115.312), even if the state pays the local jurisdiction a per diem pursuant to stat statute or informal agreement</i>".</p> <p data-bbox="240 1370 903 1397"><u>WADOC's Assertion (Secretary's Memorandum: dated: 01/22/21):</u></p> <ul data-bbox="240 1429 1485 1738" style="list-style-type: none"> • WADOC asserts that housing violators for a maximum of 180 days fall under the provision of short term as presented in the PRC FAQ. This includes Swift and Certain offenders as well as return/revoke offenders sentenced under other guidelines/legislation who are housed in area jails for short-term violator confinement less than 180 days. • WADOC asserts that the payment of per diem with the ability to pay extraordinary medical expenses falls under the provision of per diem as present in the PRC FAQ. • WADOC asserts that requirement of Community Corrections Officers to place offenders in the jails in which the offender is under supervision eliminates discretionary placement and falls under the provision of discretion as presented in the PRC FAQ. <p data-bbox="240 1769 1485 2063">Exception 2 involved WADOC's contract with Pioneer Human Services Residential Treatment Services. As described in the PAQ, WADOC has contracted with Pioneer Human Services to provide residential substance treatment services for offenders on supervision in the community. Pioneer Center North is a 134-bed residential substance treatment program that included 13 WADOC contract beds. Pioneer Center East is a 44-bed residential substance treatment program that included 7 WADOC contract beds. The Department of Justice provided FAQ of July 9, 2013 by email (8/27/13), indicating, "A community facility that is not <i>primarily used</i> for the confinement of residents in the adult criminal justice system is not covered by the community confinement facility standards". Therefore, only if the total WADOC offender population was to rise above 50% for either of these facilities would the WADOC contract require modification for compliance with PREA standards, accompanied by monitoring.</p> <p data-bbox="240 2094 1485 2152">Exception 3, related to the amendment to RCW 72.01.410, by Engrossed Second Substitute House Bill 1646 (E2HB 1646), which required that persons convicted as adults of a felony committed under the age of 18, who would previously have been</p>

placed with WADOC, must initially be placed in a facility operated by the Department of Children, Youth, and Families (DCYF; under the parent Agency of Rehabilitation Administration; RA). Per request of WADOC for evaluation of the applicability of this standard, DOJ indicated, "Standard 115.12 does not apply to WADOC in this situation. We base this decision primarily on the intent of the standard and on the guidance provided by the Department of Justice in FAQ dated February 19, 2014...". WADOC no longer monitored the RA for PREA compliance, as related to 115.12. The auditor received this information by way of PREA Coordinator Contract Summary Memorandum (dated: 04/14/21).

The auditor judged the substance and qualifying criteria as provided by the Agency's supporting documentation to meet compliance with this standard provision.

Standard 115.212b: Agency Policy 490.800 IX.A stated, "Any new or renewed contracts for the confinement of individuals will include the requirement that the contracted facility comply with federal PREA standards and allow the Department to monitor PREA compliance". Associated verbiage was included in the contracts, as reviewed by the auditor.

The Agency provided documentation by PREA Coordinator Memorandum (dated: 04/14/21) regarding the cycled monitoring of contracted facilities. The auditor reviewed this summary report, as completed by the PREA Coordinator, of PREA compliance related to Standard 115.12b for WADOC contracted public and private agency sites. The report included agency contracts with: ABHS for residential substance abuse treatment for individuals on supervision in the community; RA for housing youthful offenders (see Exception 3 in 115.12a above); and Yakima County Jail (contract expired 12/31/20) for housing of overflow offenders. Of the four ABHS locations applicable for continuous monitoring, three had obtained 100% compliance in their most recent PREA audit (while 1 was not yet applicable, having entered into contract in February 2021). Since that time, the Contract Administrator regularly visited the facilities, along with the PREA Coordinator conducting collaborative discussions aimed to ensure each site remained in compliance with PREA standards. The Agency Contract Administrator affirmed their responsibility for continuous contract monitoring to ensure compliance with PREA standards. The PREA Coordinator confirmed their responsibility to ensure all contracts are reconciled on a consistent basis.

In addition to the aforementioned contracts, since the implementation of the PREA standards, WADOC has established and/or updated interstate compactions agreements with the following agencies: Iowa Department of Corrections, and Minnesota Department of Corrections. Per the PREA Coordinator Memorandum, to ensure PREA compliance monitoring per 115.12b, "Compact facilities are closely monitored by the WADOC Classification and Case Management Administrator".

Standard 115.212c: Per documentation provided, WADOC has not entered into a contract with an entity that failed to comply with the PREA standards. Therefore, the auditor judged this standard provision to be, 'not applicable', and the Agency judged to have materially met this standard provision.

Corrective action was not required for this standard.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1484 365">The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 11/20/20); 400.210 Custody Roster Management (Rev. 6/19/19); and the TCWTR Staffing Plan from 2020 and 2021 towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="242 396 1492 723">Standard 115.213a: Per Policy 490.800, "Each Superintendent and Work/Training Release Community Corrections Supervisor (CCS) will use the PREA Compliant Staffing Plan template maintained on the PREA Audit SharePoint site to develop, maintain, and annually review a staffing plan that includes an objective analysis of the facility's staffing needs and established staffing model". The CCS' Memorandum (dated: 04/06/21), provided with the 2021 Staffing Plan, described how the Work/Training Release staffing plan was conducted. Specifically, the Memorandum indicated the staffing plan was reviewed via an annual audit in support of the facility's best efforts to develop, document, and comply with an adequate level of staffing to protect individuals against sexual abuse. The WADOC Annual Staffing Plan, as required by Policy, included: assessment, determination, and documentation of whether adjustments were needed to the existing staffing plan, the facility's deployment of video surveillance systems and other monitoring technologies, as well as any additional resources the facility had available to commit to ensure adherence to the staffing plan, and overall offender sexual safety.</p> <p data-bbox="242 754 1492 947">TCWTR provided the auditor with documented 2020 and 2021 Staffing Plans, which provided levels of staffing and, where applicable, video monitoring, which were judged adequate to protect residents against sexual abuse. Based on the auditor's evaluation of the 2021 Staffing Model, the TCWTR staffing plan was predicated on a total population of 40 residents, with an age range of 19 to 67 years of age, with a co-ed ratio of 34 males to 6 females. According to the Memorandum provided, as well as interviews with the Superintendent and Community Corrections Supervisor, in the calculation of adequate staffing levels and determination of the need for additional video monitoring, the TCWTR Staffing Plans had taken into consideration:</p> <ol data-bbox="339 1001 1465 1227" style="list-style-type: none"> 1. The physical layout of the facility (including "blind-spots" or areas where staff or residents may be isolated), to include size of the building; 2. The composition of the resident population, to include number of residents and consideration of co-ed designation of facility; 3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse, to include regular reviews of statistics as related to critical incidents (including all PREA-related investigations); and 4. Any other relevant factors. <p data-bbox="242 1258 1465 1384">Part of the annual audit and PREA Staffing Plan included completion of a facility vulnerability assessment, which served to identify and address areas or processes creating risk, inclusive of corrective action plan items. The Superintendent, CCS, and PREA Coordinator each confirmed the facility considered the criteria, as listed above, in the development and documentation of the TCWTR Staffing Plan to ensure needs were met associated with appropriately staffing the facility.</p> <p data-bbox="242 1415 1484 1641">Standard 115.213b: Per Agency Policy 400.210, "Custody staffing is deployed consistent with the Custody Staffing Model... Each facility will identify posts that may be temporarily vacated, absent any uncommitted authorized leave, training, or sick leave relief. Non-Relievable Posts (Note: Attachment 1 to Policy) identifies the minimum standard for non-relievable posts". Based upon documentation provided to the auditor there were no circumstances under which TCWTR had failed to comply with the staffing plan during the audit period. Specifically, there were no indications of deviation from the approved staffing model that would have jeopardized offender safety, facility security, and/or caused inadequate staffing levels to protect residents from sexual abuse within the facility.</p> <p data-bbox="242 1673 1492 1865">In such cases as deviation from a staffing plan must be made the facility shall provide justification and documentation thereof. During interview with the Superintendent and CCS, they discussed measures to ensure staffing model compliance to include: reviewing overtime reports, ensuring on-call availability, and routine reviews of the staffing plan. They reported TCWTR had not had any positions of non-compliance. Instead, per the CCS, the facility had used overtime to cover, as necessary. Both the CCS and Superintendent were aware of the need to provide justification for and documentation of any situations that involved deviation from the staffing plan.</p> <p data-bbox="242 1897 1492 2157">Standard 115.213c: Per Policy 490.800 and in practice, the facility consulted with the PREA Coordinator, no less than once annually while completing the Staffing Plan, and whenever appropriate as related to PREA needs. Policy 490.800 mandated, "Reviews will document consultation with the PREA Coordinator, who will be provided with a copy of the completed PREA Compliant Staffing Plan". During interview, the PREA Coordinator indicated their responsibility to provide consultation to TCWTR and all other WADOC work release facilities, at least annually, for the purpose of Staffing Plans, as well as provision of PREA-related guidance, whenever necessary. Per discussion with the Superintendent and CCS, the PREA Coordinator had an established role providing continuous oversight for the Annual Staffing Plan process and was the identified contact for all high-level, PREA-related concerns.</p>

Per TCWTR Staffing Plans, "Staffing plans for the WADOC work release facilities were originally created based upon the staffing models used for minimum security camps. Offenders are screened in advance by staff in order to determine their eligibility for placement in a work release. In addition, the contracting agencies have agreed with the current staffing ratios and each year this ratio is reviewed during contract renewals". Documentation utilized in the development of the staffing review, and made available to the auditor, included:

- Organizational Chart for the facility,
- Shift(s) schedules, with Corrections and Non-Custody Staffing Models,
- Union Memorandum (dated: 05/31/02),
- Floor Plans with locations of cameras identified, to include locations of mirrors,
- Vulnerability Assessment,
- Annual Budget Request Document and status of requests (to include Re-Entry Equipment Ready List, Genetec Video Proposal and cost options),
- Training of staff to include initial training prior to attendance at DOC approved Academy, and
- Inter-local Screening Committee Agreement.

Based upon onsite discussion and PAQ documentation (i.e., TCWTR's 2020 and 2021 Staffing Plans), the facility's utilized discussions with the PREA Coordinator to assess, determine and document whether adjustments were required to:

1. The staffing plan established pursuant to 115.213a;
2. Prevailing staffing patterns;
3. The facility's deployment of video monitoring or other monitoring/surveillance technologies; and
4. The resources the facility has available to commit to ensure adequate staffing levels and adherence to the staffing plan.

The TCWTR Staffing Plan conformed to the provisions as described in 115.213c, per the auditor's assessment of the documentation provided, as well as input gathered during interviews with the CCS and Superintendent.

Despite the fact that Community Confinement facilities do not require unannounced rounds, at TCWTR the Custodial Sergeant and CCS periodically conducted unannounced facility tours. They each described completion of these tours by modifying their work schedules to conduct tours and ensure interaction with employees on all shifts. These supervisors indicated they conducted rounds at different times to ensure staff would not be aware of their occurrence. They also reported utilizing strategies to avoid detection of their tour cycles, such as coming in on weekends and being present mid-shift (including 1st watch). Their tours included observation of performance related to core processes to ensure operational practice was aligned with reported performance. Such inspections involved touring the facility to include all living units and activity areas (e.g., recreation, education, etc.), and encouraged informal contact with personnel and residents with observation of living and working conditions. The CCS and Sergeant reported they logged these tours in the logbook, which was confirmed by the auditor.

Facility rounding was also occurring at staggered intervals to ensure resident safety. Upon review of the log, the auditor noted randomization for time increments of security entries. Informal discussion with security staff indicated their awareness to monitor the resident population on a regular basis with efforts towards ensuring rounding occurred on a continuous basis, yet not based on predictable increments of time. The auditor observed security staff conducting rounding activities will on site during the physical inspection of the facility.

TCWTR had fully implemented video camera surveillance as a tool to protect against sexual abuse. At the time of the site inspection, the facility had cameras located throughout the building, to include outdoor laneways, front and back patio, as well as within the building in order to provide the best coverage over blind spots. Additional cameras had been added to address issues determined through vulnerability assessments, as noted previously, and were mounted strategically throughout the facility. No cameras were located where residents would be in any manner of undress (i.e., resident housing units, shower and bathrooms facilities). Of note, the facility had also installed mirrors to supplement security management. During site review, the auditor viewed camera placement to be apparent in blind spots, areas of potential isolation and high traffic locations to enhance TCWTR's ability to protect residents against sexual abuse. Concerning who had access to viewing the camera output, there were camera hubs in the Duty Station and an access point in the identified Clerical Station. Camera output was continuous in the Duty Station, while in the Clerical Station, authorized personnel with required permission were able to view output and/or archived footage. None of the camera output areas had designated staff positions assigned for constant video-stream observation and there were no gender restrictions for staff posts for the purpose of viewing cameras.

During the auditor's physical plant inspection, it was clear that TCWTR had placed a great deal of emphasis on identifying blind spots and areas of potential isolation through providing camera monitoring, mirror coverage, or entirely blocking off areas where resident access was unnecessary. There were three areas identified for potential resident isolation, which all

pertained to removal of a slide-locking mechanism on bathroom facilities. The identified issues were, as follows:

- Staff bathroom – Central Hallway; the bathroom had a slide-bolt locking mechanism on the inside of the door, in addition to the key-locking handle, which created an area for potential offender isolation.
- Staff bathroom – Kitchen; the bathroom had a slide-bolt locking mechanism on the inside of the door, in addition to the key-locking handle, which created an area for potential offender isolation.
- Visitor's bathroom – the bathroom had a slide-bolt locking mechanism on the inside of the door, in addition to the key-locking handle, which created an area for potential offender isolation.

The facility remedied all noted issues by September 20, 2021, providing proof of practice to the auditor by photographic evidence by email. Through swift remedial action, the facility appropriately resolved all areas considered for potential offender isolation.

Corrective action was not required for this standard.

115.215	Limits to cross-gender viewing and searches
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 499">The auditor reviewed Agency Policy 420.325 Searches and Contraband for Work/Training Release (Rev. 01/08/20); 490.700 Transgender, Intersex, and/or Gender Non-Conforming Housing and Supervision (Rev. 2/13/20); 420.312 Body Cavity Search (Rev. 10/27/14); 420.310 Searches of Offenders (Rev. 1/1/14); 490.800 PREA Prevention and Reporting (Rev. 11/20/20); and 490.820 PREA Risk Assessments and Assignments (Rev. 6/13/19). The auditor also reviewed Secretary Memorandum (dated: 01/22/20) Subject: DOC Policy 490.700 Transgender, Intersex, and Gender Non-Conforming Housing and Supervision Pre-Implementation Communication, Work Release Academy Curriculum to include Annual In-Service Pat Search Training towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="240 530 1469 591">Standard 115.215a: Policy 420.325 stated, "A strip search must be conducted by 2 trained employees and meet the following gender requirements, unless waiting for an employee of the designated gender may result in serious bodily injury.</p> <ul data-bbox="284 642 1493 902" style="list-style-type: none"> • A. Strip searches of females will be conducted by female employees. • B. Strip searches of males 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 conducting the strip search, but will not be in direct line of sight of the incarcerated individual...[Note: WADOC strip search logs have been modified to contain a component designating the gender role of each officer conducting a strip search with an (S) identifying the Searching Officer and (O) identifying the Observing Officer]... • H. Work/Training Release Administrator or designee approval is required to transport individuals to designated facility to conduct a canine/body cavity search or if staffing requirements cannot be met for a strip search". <p data-bbox="240 934 1493 1294">Policy delineated that no facility shall conduct cross-gender strip or visual body cavity searches of residents with the exception of emergency circumstances or until transferred to a designated facility where the search could be performed (as noted in Agency Policy by medical practitioners). Policy 420.312 mandated, "The Chief Medical Officer/designee will review all relevant clinical and other information to determine that doing a body cavity search is safe from a medical perspective and to specify any clinical requirements for doing such a search...All participants in a body cavity search process will be the same gender as the offender". Of note, the Agency had implemented Policy 490.700, with a pat and strip search Preference Request Process for transgender, intersex, and gender non-conforming individuals, which included the ability for individuals to state their preference of the gender of the staff who were to conduct their searches. Per Secretary's Memorandum, for identified offenders, pertaining to Policy 490.800, requesting staff who are opposite gender to the offender's assigned gender at birth to conduct searches, only employees who volunteer will conduct strip searches in such circumstances and preference requests will be accommodated when staff availability and circumstances allow.</p> <p data-bbox="240 1326 1493 1485">The PAQ indicated there were no (0) cross-gender strip or visual body cavity searches conducted during the reporting period for routine and/or exigent circumstances. Interviews formally and informally with the Superintendent, CCS, and staff supported that the TCWTR team were aware not to conduct strip and/or visual body cavity searches, and that an IMRS report was required should any strip or visual body cavity searched be conducted, in addition to if search gender requirements were not be met. The auditor confirmed by log review on site that no strip searches had occurred during the reporting period.</p> <p data-bbox="240 1516 1461 1610">Standard 115.215b: TCWTR's rated capacity was 40 residents, and did not exceed 50 at any time. Policy 420.325 stated, "Pat searches will be conducted by a trained employee of the same gender as the individual being searched, except in emergency situations.</p> <ol data-bbox="276 1662 1477 1823" style="list-style-type: none"> 1. For the purposes of this policy, emergency situations are limited to: <ol data-bbox="339 1695 1477 1823" style="list-style-type: none"> 1. Situations where a delay would result in the likely loss of dangerous contraband (e.g., weapons, drugs), 2. Apprehension of an escaped individual, or 3. Unscheduled movement situations (e.g., a crime scene where evacuation must occur immediately, but a check for weapons by pat search is required). <p data-bbox="240 1854 1461 2047">In addition, Agency Policy 490.700 has implemented a pat and strip search Preference Request Process for transgender, intersex, and gender non-conforming individuals. As explained in the Superintendent's Memorandum, "DOC 02-420, Preference Request, is completed for each transgender, intersex and gender non-conforming offender. This form identifies the offender's preferred gender of staff to conduct searches. Unless circumstances do not allow for the preference to be implemented, searches are conducted in accordance with the offender's stated preference. Only employees who volunteer and receive approved training will conduct strip searches of the opposite gender".</p> <p data-bbox="240 2078 1469 2139">Per PAQ and facility report, there were no pat-down searches conducted by male staff during the reporting period, in either routine or exigent circumstances. In addition, the PAQ reported TCWTR female residents had not been restricted access to</p>

regularly available programming or other out-of-cell opportunities secondary to a female staff member not being available to conduct a pat search. Based upon Random Staff interviews, security staff endorsed there was largely always a female staff on shift able to conduct pat down searches of female residents and in such circumstances as a female was not present, there was an on-call process by which to ensure coverage, as necessary, by a female staff. All staff interviewed reported that they could not identify any instances when female residents were restricted from programming secondary to unavailability of female staff to conduct pat searches. Based upon log review, the auditor confirmed that the facility refrained from conducting pat searches of female residents by male staff.

Standard 115.215c: Agency Policy stipulated all cross-gender strip and visual body cavity searches shall be thoroughly documented and provide justification of the search. As noted above, Agency Policy stipulated cross-gender strip and/or visual body cavity searches of residents were only to be conducted in exigent circumstances. Per Policy 420.310, all strip searches will be documented before the search, or as soon after the completion of an emergent strip search. The documentation, per Policy, must contain: 1. Date of search; 2. Name of offender; 3. DOC number; 4. Reason for search; and 5. Names and gender of employees conducting the search. In addition, Policy stated, "If a strip search is conducted that does not meet these gender requirements for staffing, a confidential report will be completed in IMRS [Incident Management Reporting System] and submitted before the end of the shift. The distribution will include the PREA Coordinator". Policy 420.325 Searches and Contraband for Work/Training Release, as related to pat searches, stated, "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 the shift. The distribution will include the [PREA] Coordinator".

Per the Superintendent and CCS, if a cross-gender strip and/or body cavity search or pat-down was to occur it would be documented in the IMRS. Specific logging and documentation with verification, tracking, and log retention processes are maintained at TCWTR. There was no information discovered during site review, including interviews with residents and staff, as well as documentation review, contrary to that reported per PAQ disclosure. As indicated, TCWTR does not conduct cross-gender strip, visual body cavity, and/or pat-down searches, but for in exigent circumstances. There were no identified exigent circumstances during the reporting period that required such exceptions.

Standard 115.215d: Agency Policy 490.800 stated all offenders shall be afforded the opportunity to shower, perform bodily functions, and change clothing absent of non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia with the exception of emergencies or when such viewing was incidental to routine cell checks. Policy explicitly included surveillance systems in this description. Per WADOC Policy, the Agency has also standardized a "knock and announce" process within each of its facilities by which staff of the opposite gender announce their entry into offender housing units. Policy provided guidelines for opposite gender announcements regarding those made during the course of shift should one remain on the unit and re-entry to assigned post versus unassigned location, as well as upon entry, exit and re-entry.

During on site review the auditor observed female staff announce their presence verbally prior to entry into and upon exit from the male housing area. Male staff indicated they make like announcements upon entry onto and exit from the female unit. Informal and formal interviews with residents and staff conducting during the physical site inspection confirmed these announcements occur even when the auditor was not present.

In addition, at TCWTR, residents reported they were able to shower, perform bodily/hygiene functions, and change clothing without staff of the opposite gender viewing them (with the exception of incidental viewing); a practice confirmed through formal staff and offender interviews. The TCWTR had separate male and female restroom facilities; each with shower and latrine stalls. These facilities were located in an enclosed room along the housing unit hallways, with one on the male and another on the female side. The showers were multi-stall with cloth partitions in the front and the toilets had individual stalls with swing-doors. There were no cameras located in the restrooms nor were there any located in the individual housing rooms of the residents.

Standard 115.215e: Agency Policy 490.820 stipulated that staff be prohibited from searching or physically examining a transgender or intersex inmate for the sole purpose of determining their genital status. Per Policy, "If the offender's genital status is unknown, it will be determined by health care providers during conversations with the offender, by reviewing medical records, or, if necessary, as part of a broader medical examination conducted in private by a health care practitioner". In addition to the aforementioned statement, Policy 490.700, further stated, "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".

Per the PAQ, no (0) such searches, as prohibited by description in 115.215e, had occurred at TCWTR in the audit report period. Furthermore, the PAQ response included, "Generally, the offender's disclosure of status is the determining factor which initiates a housing review protocol as outlined in 115.42. However, this is only when the information is shared with non-medical staff. Medical, mental health and substance use disorder practitioners must obtain offender consent before disclosing an offender's transgender, intersex or gender non-conforming status".

All Random Staff interviews (12/12; 100%) and the CCS acknowledged their awareness of this Policy, supporting their understanding of the prohibition by staff to conduct searches or physical examinations for the sole purpose of determining an

offender's genital status. In addition, all Random Staff denied performed or having been asked to complete such a search. There were no residents identified as transgender or intersex during the onsite audit to query regarding this standard. However, it appeared clear that staff, at all levels, understood the prohibition against searching and/or physically examining a transgender or intersex offender for the sole purpose of determining their genital status, as related to 115.15e.

Standard 115.215f: Agency Policy 490.800 indicated, "Employee/contract staff who may conduct pat searches will be trained in cross-gender searches and searches of transgender and intersex offenders". Agency Policy 420.325 stated, "Pat searches will be conducted by a trained employee of the same gender as the individual being searched, except in emergency situations". Per the CCS's Memorandum (dated: 6/8/21), "Although policy may allow for this type of search [i.e., strip search] to occur in specific circumstances, the Appointing Authority for this Re-Entry division does not allow for strip searches to take place at work/training release facilities. The records of all custody staff completing the strip search training will be provided in a log; however, strip searches are not conducted at this facility".

The auditor reviewed WADOC supported Staff Training Lesson Plan and Facilitator's Guide on Pat Search training as provided to all security staff, the current Work Release Academy Curriculum Core Pat Search (including cross-gender searches), as utilized for WADOC Work Release staff training. The curriculums, as applied, contained sections regarding both cross-gender pat downs, as well as transgender and intersex offender searches, as well as how to conduct these duties professionally, respectfully and in the least intrusive manner possible, consistent with security needs. The PAQ included confirmation that all security staff (10/10; 100%) had received the Core training. In Random staff interviews, all security staff were able to note receipt of this training and knowledge of how to perform the same. The CCS confirmed all security staff attend Work Release Academy (Core Training) prior to starting at the facility, and thereby would receive appropriate training related to the professional and respectful, least intrusive manner in which to conduct cross-gender pat downs and searches of transgender or intersex residents.

Corrective action was not required for this standard.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1477 398">WADOC Policy 310.000 Orientation (Rev. 10/26/18); Policy 450.500 Language Services for Limited English Proficient (LEP) Offenders (Rev. 8/4/2020); Policy 490.800 PREA Prevention and Reporting (Rev. 11/20/20); and Policy 690.400 Offenders with Disabilities (Rev. 4/25/17), as well as the contracts for sign language interpretation (SLI) and language interpretation vendor services were reviewed by the auditor towards compliance determinations with provisions of this standard.</p> <p data-bbox="242 432 1493 824">Standard 115.216a: Per Policy 310.000, the orientation material, of which PREA information is a required component, must be provided orally and in writing to every individual in "...a manner that is clearly understood". At Work/Training Release facilities, the orientation will be conducted within 48 hours of admission. Per the CSS, each resident's specific needs are reviewed prior to their arrival at TCWTR. This evaluation comprises potential security concerns, classification issues, medical, mental health and PREA concerns. In consultation with TCWTR Intake Staff, they described utilizing the incarcerated individual's PULHESDXTR (P-General Health Service Utilization; U-Medical delivery requirements; L-Limitations of mobility; H-Developmental disability; E-Sensory disability; S-Mental Health Service Utilization; D-Dental Service Utilization; X-ADA Accommodation; T-Transport) to assist in the development of a comprehensive intake assessment. If the pre-intake assessment identifies a resident to have specific disabilities, limitations or needs suggesting additional support is required to understand the PREA Orientation content, the Intake Counselor will ensure the resident's access to PREA material in a format compatible with comprehension abilities. As indicated, per Agency Policy 310.000, staff are obligated to ensure they have established effective communication with offenders when providing instructional content.</p> <p data-bbox="242 857 1493 913">Per Policy 490.800, 690.400, and 310.000, WADOC has developed service provisions for individuals related to all categories, as cited in 115.16a. The Agency has service provisions for offenders who are identified with:</p> <ul data-bbox="282 969 1469 1462" style="list-style-type: none"> • deafness or hard of hearing (supportive intervention: PREA orientation video closed captioned, written materials and contracted sign-language interpretation (SLI) service); • blindness or low vision (supportive intervention: WADOC PREA video in which information is read aloud; PREA material provided in one-to-one discussion with case manager); • intellectual disabilities (supportive intervention: one-to-one case manager meeting to discuss content of PREA brochure and standards); • psychiatric disabilities (supportive intervention: Mental Health and Medical staff provide individualized treatment services); • speech disabilities (supportive intervention: written communication, one-to-one with counselor to provide additional time to discuss and write about PREA-specific questions); • limited reading skills (supportive intervention: PREA material read aloud throughout WADOC video, PREA material provided in one-to-one discussion with case manager); and/or • any impairments not identified, as above list (i.e., any exceptional situation involving difficulty in communication. In such instances, a referral would be made to consult with the identified party for appropriate interventions, discussion for support via the PREA Coordinator, if required). <p data-bbox="242 1496 1493 1888">WADOC and TCWTR provided comprehensive steps, inclusive of readily available interpretation services (i.e., SLI vendors; who can interpret effectively, accurately, and impartially, both receptively and expressively, using the necessary specialized vocabulary) and staff training curriculum for the delivery of PREA material to residents protected by Americans with Disabilities (ADA). In addition, WADOC has developed a specific curriculum for individuals with limited intellectual capacity. Each of these steps served to ensure residents with disabilities and/or communication limitations had equal access regarding the Agency's PREA efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The auditor's review included interviews with the Agency Head, PREA Coordinator, Superintendent, CCS, and TCWTR Intake Counselor, who each supported the existence of these resources and importance of ensuring access, availability, and utilization of services to ensure all residents received PREA information in a manner which they understood. Taken together, the documents cited above and information gathered during site review, it was clear the Agency had made identifiable steps to ensure residents with identified disabilities and limited communication abilities have an equal opportunity to engage in and benefit from all elements of the WADOC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p data-bbox="242 1921 1493 2145">Standard 115.216b: Policy 310.000 addressed the availability of PREA Orientation material in Spanish, as well as additional processes for individuals who are Limited English Proficient (LEP) and dominant in a language other than Spanish, specifying, that individuals will, "...receive orientation in a language they understand". In addition, Policy 450.500 stated, "Translation/interpretation services will only be provided through Department-certified dual language employees/contract staff per DOC 820.450 Dual Language Staffing, Certification, and Compensation or approved Interpretation Vendors". Utilizing such translators ensures those who interpret can do so effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.</p>

WADOC has developed PREA posters, handbooks, and brochures in English and Spanish accessible format, and each were readily accessible at the facility. During the site review, PREA materials were visible throughout the facility, available in poster and brochure format. Residents at TCWTR received PREA brochures at intake in their Orientation Packet in English. If the resident needed materials in Spanish, they would receive the Spanish PREA pamphlet and view the orientation video in Spanish within orientation timelines. Per Policy, if the offender was LEP with a primary language other than Spanish the facility would translate the PREA brochure into the offender's primary language and access translation services, as necessary, to accommodate the offender's language needs.

The auditor was provided with a listing of WADOC's identified translation services to include a listing of In-Person Interpretation services and Washington Department of Enterprise Services (WADES) –TeleLanguage, Inc. The previous Superintendent had informed Agency staff of the availability of telephonic interpreters through Superintendent's communication (dated: 11/13/15). Per this Directive, telephonic translation services shall be utilized secondary to unavailability of in-person translation. The documentation provided to the auditor showed languages available for translation with services covered through telephonic interpretation accessibility 24 hours per day, 7 days per week. The auditor also reviewed a list of contracted vendors supporting in-person interpretation services. During Randomized interviews with staff, they were appropriately able to identify the facility's translation services and knew how to access interpreters, if necessary. Based on the aforementioned evidence, the auditor judged the facility to have taken reasonable steps to ensure meaningful access to all aspects of WADOC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment for residents who are determined to be LEP.

Standard 115.216c: Agency Policy 490.800, Section III. Offender Accommodations A.1. specifically prohibits the use of resident peers, family members and/or friends as interpreters or translators. Furthermore, during Random Staff Interviews, all staff members (12/12; 100%) were aware that resident peer translators were not permitted to assist with PREA-related reporting or assistance. However, staff largely, were able to express that resident peers could be utilized to assist in exigent and/or emergency circumstances until an appropriate mode of translation was secured.

Based upon information provided to the auditor and site review, there were no (0) residents housed at the facility identified to be non-English monolingual or identified as LEP. Per the PAQ, there were no (0) instances of the use of resident interpreters, readers, or other type of resident assistants in the performance of First Responder's duties during the reporting period at the facility. Site review information, based on auditor observation, as well as staff and resident interviews, was consistent with facility reports. There appeared to have been no individuals who met the LEP designation on site, and no evidence that residents had served in the performance of First Responder duties under 115.264 or in the investigation of resident PREA allegations.

No corrective action was required for this standard.

115.217	Hiring and promotion decisions
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1477 398">The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 11/20/20); 810.800 Recruitment, Selection, and Promotion (Rev. 11/01/17); 810.015 Criminal Record Disclosure and Fingerprinting (Rev. 11/01/17); 400.320 Terrorism/Extremism Activity (Rev. 05/08/20); and 800.005 Personnel Files (Rev. 6/1/20) towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="242 430 1485 790">Standard 115.217a: Policy 490.800 PREA Prevention and Reporting; Section V. Staffing Practices explicitly states that WADOC, to the extent permitted by law will not knowingly hire, promote, or enlist the services of anyone (to include staff or contractor) who has been engaged in the conduct outlined in 115.217a. Locally, the facility applied this Policy was applied as the facility ensured prior to hire all applicants completed an application form (DOC 03-506) with responses required to direct statements related to conduct as described in 115.217a; in addition, each had a criminal background check completed. The PAQ described, "Each individual who is hired or promoted and each contractor who may have contact with offenders completes form DOC 03-506, Sexual Misconduct and Institutional Employment/Service Disclosure". At TCWTR, the Superintendent, who served as the local Hiring Authority, affirmed this process was in place, and stated explicitly that any applicant found to have engaged in behavior as described in 115.217a would not be hired. Evidence in personnel packets, staff hire records, staff (Specialized and Random) interviews, and documents reviewed by the auditor while onsite suggested that TCWTR complied with this standard provision.</p> <p data-bbox="242 822 1485 1182">Standard 115.217b: Policy 490.800 specified, "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 individuals under its jurisdiction". The DOC 03-506, Sexual Misconduct and Institutional Employment/Service Disclosure specifically asked, "Have you ever engaged in any other incident of sexual harassment or sexual misconduct not already addressed above?", as part of the hire and promotional packets. In addition, per the PAQ, "The PREA database maintained within the Offender Management Network Information (OMNI) system is reviewed before an individual is hired or promoted to ensure there are no investigations or allegations requiring review", which would include instances of sexual harassment. Interviews with the TCWTR Superintendent and CCS supported that consideration was given to any prior incidents of sexual harassment when determining whether to hire, promote, or enlist the services of staff or contractors who may have contact with residents. Evidence contained within personnel packets, staff (Specialized and Random) interviews, and hiring documents reviewed by the auditor while onsite demonstrated TCWTR's compliance with this provision.</p> <p data-bbox="242 1214 1477 1541">Standard 115.217c & d: According to Policy 810.015, "A background check will be completed for all applicants before initial appointment or rehire". Per Policy 810.800, "To the extent possible for external candidates, including former employees/contract staff/volunteers, all previous institutional employers will be contacted for information on substantiated allegations of sexual misconduct or any resignation pending investigation of alleged sexual misconduct". Therefore, Agency Policy cited they will complete a criminal background check prior to initial appointment or rehiring staff (i.e., all applicants, to include staff and contractors), and best efforts will be made to contact all prior institutional employers regarding information related to queries of substantiated allegations of sexual abuse. Furthermore, for contractors, the Contract Shell contains a section, entitled, "PREA (Prison Rape Elimination Act) and SEXUAL MISCONDUCT", which speaks explicitly to the components of Standard 115.217 regarding expected behavior of any contractor as related to PREA. The contractor received this document, as part of their signature process for contracting services, prior to hire.</p> <p data-bbox="242 1572 1485 1899">As indicated above, WADOC required each applicant to complete form DOC 03-506, Sexual Misconduct and Institutional Employment/Service Disclosure prior to hire. Per interview with the CCS, a criminal background was completed and the CCS made their best efforts to contact all prior institutional employers before the hiring process was forwarded to the Superintendent for final approval to hire. Upon interview with the Superintendent, they assured facility hiring procedures included consideration of prior incidents of sexual abuse and sexual harassment when determining whether to hire or promote staff, or to enlist the services of any contractor, who may have contact with inmates. They also acknowledged that part of this requirement included completion of a background record check for both employees and contractors prior to any staff initial appointment or rehire. As well, they recognized the responsibility to make best efforts to contact all prior institutional employers regarding information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse prior to any staff initial appointment or rehire.</p> <p data-bbox="242 1930 1485 2157">A Spreadsheet was provided of all individuals (to include staff 4/4 at 100%; and contractors 0/0 at n/a) hired, rehired and promoted at the facility during the audit reporting period. The auditor reviewed the Spreadsheet and, per documentation, all received a background criminal record (via Criminal History Record Information (CHRI)) prior to initial offer of appointment or rehire. All prospective employees were also queried regarding Institutional Employment/Service Disclosure History. During site review, documentation review of personnel files confirmed that the appropriate initial criminal record checks and background institutional review process was in place. Of the relevant staff files (2/2; 100%; 2 hired before process) reviewed, each had the initial hire background check, while none had endorsed a prior institutional employment history and did not</p>

require a confirmatory check. The CCS was able to show the auditor historical personnel files outside of the review period for which the candidate had endorsed prior institutional employment and follow-up contacts was appropriately completed.

Standard 115.217e: Agency Policy 810.015 stated, "The designated unit/employee will establish a process to ensure that criminal background checks are run for all current volunteers, contract staff, and unarmed employees at least every 5 years". TCWTR had developed a process by which the CCS was responsible to insure documentation completion as required by Policy and per PREA standard provision. The Superintendent had oversight of this process. For contract staff, the Agency Contract Manager was responsible to insure all documentation was completed as required by Policy and per PREA standard provision. The PREA Coordinator held oversight responsibility over Departmental contract staff, as indicated in 115.212. Therefore, the Agency has Policy and practice in place to ensure criminal background record checks were conducted at least every five (5) years for current employees and contractors who may have contact with inmates.

Supporting documentation, provided with the PAQ, included a comprehensive listing of staff and separate contractors' lists with background record checks conducted within a five-year period. The spreadsheets included the TCWTR staffing list, in addition to lists for contractors (included In-Person Language Services, Sign Language Interpretation (SLI), and Religious Contractors; of note: TCWTR had not received services from any individuals on these contractor lists during the reporting period, while the lists were up-to-date for criminal record check completion). The spreadsheet provided for all facility staff, included a CHRI date run, and next CHRI check date section, with up-to-date 5-year criminal record checks for all active employees. The additional three spreadsheets documented dates of background checks for all Language Services, SLI vendors, and Religious Contractors, which were up-to-date, within the five (5) year timeframe. Upon site review, of the randomly selected employees, all met criteria for this standard provision (4/4; 100%) and were entirely compliant.

Standard 115.217f: Agency Policy 810.800, stated, prior to employment the Appointing Authority shall ensure the candidate's, "Completion of DOC 03-506 Sexual Misconduct and Institutional Employment/Service Disclosure". Per interview with the Superintendent, WADOC and TCWTR required each individual who is hired or promoted and each contractor who may have contact with offenders to complete Form DOC 03-506, Sexual Misconduct and Institutional Employment / Service Disclosure. In addition, as noted above, the PREA database maintained within the Offender Management Network Information (OMNI) system was reviewed before an individual is hired or promoted to ensure there are no investigations or allegations requiring review.

In order to satisfy the requirement towards a continuing affirmative duty to disclose any such misconduct, WADOC incorporated the following true/false statements into its annual PREA training which is administered upon hire and annually thereafter to all employees via the electronic Learning Management System (LMS):

1. I acknowledge and understand that I have a continuing affirmative duty to disclose and immediately report to my Appointing Authority my involvement in any form of sexual misconduct. Therefore, I confirm the following: I have not knowingly engaged in sexual misconduct with an offender on supervision.
2. I have not engaged in sexual abuse in a prison/jail/lockup/community confinement/juvenile or other institutions (e.g., facility for mentally ill, disabled, chronically ill, or handicapped; residential care or treatment facility for juveniles; facility that provides skilled nursing, intermediate or long-term care, or custodial or residential care).
3. I have never been convicted of or otherwise found (e.g., civilly, administratively) to have engaged or attempted to engage in sexual abuse/assault in any setting.
4. I have not engaged in any incident of sexual harassment or sexual misconduct not addressed above.
5. Acknowledgment: All answers and statements are true and complete to the best of my knowledge. I understand that untruthful answers or deliberate omissions may be cause for disciplinary action (for employees) or termination of services (for contractors or volunteers).

By incorporating these self-disclosure questions into annual LMS training instead of requiring supervisors to ask them of employees during yearly performance reviews, WADOC has the ability to ensure a higher participation and compliance rate, automatically generated and more reliable documentation, and faster notification and response to concerning disclosures.

The Agency has a hiring process in place to address each of the components of the following standard provisions, 115.217f. During the application portion of a hire or promotion, the candidate was queried related to this standard provision with confirmation by way of signature on Form DOC 03-506 to indicate acknowledgement. Per Policy, the Agency asked all applicants and employees who may have direct contact with residents about previous sexual misconduct described in provision 115.217a in applications for hiring or promotions, via the DOC 03-506 Sexual Misconduct Form. The Agency also asked all applicants and employees who may have contact with inmates directly about previous misconduct described in provision 115.217a during annual reviews, conducted on current employees through written self-evaluations, as a DOC PREA Disclosure on the LMS.

Furthermore, the Agency has imposed upon employees a continuing affirmative duty, both upon hire and reiterated annually

in the PREA Disclosure LMS training, to disclose any such misconduct as indicated in 115.217a. Per Agency Policy, the provision of materially false information or the omission of details related to sexual misconduct shall be the grounds for termination (as detailed below).

The CCS and Superintendent confirmed that all applicants and employees must be asked all questions pertaining to 115.217a, as supplied to them upon initial hire through the DOC 03-506 Form and via Annual PREA Disclosure LMS Training. They also confirmed employees' responsibilities to both respond truthfully and maintain a continuing affirmative duty to disclose any such misconduct. All Random Staff (12/12; 100%) interviews confirmed their understanding of these responsibilities. During the document review, the auditor found the applicable questions consistently documented for relevant staff (2/2; 100%; i.e., those hired or promoted following implementation of the PREA Standards; 2 hired prior of the 4 staff files checked) with responses for the Mandatory PREA Questions contained on the Sexual Misconduct Disclosure form (4/4; 100%). Per PAQ Spreadsheet and onsite documentation review, all current staff LMS files reviewed had up-to-date DOC Annual PREA Disclosure forms documented in their training files, which included updated responses to the Mandatory PREA Questions.

Standard 115.217g: Furthermore, per Policy 810.015, "Failure to fully divulge criminal information on the part of an individual subsequently employed, promoted, or authorized to provide services for the Department may be cause for disciplinary action, up to and including dismissal or termination of services". WADOC policy 810.800 required the preferred candidate (new hire or promotion) to complete DOC 03-506 form prior to an appointment, and as a rule, all applicants scheduled for interview are required to complete this form. This form included the statement, "All answers and statements are true and complete to the best of my knowledge. I understand that a background check will PREA Standard 115.17/115.217 (a), (b), (f) and (g) be conducted including, but not limited to, prior employment and contract/volunteer service. I understand that, if hired, untruthful or misleading answers or deliberate omissions may be cause for rejection of my application, removal of my name from eligible registers, or dismissal, if employed or acting as a contract staff or volunteer. By signing this form, I am acknowledging that the information provided above is accurate and complete and giving my authorization to the release of my information".

The Superintendent and CCS supported this Policy, in practice, locally. They were aware that failure to divulge criminal history and material omissions regarding misconduct (as cited in 115.217a) or the provision of false information shall be grounds for termination. All Random Staff (12/12; 100%) interviewed understood that the provision of false information, failure to divulge criminal acts, and/or the material omission of elements on the Sexual Misconduct and Institutional Employment/Service Disclosure Form and/or via Annual PREA Disclosure LMS Training would be grounds for termination.

Standard 115.217h: Per Policy 800.005, WADOC authorized access to personnel file disclosure to, "prospective employers considering the employee for a position, with written authorization from the employee". Policy cited, "Access will be documented on DOC 03-033 Personnel File Access and retained in the personnel file, including a copy of any authorizations".

The CCS and PREA Coordinator expressed that upon request from an institutional employer TCWTR shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee as related to 115.217h. Neither WADOC Policy nor protocols required maintenance of logs to document responses provided. Per discussion, this information is provided verbally in response to telephone inquiries from potential employers. Therefore, there was no documentation available to support this standard. However, TCWTR did maintain documentation upon obtaining a response to a facility-to-facility inquiry when they initiated the query, per 115.217c & d provision.

No corrective action was required for this standard.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1461 331">Policy 490.800: PREA Prevention and Reporting (Rev. 11/20/20) was reviewed by the auditor towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="242 360 1490 490">Standard 115.218a: Policy 490.800 required, “[WADOC] will consider possible effects on its ability to protect individuals from sexual misconduct when: 1. Designing or acquiring a new facility; 2. Planning substantial expansions or modifications of existing facilities, and 3. Installing or updating video monitoring systems, electronic surveillance systems or other monitoring technology”.</p> <p data-bbox="242 519 1469 714">Per the PAQ and CCS interview, there had been no new facility design or acquisition, and/or substantial expansion or modification to the existing facility since the last Department of Justice (DOJ) PREA Audit (date of site review: October 16, 2018). Based upon content of the 2018 PREA Audit, there had been no content reported secondary to 115.218a, as associated with the facility during that review period. Secondary to onsite physical inspection it appeared the facility description remained consistent with that indicated in the 2018 PREA Audit. As such, the auditor judged standard provision 115.218a to be met materially, as ‘not applicable’.</p> <p data-bbox="242 743 1477 904">Standard 115.218b: Since the prior DOJ PREA Audit in October 2018, per PAQ, “...the following installations and/or updates to the monitoring system have been initiated: 20 window alarms have been installed in 20 resident room and added an additional five video cameras throughout the facility. Lastly, DOC has approved the request to replace the current video monitoring system with an upgraded system. The project will start on 6/21/21”. At the time of the site review, the facility had incorporated the additional cameras and the video monitoring system upgrade was complete.</p> <p data-bbox="242 934 1490 1532">At the time of the current site review, TCWTR had cameras strategically located throughout outdoor areas, including laneways with front and back patios, as well as within the building in order to provide the best coverage over blind spots. As such, the auditor observed cameras strategically mounted throughout the facility. Cameras were located in main programming areas, to include central entrance, main administration hallway, therapeutic community/television rooms, recreation/gymnasium, kitchen/dining room, visiting room, male and female housing unit hallways, as well as external perimeter gable cameras of the parking lot, front entrance and front/back patios. Some cameras were multidirectional, when of benefit, to create viewpoints with different vistas. While there was video monitoring equipment located in the male and female housing unit hallways, none bore the potential for cross gender viewing based upon placement. The auditor ascertained that no video surveillance was directed into areas where residents may be visible in any manner of undress to perform bodily functions and/or for hygiene purposes (e.g., showering, toileting) based upon viewing the camera location and associated video footage. Concerning who had access to viewing the camera output, there was a central camera output at the Duty Station and an area for viewing video footage in the Clerical Area next to the CCS’ office. The main output hub provided constant video stream of all cameras; however, there was post assigned for constant observation of these cameras. The facility had no imposed gender restrictions of staff assigned to posts for the purpose of viewing cameras. As noted, no cameras were located positions where residents would be in any manner of undress; thereby, causing no potential for cross-gender viewing. The viewing area next to the CCS’ office required permission for access, and was utilized for review, investigation, and downloading of video when necessary. Designated staff could access archived footage captured from the cameras with video footage retained for thirty (30) days on each camera.</p> <p data-bbox="242 1561 1469 1657">Of note, the facility had also installed mirrors and lighting to supplement security management. The CCS reported that they ensured lighting was to remain on underutilized areas of the building, and had installed effective lighting on the building’s exterior to ensure visibility in the darker periods.</p> <p data-bbox="242 1686 1490 2148">The Agency Head, PREA Coordinator and Superintendent all indicated that the Agency and facility would look at areas with increased PREA allegations to determine the best places to deploy resources should access to additional cameras become available. The Agency Head expressed knowledge gained through PREA reviews, when conducted locally and at the level of DOJ Audit, was applied when designing and implementing improvement projects. The Superintendent iterated the importance of electronic surveillance, while emphasized video monitoring complemented, while did not replace adequate staffing in the prevention of PREA incidents. During interview with the PREA Coordinator, Superintendent and CCS, prior to installation and/or updating of video monitoring, electronic surveillance and/or other monitoring technology, WADOC and TCWTR considered how such technology may enhance their ability to protect residents from sexual abuse. Additional monitoring equipment (as five cameras and twenty window alarms had been added to the TCWTR system) and upgrades (of which video monitoring upgrade had been completed during the review period) were incorporated to address issues determined through PREA vulnerability assessments, as well as routine evaluation of any areas for potential resident isolation and/or ‘blind-spots’. During the site review, conversations with the CCS and Custodial Sergeant were indicative of the facility’s continuous and thoughtful evaluation of the use of monitoring technologies, to include video and electronic surveillance.</p>

Based upon WADOC Policy, site review, Specialized interviews, and documentation provided, it was apparent that WADOC and TCWTR had considered installation and updates to video monitoring, electronic surveillance, and othering monitoring technology to enhance their ability to protect residents from sexual abuse incidents.

No corrective action was required for this standard.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1469 360">Agency Policy 490.850 PREA Response (Rev. 10/08/20); 610.300 Health Services for Work Release Offenders (Rev. 06/22/15); and 490.800 PREA Prevention and Reporting (Rev. 11/20/20) were reviewed by the auditor towards compliance determinations with the provisions of this standard.</p> <p data-bbox="240 396 1485 723">Standard 115.221a: Per Policy 490.850, the Agency follows a uniform evidence protocol aimed to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The evidence protocol includes utilization of an Aggravated Sexual Assault Checklist, PREA Response and Containment Checklist, Crime Scene Containment/ Preservation/ Processing Checklist, and Crime Scene Security Log. WADOC also has evidence protocol standardization, including: Sexual Assault Evidence Collection for Uniform Evidence Protocol, Forensic Medical Exam Procedures for DOC Health Care Staff, and Forensic Medical Exam Procedures for Transport Staff. WADOC developed these protocols based upon the following documents: 1.) A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents; and, 2.) Recommendations for Administrators of Prisons, Jails, and Community Confinement Facilities for Adapting the US Department of Justice's A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents.</p> <p data-bbox="240 754 1477 981">Per Policy 490.800, external local law enforcement officials will conduct criminal investigations related to PREA allegations. For TCWTR, Kennewick Police Department (address: 211 W. 6th Ave., Kennewick, WA 99336) has been designated as the primary law enforcement agency contact for all criminal investigations and related evidence collection. If this agency refuses the criminal investigation, the facility has the ability to make a referral to Benton County Sheriff's Office, and then the Washington State Patrol. TCWTR retained responsibility to conduct administrative investigations. The Hiring Authority/Superintendent was responsible for appropriate assignment of administration PREA-investigations to trained WADOC staff.</p> <p data-bbox="240 1012 1493 1104">There were no (0) criminal PREA investigations and no (0) administrative investigations initiated during the review period, per PAQ submission. This information was consistent with the auditor's review of interviews with residents and staff, and information gathered while onsite, as well as comprehensive documentation review.</p> <p data-bbox="240 1135 1485 1431">Throughout the course of interviews, all Random (12/12; 100%), and First Responders (4/4; 100%) were able to accurately describe WADOC's uniform evidence protocol to maximize the potential to obtain useable physical evidence towards administrative and criminal prosecution of alleged sexual abuse cases. Staff articulated their primary and first responsibility was to ensure the safety of the alleged victim, by establishing separation (in all forms; physical, visual, and auditory) of the alleged victim from the alleged abuser. Staff indicated they would then notify a higher-level supervisor immediately (qualified, to mean as soon as the alleged victim's security had been established) and seal-off the location of the incident as a crime scene. All staff expressed their awareness that investigation of PREA allegations required specialized training and indicated they would not proceed in the investigation of the PREA-related crime scene. None of the staff, as described above (16/16; 100%), indicated they would proceed independently in the initiation of an investigation for an incident of sexual abuse.</p> <p data-bbox="240 1462 1474 1792">Standard 115.221b: Per Policy 490.850, the Agency followed a uniform evidence protocol aimed to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. PAQ upload, the uniform evidence protocols, as the basis for sexual misconduct investigations, as utilized by WADOC were developed based upon the following publications: 1.) A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents, Second Edition, U.S. Department of Justice, Office on Violence Against Women (April 2013); and 2.) Recommendations for Administrators of Prisons, Jails, and Community Confinement Facilities for Adapting the U.S. Department of Justice's A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents; U.S. Department of Justice, Office on Violence Against Women (August 2013). These publications aligned with WADOC's implementation of a protocol that was developmentally appropriate for youth, were applicable (NOTE: TCWTR does not house youth per pre-audit report and observed evidence while the auditor was on-site).</p> <p data-bbox="240 1823 1485 2049">Standard 115.221c: Policy 610.300 stated WADOC shall offer all victims of sexual misconduct access to medically necessary treatment and any identified mental health treatment services. The WADOC PREA Designated Hospitals Memorandum indicated a documented partnership with Kadlec Hospital (Richland, WA), identified as the primary community health care facility to provide forensic medical examinations to any alleged victims of sexual abuse at TCWTR. Per Policy 610.300, "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 data-bbox="240 2080 1422 2139">Per the PAQ and auditor's review there were no PREA investigations conducted during the review period that required provision of SAFE/SANE forensic exams. The information provided for Standard 115.271 secondary to investigations</p>

supported this finding. The auditor's interview with the Kadlec Hospital SANE representative confirmed that forensic nursing service provision was available to TCWTR on a twenty-four (24) hours, seven (7) days per week basis, via trained SANES available on-site on a continuous basis. The SANE interviewee acknowledged agreement with the facility's disclosures, including provision of forensic examination related services free of cost to the offender. To the best of their knowledge no (0) SANE/SAFE forensic examinations or referrals for TCWTR had occurred during the reporting period.

Standard 115.221d: Per Policy 490.800, "Individuals will have toll-free access to the Sexual Assault Support and Information Line operated by the Office of Crime Victims Advocacy (OCVA)". WADOC has a documented current offender advocacy support interagency agreement with the Department of Commerce, Office of Crime Victim Advocacy (OCVA). Through this interagency agreement, each WADOC facility has been partnered with a Community Sexual Assault Program. Every Community Sexual Assault Program has trained and specially designated victim advocates able to respond to the community health care facility whenever an offender was transported for a forensic medical examination, as well as to the facility, as appropriate. Per PAQ documented Memorandum, TCWTR has been partnered with the Support, Advocacy, and Resource Center (SARC) to provide victim advocate services.

Upon site review, the auditor observed contact number for OCVA available on posters through TCWTR, in both English and Spanish. TCWTR residents were able to call OCVA from their own cellular or other phone access while at the facility or in the community. OCVA Support services does not retain call logs for dissemination regarding offender calls, as the terms of their service provision explicitly required call confidentiality and does not require entry of an identifier prior to calls. Therefore, OCVA was unable to provide information related to the number of offender calls initiated from TCWTR directly during the reporting period. Per interview with the SARC program Director, they agreed to provision of services in associated victim advocacy locations, at both relevant hospitals and the facility, as applicable. Of note, the auditor's contact with the SARC Advocate supported there were no specific requests for service provision at TCWTR during the reporting period. The CCS indicated a continued partnership with SARC and all residents were readily able to identify the existence of either OCVA and/or SARC as available victim advocacy services for rape crisis.

As evidenced, WADOC has made every effort to always make a victim advocate from a rape crisis center available to victims, and the auditor judged the Agency to materially meet the portion of this standard provision of Standard 115.221 h as 'not applicable' (below).

Standard 115.221e: Per Policy, 490.800, offenders may call, toll-free, Monday through Friday 0800h to 1700h and speak directly with an OCVA PREA Support Specialist. In-person consultations, as provided by OCVA through SARC, are available to supplement phone-based support for eligible offenders and would be provided for forensic examinations. Per Policy, 490.850, part of the Aggravated Sexual Assault Checklist includes, as a component of the transportation arrangements, "Contact the community-based victim advocate", who by agreement will respond to the appropriate hospital. Per auditor review, the WADOC contract with OCVA delineated these elements of advocacy, as included in the Service Component section. Communication between the offender with the OCVA PREA Support Specialist and SARC victim advocate was confidential and not disclosed to the facility. Posters and brochures of the OCVA services, in English and Spanish, were to be made accessible, by Policy, to residents with this same information. Of note, during the initial course of COVID, per Memorandum (dated: 03/27/20), WADOC was informed by OCVA that their rape crisis advocates, to include SARC, would not be able to attend in-person to the facility or hospital environments. At the time of site review, SARC had resumed modified operation and was able to attend in-person service requests.

During interview with SARC Director, they expressed rape victim advocates were able to respond to the hospital and engage in follow-up care with residents at the facility, as needed; as well as respond to individual requests for services that had not required a forensic examination. They also expressed understanding and agreement with responsibilities of a rape crisis advocate to include, as requested by the victim and as applicable, provision of emotional support, crisis intervention, related-information, and appropriate referrals. In addition, the SANE representative at Kadlec was aware of the alleged victim's right to have a rape crisis advocate present. The SANE representative expressed that prior to service initiation, each SANE would ensure the alleged victim was aware of the availability of a rape crisis advocate to accompany the victim during the forensic medical examination process.

During Random and Specialized interviews, all residents believed they could reach out and receive victim advocacy support whenever needed. Specifically, each indicated they could request counseling through mental health, as necessary and all were able to identify the existence of OCVA and/or SARC with phone numbers and addresses available at the facility. The auditor observed these posters and brochures while onsite. Several proffered the terminology, "victim advocate". It is clear that the in-depth discussions of OCVA and SARC provided at orientation (which were observed by the auditor) and through one-to-one sessions benefit the residents in their knowledge of this service and ability to explicitly state the purpose of the WADOC and OCVA partnership.

Standard 115.221f: Per Policy 490.850, WADOC was not responsible for investigating criminal allegations of sexual abuse. Per PAQ, "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) 137-28-190 states that, 'The Superintendent should report any felony under state or federal law committed in a facility to law enforcement'." Through agreement with local law

enforcement, Kennewick Police Department was TCWTR's responding investigating agency. If local law enforcement was unable to respond or declined to investigate the crime scene, the Benton County Sheriff's and Washington State Patrol (WSP) were identified as secondary and tertiary contacts to conduct a criminal investigation at the facility. Policy supported WADOC to maintain requirements regarding investigation, and TCWTR held partnership meetings with Kennewick Police Department to delineate investigatory needs, standards and expectations as related to PREA policies. The auditor reviewed meeting minutes of 4/7/21 between Kennewick Police Department and TCWTR, which included discussion regarding the obligation to maintain compliance with PREA standards, including those related to provision of a victim advocate (to include 115.221a – 115.221e). WADOC maintained a Memorandum of Understanding (MOU; exp: 06/30/25) with the WSP for conducting investigations in general, which the auditor also reviewed. This MOU gave precedence to applicable and federal state statutes and regulations, which would include PREA. Interview with the Superintendent and CCS supported their understanding of TCWTR's responsibility to actively partner with Kennewick Police Department and facilitate coordination with the SARC for incidents of sexual misconduct. The SARC representative also indicated their understanding regarding TCWTR's partnership with the Kennewick Police Department for TCWTR related to sexual abuse investigations.

Standard 115.221h: The Agency had an MOU with OCVA for the provision of victim advocates, and each facility has been partnered with a rape crisis center. Per the PAQ, as well as interviews CCS and SARC representative, the rape crisis center advocates must be certified and approved through the OCVA Coalition. As TCWTR has been partnered with SARC via the OCVA to always make a victim advocate from a rape crisis center available to victims, the auditor judged this standard provision to be met materially as 'not applicable'.

No corrective action was required for this standard.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1468 365">Agency Policy 490.800 PREA Prevention and Reporting (Rev. 11/20/20); 490.850 PREA Response (Rev. 2/6/19); and 490.860 PREA Investigation (Rev. 9/29/20), along with PREA content on the WADOC public website were reviewed by the auditor towards compliance determinations with the provisions of this standard.</p> <p data-bbox="242 398 1468 689">Standard 115.222a: Agency Policy 490.860 PREA Investigation, stated, “The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving individuals under the jurisdiction or authority of the Department”. This Policy ensured completion of administrative and/or criminal investigation for all allegations of sexual misconduct, to include both sexual abuse and sexual harassment, by definition. Policy 490.860 further stated that every allegations shall be investigated to completion even, “...if the individual 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”. Per the PAQ, “WADOC has established a process whereby all allegations are triaged by the Headquarters PREA Unit to determine if the allegation falls within established PREA definitions. Allegations resulting in the initiation of an investigation are returned to the applicable Appointing Authority for investigation”.</p> <p data-bbox="242 723 1468 1048">Per interview with the PREA Coordinator, WADOC tracked all PREA Triage Unit. Once the PREA Triage Unit determined an allegation to meet the threshold described above, the case was referred to the appropriate Appointing Authority for initiation of investigation. Upon receipt, per interview with the Superintendent, the allegation is assigned for investigation, typically by a Work Release trained investigator, while generally not one employed at the facility where the allegation occurred. Per the CCS, the facility documented all sexual abuse and sexual harassment referrals at the local-level through a PREA allegation log. The facility CCS was responsible to upload all PREA allegations on the Incident Management Reporting System (IMRS) via Offender Management Network Information (OMNI), by which the Agency could track allegations, including closures and outcomes. The PREA Coordinator made Agency-wide aggregated results available through the PREA Annual Reports. The auditor reviewed facility reports and website published copies of associated Agency documents (i.e., 2018 PREA Audit, Agency annual PREA Reports) towards making compliance determinations with this standard provision.</p> <p data-bbox="242 1081 1468 1238">The Superintendent and CCS responsible for levels of oversight for the investigation of PREA allegations at TCWTR and PREA Coordinator at the Agency-level were each aware that all cases of sexual abuse and sexual harassment must be carried through until investigatory completion, including when referral was appropriate for criminal investigation and/or prosecution. Furthermore, all staff interviewed, both during Specialized and Randomized Interviews, knew their responsibility to report any and all allegations of sexual misconduct.</p> <p data-bbox="242 1272 1468 1462">During the review period, there were no (0) allegations of sexual abuse and/or harassment received at TCWTR. Based upon site and documentation review there was no evidence to indicate that an investigation, either administrative or criminal, failed to have been opened when a PREA allegation was received at TCWTR during the reporting period. As there were no allegations made, the facility had no ability to carry investigations through to completion; however, based upon report of those responsible for associated investigations, prior PREA audit, and Agency PREA reviews, it appears that historically TCWTR has completed all required investigations and understands their responsibility to continue to do so.</p> <p data-bbox="242 1496 1468 1989">Standard 115.222b & c: The Agency had both Policy and practice in place to ensure allegations of sexual abuse or sexual harassment were referred for investigation to local law enforcement to conduct criminal investigations, should the allegation be judged to involve behavior that was potentially criminal in nature. Per Policy 490.860, “All allegations that appear to be criminal in nature will be referred to local law enforcement for investigation by the Appointing Authority/designee”. Per PAQ, “Kennewick Police Department is the primary investigative agency for criminal investigations. If they decline to investigate, the facility can make a referral to Benton County Sheriff’s Office and then to the Washington State Patrol (WSP). WADOC maintains an agreement with WSP for assistance as needed/requested. Additionally, the Work Training Release Supervisor meets with law enforcement officials annually to discuss investigation processes and review procedures”. Therefore, per Policy and practice, local law enforcement shall investigate all sexual abuse allegations. Policy 490.850 further delineated that WADOC maintained obligations regarding investigation, and Policy 490.800 established each facility to be responsible for holding annual meetings with their designated local law enforcement to delineate investigatory requirements, adherence to PREA standards, and expectations of contact. Agency Policy, by way of annual partnership meetings, described the responsibilities held by both the WADOC facility, in this case TCWTR, and local law enforcement, in this case Kennewick Police Department. The auditor reviewed meeting minutes of 4/7/21 between Kennewick Police Department and TCWTR, which conformed to the annual meeting requirements.</p> <p data-bbox="242 2022 1468 2145">During interview with the CCS, who also served as an Investigator for Community Confinement facilities, they acknowledged being responsible for conducting administrative investigations, as assigned by the Appointing Authority. They endorsed that should any PREA allegation involve potential criminal conduct, they would contact local law enforcement prior to proceeding further on the investigation. In such criminal cases, the Investigator noted they would assist, only as directed by local law</p>

enforcement, by providing information and access to requests, in addition to tracking the case for completion. The Investigator understood their obligation to thoroughly document all PREA allegations they were assigned. Specifically, they reported they would document continuously during the investigative process and ensure follow through of each investigation to conclusion. Furthermore, they articulated the facility's process to refer any substantiated, administrative PREA allegation to the local prosecutor, if judged to have risen to a criminal level following investigation. The Superintendent, who was the Appointing Authority for Community Confinement facilities, affirmed the processes for investigations, as described by the Investigator and indicated per WADOC Policies.

There were no (0) PREA allegations during the reporting period; therefore, none could be referred for consideration of criminal prosecution. Even though the facility had no formal referrals to local law enforcement, the CCS was aware that these would be maintained on the Investigation Report (Form DOC 02-351) with details that indicated the date and time of referral, name of agency, assigned case number, contact person, and follow-up contacts. Thereby, the Investigation Report would provide documentation of the law enforcement referral.

The Agency's Policy regarding the referral of sexual abuse and sexual harassment allegations for criminal investigation was published on the Agency website at PREA Resources | Washington State Department of Corrections. The auditor reviewed the Agency's website, which included information about processing of administrative and criminal PREA allegations. Specifically, WADOC's Policy 490.800 PREA Prevention and Reporting, 490.850 PREA Response, and 490.860 PREA Investigation were available for review on their Agency website. The WADOC website was a publicly available platform. This auditor visited the website in August of 2021 and confirmed the Agency Policy was public and available.

No corrective action was required for this standard.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1489 398">The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 11/20/20), as well as WADOC PREA 101 Initial Training Curriculum (V. 07/05/16), WADOC PREA 102 Facilitator’s Guide (Rev. 07/02/19; Refresher Training); and PREA Training: Work-Training Release (Work Release Academy V2.0) towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="242 432 1474 557">Standard 115.231a: Agency Policy 490.800, stated, “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 person will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity”. Per auditor’s review, the Policy ensured WADOC training included, but was not limited to, the following:</p> <ul style="list-style-type: none"> <li data-bbox="242 589 1469 647">a.) The Agency’s zero-tolerance policy for sexual misconduct (to include sexual abuse and sexual harassment) and related retaliation; <li data-bbox="242 678 1469 736">b.) How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; <li data-bbox="242 768 967 795">c.) Offenders’ right to be free from sexual abuse and sexual harassment; <li data-bbox="242 826 1430 853">d.) The right of offenders’ and employees’ to be free from retaliation for reporting sexual abuse and sexual harassment; <li data-bbox="242 884 979 911">e.) The dynamics of sexual abuse and sexual harassment in confinement; <li data-bbox="242 943 984 969">f.) The common reactions of sexual abuse and sexual harassment victims; <li data-bbox="242 1001 1023 1028">g.) How to detect and respond to signs of threatened and actual sexual abuse; <li data-bbox="242 1059 831 1086">h.) How to avoid inappropriate relationships with offenders; <li data-bbox="242 1117 1474 1176">i.) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and <li data-bbox="242 1207 1294 1234">j.) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p data-bbox="242 1265 1481 1355">The auditor reviewed lesson plan curriculum for the WADOC supported trainings and found each contained all items, as indicated above. Through responses during Randomized employee interviews (12/12; 100%) and training record review, the auditor confirmed that TCWTR had appropriately implemented training components as defined in 115.231a.</p> <p data-bbox="242 1386 1489 1547">Standard 115.231b: Per Agency Policy 490.800, the PREA training for employees will address, “gender-specific issues”. Uniquely so, WADOC has created curriculum in the Initial and Annualized modules directed to both male and female offenders, entitled, “Understanding Sexual Dynamics in Confinement”. That said, the WADOC supported PREA lesson plans, as assessed by the auditor, were not gender specific, and thereby, written for female and male offenders, while with the inclusion of this particular module encompassed ‘gender-specific issues’.</p> <p data-bbox="242 1579 1489 1906">Per the PAQ, “Initial and annual PREA training curriculum includes information applicable to both male and female offenders. This training is provided to all agency employees and contract staff. As such, WADOC has exceeded the gender specific training requirements of this standard. This training strategy also allows WADOC to forego the requirement to provide gender specific training if an employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa”. Therefore, the training prepared employees for the ability to work at either a male or a female facility. For example, staff reassigned to TCWTR from a male or a female facility had received the identical Agency-wide supported training with both ‘gender-specific issues’ upon entry into WADOC, and could enter appropriately trained into TCWTR as a co-ed Work Release. As a result, such an employee upon transfer would not require a Modified Orientation to learn PREA objectives for a male or a female facility. As TCWTR is a co-ed facility, all staff will have been trained for service provision with both male and female residents.</p> <p data-bbox="242 1937 1469 2063">As noted, the auditor reviewed for proof of practice through reading the Agency PREA 101 Initial Training Curriculum, Annualized PREA 102 Facilitator’s Guide Curriculum, and PREA Training: Work Training Release, and ensured each contained the gender specific module. Random staff interviews also substantiated receipt of PREA gender-specific training, as related to both males and females upon initial employment and on an annualized basis.</p> <p data-bbox="242 2094 1430 2152">Standard 115.231c: WADOC Policy 490.800 indicated that after initial PREA training, all employees, contract staff and volunteers would receive an annual refresher training. WADOC determined that the strongest strategy towards PREA</p>

information delivery was to require training prior to assignment for new hires and every year thereafter, instead of every two years. By using this approach, WADOC has exceeded the requirement for refresher training every two years. The facility performs above this standard provision by providing PREA Refresher training every year, instead of every two, as per Agency Policy. The auditor reviewed the PREA 101 Online Training delivered annually via the Learning Management System (LMS), WADOC's on-line in-service training platform.

In addition, per PAQ, "WADOC utilizes Refresher training emails each year due to annual training spanning through a whole year (July 1 – June 30) [Note; and an identified potential deficiency] which leads to a staff member potentially taking the training every two years if they take it at the beginning of a training cycle then do not complete training until the end of the next training cycle (e.g., training 7/1/2020 and then completing next training 06/30/2022). The refresher addresses the time span that can occur between training".

The CCS and Superintendent reported that PREA updates throughout the year were made available by emails, providing on-the-job training, and all-staff communication at meetings. Randomized staff interviews indicated that as part of their PREA training they had been provided with a WADOC PREA brochure. PAQ documentation for the reporting period demonstrated by Spreadsheet that all active employees had completed the annual training. The auditor reviewed the same Staff Training Spreadsheet while onsite and spot checked individual staff for continued compliance, all of whom had up-to-date PREA Training on file. A random sample of ten employee training transcripts were provided to the auditor, all of which demonstrated full compliance with required PREA training (5/5; 100%), in addition to those Randomly sampled employee files, which also demonstrated full compliance (4/4; 100%).

Standard 115.231d: Per Agency Policy 490.800, staff will acknowledge their understanding of the PREA training by way of signature on DOC 03-483 PREA Training Acknowledgement or e-signature included in electronic course documents. At TCWTR, staff signature was provided on the PREA Training Acknowledgement form for Initial PREA training. Per Policy and as written on the DOC 03-483, part of the signature process was that the employees' acknowledged they had reviewed and understood all sections of the material presented regarding the WADOC PREA training.

Furthermore, based upon Randomized (12/12; 100%) and Specialized staff interviews, all had received annual, and timely, LMS in-service training. Per the CCS, all facility staff received annual, LMS, in-service training, of which PREA was part of the curriculum. The CCS indicated the facility maintained completion documentation of all completed In-Service Training and continuous update of the Staff Training Spreadsheet. The PAQ included upload of five relevant signed training file documents with 100% accuracy, and during onsite review, another four (4) employee files were randomly sampled, with all relevant files (4/4; 100%) having current PREA training documentation, as appropriate, on file.

No corrective action was required for this standard.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1490 398">The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 11/20/20), and Policy 530.100 Volunteer Program (Rev. 11/01/17), as well as WADOC PREA Training 102 Curriculum and Facilitator's Guide (V. 2020), and the PREA & Sexual Misconduct: Initial & Annual Training for Identified Contractors & Volunteers Web-based training towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="242 432 1477 824">Standard 115.232a: Per Policies 490.800 and 530.100, contract and volunteer staff are obligated to participate in PREA Training. Contractual staff, generally, received the same training as staff regarding sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The PREA training, in its applicable format, was provided to contractors and volunteers on an annualized basis. Per PAQ, "WADOC requires all contractors with regular contact with offenders to complete the same training provided to all employees. Certain identified contractors, such as those providing language interpreter services, and all volunteers are required to complete specially designed web-based training. Contracts detail PREA-training requirements". The contract language for outside contractors contained PREA language, as part of the contract shell, and outside contractors were required to complete PREA training as a basis of contract continuation (as detailed in Standard 115.12). WADOC allowed specific vendors and service providers who have limited, unescorted contact with offenders to sign the PREA Acknowledgement form (DOC 03-478) and provided them with the current PREA brochure for staff, contractors, and volunteers. Such individuals would typically include those filling vending machines or repairing office equipment, cleaning kitchen equipment, delivering supplies, or performing short-term services in maintenance.</p> <p data-bbox="242 857 1465 983">The auditor reviewed the relevant PREA lesson plan curriculums for contractors and volunteers, as well as WADOC PREA brochure provided to specified vendors and service providers. The auditor judged that the material WADOC provided each group was sufficient to explain responsibilities towards WADOC's sexual abuse and sexual harassment prevention, detection, and response policies and procedures (as outlined in 115.232a).</p> <p data-bbox="242 1016 1490 1341">While per PAQ and interview with the CCS, TCWTR has no regularly employed contractors and does not receive volunteer services, the Agency does have contracted services with vendors whom TCWTR may utilize. The auditor reviewed the provided Spreadsheets of Sign Language and In-Person Language Interpreters, as well as Religious Service Providers, all of whom demonstrated compliance with up-to-date PREA Training completion. Each Spreadsheet demonstrated full compliance with the contracted vendors. The facility also provided a sampling of PREA vendors, who met the criteria for limited, unescorted contact, in which all vendors had appropriately signed the PREA Acknowledgement DOC 03-478 form. While onsite, the auditor confirmed that those vendors who may be onsite at TCWTR were individuals, to include general maintenance, for whom their DOC 03-478 had been provided upon PAQ upload. There were no additional contractors and/or volunteers who had been provided access to TCWTR based upon information gathered during site review, to include interviews with staff and residents, and documentation review.</p> <p data-bbox="242 1375 1465 1532">Standard 115.232b: As noted in 115.231a, volunteers and identified contractors (e.g., translators) receive a web-based training annually, and contractors with in-person offender contact receive the same training as WADOC staff; however, contractors with limited, unescorted access to the facility are trained by way of reviewing the WADOC PREA Brochure and signing Form DOC-478. As such, WADOC is providing the level and type of training to volunteers and contractors based upon the services and level of contact they have with residents.</p> <p data-bbox="242 1565 1469 1722">Per Policy 490.800 and as reviewed by the auditor, each relevant WADOC PREA lesson plan and brochure, as provided to contractors and volunteers, included WADOC's zero-tolerance of sexual abuse and sexual harassment policy with an explanation of what this means, as well as how to report any and all PREA-related incidents. In addition, part of WADOC's training required each volunteer and contractor to receive a PREA brochure related to sexual abuse detection, prevention, and reporting.</p> <p data-bbox="242 1756 1477 1948">As noted, TCWTR did not have contractors or volunteers onsite and were not accessing identified WADOC vendor services. However, the auditor interviewed the CCS and Maintenance Supervisor to ensure their understanding regarding PREA Training requirements, should a contractor or volunteer have contact with residents at TCWTR. Each confirmed that the contractor or volunteer would be required to participate in prescribed PREA Agency-based trainings prior to service delivery. The Maintenance Supervisor provided documentation to the auditor of active contractors providing limited services (e.g., HVAC and plumbing) with the appropriate documentation.</p> <p data-bbox="242 1982 1485 2139">Standard 115.232c: Per Policy 490.800, WADOC maintained documentation to confirm that volunteers and contractors understand the training they received. During the documentation period, this training has been provided by way of participants being required to sign DOC 03-483, PREA Training Acknowledgement, or having completed training through the web-based WADOC system. By providing a signature on the associated forms, the contractor acknowledged their receipt of the WADOC PREA brochure and understanding of the material presented provided. For the WADOC web-based training, a</p>

function within the system required participants to acknowledge that they understood the PREA training they just completed.

Per PAQ submission, as indicated in 115.232a, all facility limited, unescorted contractors (5/5; 100%) had received the appropriate PREA training. In addition, Spreadsheets for WADOC Agency-wide Sign Language and In-Person Language Interpreters, as well as Religious Service vendors all showed full compliance. The CCS, Superintendent, and Facility Maintenance Supervisor (3/3; 100%), each of whom were responsible for Training compliance, each confirmed the practice of providing and documenting applicable WADOC supported PREA training to all contractors and volunteers prior to providing access to residents. Of note, there were no in-person contractors at TCWTR and the volunteer program was not active during the review period nor when the auditor conducted the site review.

No corrective action was required for this standard.

115.233	Resident education
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1453 398">The auditor reviewed Agency Policy 310.000 Orientation (Rev. 10/26/18); and 490.800 PREA Prevention and Reporting (Rev. 11/20/20), as well as WADOC PREA Brochures (English and Spanish versions), WADOC Posters (English and Spanish version), ACA TCWTR Resident Handbook (Rev. 07/01/19); and viewed the WADOC PREA Orientation video (English and Spanish; both with subtitles) towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="242 430 1485 1025">Standard 115.233a: Per Policy 490.800, "Individuals under the Department's jurisdiction will be provided PREA-related information, which will include information on the Department's zero tolerance stance and ways to report sexual misconduct". For Community Supervision, Policy 490.800 required residents to receive a PREA informational brochure. In Policy, all residents will receive the WADOC PREA brochure upon arrival, and the facility will have PREA reporting, as well as OCVA (i.e., victim advocacy services) information readily provided in the form of posters. Per Agency Policy 490.800, all WADOC offenders were to receive comprehensive PREA Offender Education, upon intake at WADOC Reception Centers. Thereafter, all individuals were to continue to receive PREA education upon transfer to a different facility (to include Community Confinement facilities) via the orientation process. WADOC Policies were statewide, thereby standardizing Policy implementation. While this PREA standard provision specifies that offenders transferred within the Agency were required to receive additional information only to the extent that PREA policies and procedures differ from those at the offender's originating facility; in practice, TCWTR provided all arriving residents with PREA information similar to that which they received upon entry into the WADOC system. Upon arrival to TCWTR, residents received a WADOC PREA brochure and TCWTR facility orientation manual with PREA information immediately upon arrival. Following, per Policy 490.800, they were to complete Resident Orientation (i.e., Intake) to the new Community Confinement within the 48-hours of arrival and receive additional PREA information. Moreover, as TCWTR is a work/training release reentry center residents assigned to the facility have typically six months or less remaining in their sentence. TCWTR does not have any residents received prior to August 2012, who have been continuously held at the facility, and therefore, there would be no individuals held at TCWTR who had never received a prior PREA Orientation elsewhere.</p> <p data-bbox="242 1057 1485 1350">Per interview with the Intake Counselor and CCS, TCWTR provided residents with a copy of the WADOC PREA brochure, in addition to the ACA TCWTR institutional orientation packet upon arrival. The brochure, as reviewed by the auditor, contained clear information detailing WADOC's zero-tolerance policy. The brochure also included multiple resources (internal and external to the facility) to report sexual abuse and sexual harassment. The TCWTR orientation packet also contained relevant PREA information. Abbreviated information was available in poster format (in both English and Spanish) throughout the facility, explaining how to report PREA-related incidents and/or suspicions of sexual abuse or sexual harassment, as well as seek victim advocacy support. During site review, the auditor confirmed evidence of WADOC PREA posters throughout the facility, to include posting on a centralized informational bulletin board where pertinent notices, addresses and phone numbers were available.</p> <p data-bbox="242 1382 1485 1809">During the site review there were three (3) scheduled resident intakes at the facility; and a Resident Orientation session was conducted on the day after their arrival. The auditor confirmed that each individual had received the WADOC PREA brochure "immediately upon arrival". The brochure, as noted, stated WADOC's zero tolerance policy towards sexual abuse and sexual harassment. The auditor observed the PREA portion of the Resident Orientation. The Intake Coordinator discussed PREA content, which re-enforced WADOC's zero tolerance policy, stipulated the resident's rights to be free from sexual abuse and sexual harassment; rights to be free from retaliation for reporting such incidents; as well as WADOC policies and procedures for responding to such incidents. The PREA information session also included viewing of the WADOC PREA video, and provided opportunities for residents to receive information regarding victim advocacy services (i.e., OCVA), as well as participate in a question and answer session regarding PREA. All three (3/3; 100%) of the new intake residents interviewed endorsed having participated in a Comprehensive Orientation session regarding PREA immediately upon their arrival. They each agreed that discussion during this session included WADOC's zero tolerance policy, their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents, and WADOC policies and procedures for responding to such incidents.</p> <p data-bbox="242 1841 1485 2101">Per PAQ, 53 residents were admitted to the facility during the reporting period, and all (53/53; 100%) received Agency PREA information at time of intake. Every resident who participated in interview (12/12; 100%; to include the 3 new intakes) confirmed immediate receipt (within first hour(s)) of a PREA brochure and orientation packet upon arrival to TCWTR. They also confirmed having received comprehensive instruction (within 48-hours of their intake) regarding WADOC's zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and WADOC's policies and procedures for responding to such incidents. Based upon the auditor's documentation review of three randomly selected resident files, all (3/3; 100%) had their Comprehensive Intake completed within timeframes.</p> <p data-bbox="242 2132 1401 2157">Standard 115.233b: Per PAQ, "All residents are provided information on arrival in the form of a PREA brochure and</p>

complete a full facility orientation within 48 hours of arrival. In addition, each resident is provided with a facility information brochure and handbook that details zero tolerance, reporting, agency response and retaliation monitoring". This intake included residents who were transferred from a different Community Confinement facility. During the reporting period there were two (2) individuals who had transferred from another Community Confinement facility to TCWTR, both of whom (2/2; 100%) had received appropriate, and comprehensive PREA Refresher information (as detailed above).

Standard 115.233c: Per Agency Policy 490.800, PREA material was to be made available to the incarcerated offender population both orally and in writing in a manner that would be clearly understood by the individual receiving the information. Per discussion with the PREA Coordinator, Superintendent and CCS, PREA material was made available and accessible to all residents, regardless of any identified disability. Specifically, accessibility provisions noted, which could be implemented by WADOC, included:

- For those residents who did not speak English, including those who spoke Spanish: translation services contract were available. The Agency offered telephonic translation services. These services included multi-lingual interpretation twenty-four (24) hours per day, seven (7) days per week; Materials, including the WADOC PREA video, brochures, and posters, were available in Spanish and would be translated into any other language, as necessary;
- For residents who were deaf or hard of hearing: by way of video through closed captioning (in English and Spanish); PREA material was available in written format; provision of Sign Language Interpreters (SLI);
- For residents who had visual impairments: PREA material was read aloud throughout video and counselor would meet one-to-one to address additional questions;
- For residents who had comprehension difficulties: WADOC has developed resource materials, "End Silence – The Project on Addressing Prison Rape, September 2013" with associated comics, aimed to be provided in a one-to-one format to those with intellectual disabilities and low comprehension; and
- For residents with limited reading skills, one-to-one housing counselor consultation to further discuss content of PREA brochure and standards.

Per the CCS and Superintendent, each of these Specialized Orientation/Offender Accommodations were available, as needed, at TCWTR. Per Agency Policy 690.400 Offenders with Disabilities, the identification process of resident's requiring accommodation will be interactive, and include, but not limited to the PULHESDXTR report (as cited in Standard 115.216a), documentation of offender disability and staff observations. Over the reporting period, TCWTR had not received any Specialized Orientation requests from residents. The auditor was provided with copies of and reviewed related forms (e.g., TeleLanguage Link & SLI access numbers, WADOC Accommodation video) associated with the accommodations as listed above. While onsite during the site review, there were no residents identified by the auditor to have potentially met criterion for a Specialized Orientation, based upon resident interviews, observations, and documentation gathered.

Standard 115.233d: At the facility Orientation Session (i.e., Intake), the resident signed the Work Release Orientation Checklist DOC 05-512. These Acknowledgement Forms state the resident has: viewed the WADOC PREA video and discussed; been presented the PREA brochure for Work Release, community sexual assault programs, and OCVA; and understands the Agency's zero tolerance stance, as well as received various methods to report victimization, and learned all allegation of sexual misconduct will be taken seriously and thoroughly investigated.

Per PAQ, there were 53 resident intakes at TCWTR during the reporting period, all of whom received the WADOC PREA brochure and appropriate intake PREA reporting information via receipt of PREA brochure and orientation (53/53; 100%). Per Policy, documentation of offender completion of orientation was maintained in the Offender Management Network Information (OMNI) system via date of Work Release Orientation Checklist completion. Furthermore, resident participation in the Orientation, which included documentation of PREA Comprehensive Education (PREA DVD, PREA Brochure, and PREA & Sexual Misconduct), was available in facility files, as their signed, Work Release Orientation Checklist, with checkmarks on Prison Rape Elimination Act (PREA) entitled section and the resident's self-written name. The auditor reviewed the PREA Orientation Spreadsheet provided with PAQ (of the 53 intakes), and confirmed entries against the 13 provided Samples of Work Release Orientation Checklists and 3 documents randomly selected while onsite, (total 16/16; 100%) finding full compliance.

Standard 115.233e: Policy 490.800 indicated that WADOC PREA information, such as posters and brochures (in English and Spanish), must be continuously available throughout the facility. Moreover, Policy required monthly checks to ensure the continued availability of such PREA-related resource material. Per PAQ, "When a new offender is received in a work/training release facility, they are given a copy of the Tri-Cities Work/Training release Handbook after their facility tour. In addition, PREA posters and brochures are available at all times throughout the facility. Policy also requires that monthly checks be conducted to ensure posters and brochures are located in areas accessible to offenders and the public including Health Services and classification counselor offices".

Per communication with the CCS, the facility ensured routine checks for the condition, readability, and availability of PREA posters throughout the site. Based on site review, PREA materials (including posters and brochures) were continuously visible throughout TCWTR. The posters were visible in areas available to residents, in both English and Spanish, throughout

areas general resource areas, including a centralized bulletin board with resource information, and areas accessible to the public, including the Main Entry area and visiting room. Residents and staff, alike, noted during interview that posters and PREA resources (including brochures) were readily viewable throughout the facility, and often references, "The PREA information is the posters on the board".

The auditor judged all provisions within this standard to have met compliance. Moreover, it was clear the efforts of the Agency and facility considered comprehensive provision of PREA education to residents, to include the components, as required in 115.233a, in a manner that would ensure residents were prepared for PREA situations and readily able to implement their knowledge proactively. Furthermore, the facility had implemented a structured educational programming strategy that was above the required standard of 115.233a, in that residents were only required to receive refresher information and that which was different from prior facilities. Instead, all residents received comprehensive PREA information, and in fact were readily able to provide complete information about resources surrounding PREA to include victim advocacy and outside agencies for reporting. Proof of this practice was readily, as residents demonstrated 100% compliance with PREA education queries, and were able to provide practical applications, as discussed during interview. It is clear that the groundwork for the fundamental practice of PREA sexual abuse and sexual harassment prevention, detection, and response is clearly laid at TCWTR through the resident PREA education practices. As such, the auditor evaluated this standard substantially to exceed requirements for compliance.

It was clear the efforts of TCWTR considered comprehensive provision of PREA education to residents, to include the components, as required in 115.231a, specifically, "the Department's zero tolerance stance and ways to report sexual misconduct", in a manner that would ensure residents were prepared for PREA situations and readily able to implement their knowledge proactively in their environment. Furthermore, the facility had implemented a structured resident educational programming strategy that was above that required standard of 115.231, in that residents were provided comprehensive PREA information, instead of that which was different only at TCWTR from the Agency. TCWTR had multi-modal teaching methods for diverse needs of residents, as required by the standard. Moreover, proof of this practice was readily available and TCWTR residents not only demonstrated 100% compliance with training requirements, but also were able to demonstrate this in practical applications, as discussed during interview. Residents had been instructed by way of a mnemonic, with the five reporting mechanisms, which they readily applied to the auditor's questions.

It is clear that the groundwork for the fundamental practice of PREA sexual abuse and sexual harassment prevention, detection, and response has been clearly laid at TCWTR through the resident education practices. As such, the auditor evaluated this standard substantially to exceed requirements for compliance.

No corrective action was required for this standard.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1497 398">The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 11/20/20); 490.860 PREA Investigation (Rev. 09/29/20); and 880.100 Corrections Training and Development (Rev. 10/20/20), as well as Administrative Investigations Training (Trainee & Trainer’s Guide V2.0 10/01/19) towards making compliance determination with the provisions of this standard.</p> <p data-bbox="240 432 1497 790">Standard 115.234a & b: Per Policy 490.800 and 490.860, to the extent that WADOC conducts sexual abuse investigations, its investigators will receive training to conduct such investigations in confinement settings. PREA Coordinator Memorandum (Subject PREA Standard 115.34d, as related to ‘Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations’), stated explicitly, “Criminal investigations are conducted by law enforcement”. WADOC staff had no law enforcement power or certification, and as such, were not authorized to conduct any type of criminal investigation. Per Policy, the local police department was to the primary investigator for any crime committed within the facility. As noted previously, if the local agency, which has been identified as Kennewick Police Department, was contacted by TCWTR and unable or refused to investigate, the Benton County Sheriff’s Department and Washington State Patrol (WSP) would be contacted, in that order, to conduct a criminal investigation at the request of TCWTR and per Agency MOU. However, WADOC was responsible for conducting all administrative investigations related to PREA.</p> <p data-bbox="240 824 1497 1182">Per the PAQ, “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. PREA investigator training was initiated 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. The updated course was launched in November 2013. In order to ensure all prior participants had been provided with the elements that were included in the training update, a PREA Booster Training course was launched. Existing investigators were provided with new information and additional practice in interviewing and report writing. This booster training was only available for a limited period of time and was intended only for those individuals who had completed investigator training prior to the November 2013 update. In order to be a qualified PREA investigator after November 2013, a person must have completed the updated course or the previous version of the training and the PREA booster”.</p> <p data-bbox="240 1216 1497 1440">The Curriculum and Instructional Guide of the Administrative Investigations Training (Version 2.0) was provided to the auditor for review, which included amongst other elements, components on conducting investigation, special considerations for sexual assault victims, and documentation/report writing. The WADOC Specialized Investigator training ensured, per 115.234a, that to the extent the Agency conducted sexual abuse investigations (i.e., PREA-related sexual abuse administrative investigations) WADOC investigators received relevant training in conducting such investigations in confinement settings. The Specialized Training also incorporated all necessary components of provision 115.234b. The training elements not limited to, but included:</p> <ol data-bbox="276 1496 1313 1653" style="list-style-type: none"> 1. How to conduct a sexual abuse investigation in confinement settings; 2. Techniques for interviewing sexual abuse victims; 3. The proper use of Miranda and Garrity Warnings; 4. Sexual abuse evidence collection in confinement settings; and 5. Criteria and evidence required to substantiate a case for administrative action or prosecution referral. <p data-bbox="240 1686 1497 1843">During interview with the TCWTR Investigator (who is also the CCS) and Superintendent (who had also participated in Specialized Investigator’s Training, per 115.234), they were able identify the specific components related to PREA-Specialized training, and how to utilize these appropriately in the course of a sexual abuse administrative investigation. Furthermore, they both clearly articulated the need, as well as process by which to refer any sexual abuse case to local law enforcement should the case be judged criminal, or potentially so, in nature.</p> <p data-bbox="240 1877 1497 2134">The PAQ, as well as interviews with the Investigator/CCS and Superintendent, explained the process by which administrative investigations were assigned at Work Release facilities (i.e., Community Confinement facilities). The Appointing Authority would receive the case via the PREA Triage and was thereafter responsible for the investigation. They were required to identify an appropriate Investigator from the list of qualified WADOC Investigators. In order to qualify for this list, the Investigator must have completed formal Specialized PREA Investigator training. The Appointing Authority may secure an Investigator across the Agency, and typically would not assign the case to an Investigator within the same Work Release where the incident had allegedly occurred and/or been reported. Factors taken into consideration when selecting an Investigator, included:</p>

- 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.)

Standard 115.234c: The Agency maintained training transcripts for all Investigators who have completed the required Specialized training, per 115.234, to conduct sexual abuse administrative investigations. Per Policy 880.100, documentation of training completion will be maintained in the Staff Training and Tracking Information System (STATIS). As such, training documentation was available through the individual employee's Learning Center transcript, which documented the date of completion. Courses were entitled: DOC Administrative Investigations, DOC PREA Investigator Booster, and DOC PREA & Workplace Investigator Training V2. These transcripts were collated in the form of a Spreadsheet to create a PREA Investigator's Directory.

Per the PAQ, WADOC had six-hundred and eighty-seven (687) trained Investigators with TCWTR having one (1) trained Investigators onsite. The auditor reviewed the Agency-wide Spreadsheet documenting each Investigators' participation in the required trainings (i.e., PREA Investigator Version 1; Booster; PREA Investigator Version 2) along with dates of completion and comments (with color-coded notations clearly indicating individuals who have been de-activated from investigations work). The auditor reviewed four (4/4; 100%) transcripts of Work Release Investigator's Training Completion with dates, which she judged provided uniformity with the Agency-wide spreadsheet. The auditor was also able to confirm the TCWTR facility Investigator's Specialized training completion by way of the WADOC Investigator's Directory with associated transcript date completion.

No corrective action was required for this standard.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1474 365">The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 11/20/20); 610.300 Health Services for Work Release Offenders (Rev. 06/22/15); and 880.100 Corrections Training and Development (Rev. 10/20/20) towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="240 396 1474 490">Standard 115.235a: Agency Policy 490.800 ensured all full- and part-time Medical and Mental Health Care practitioners, to include employees and contract staff, who work regularly in its facilities, have been trained in additional position-related training, to include all components required of 115.35a:</p> <ol data-bbox="276 542 1315 669" style="list-style-type: none"> 1. How to detect and assess signs of sexual abuse and sexual harassment; 2. How to preserve physical evidence of sexual abuse; 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and 4. How and to whom to report allegations and suspicions of sexual abuse. <p data-bbox="240 698 1442 792">In addition, WADOC trains Health Care practitioners on 1. Completing DOC 02-348 Fight/Assault Activity Review; and 2. Counseling and monitoring procedures. The auditor reviewed a copy of the lesson curriculum, DOC PREA for Health Services, and found it to contain the above-cited elements.</p> <p data-bbox="240 822 1481 1050">However, per PAQ, "Work Release does not have health services staff on site and therefore employs no health services staff". Further, PAQ cited there were zero (0) Mental Health and (0) Medical staff who work regularly at TCWTR. The auditor was able to confirm this information through site review, to include interviews with staff and residents, as well as during physical site inspection during which there was evidence to indicate the presence of medical and/or mental health staff regularly employed at the facility. As such, while WADOC does have the appropriate Agency-wide Specialized Training in place for Healthcare Providers (i.e., to meet criteria for 115.235a), there were no such providers regularly employed and/or contracted at TCWTR. The auditor judged this portion of the standard provision to be met materially as not applicable.</p> <p data-bbox="240 1079 1485 1209">Standard 115.235b: Policy 610.300 stated WADOC shall offer all victims of sexual misconduct access to medically necessary treatment and any identified mental health treatment services. The WADOC PREA Designated Hospitals Memorandum indicated a documented partnership with Kadlec Hospital (Richland, WA), identified as the primary community health care facility to provide forensic medical examinations to any alleged victims of sexual abuse at TCWTR.</p> <p data-bbox="240 1238 1477 1400">Per PAQ, WADOC required all forensic medical examinations to be conducted at a health care facility in the community. Forensic medical examinations have been contracted for provision by SAFE/SANE or otherwise qualified staff at Kadlec Hospital. As stated in 115.221, TCWTR does not conduct forensic medical examinations, which was confirmed in interviews with facility staff. Furthermore per 115.235a (above), there are no medical staff onsite at TCWTR. The auditor judged this standard provision to be met materially as not applicable.</p> <p data-bbox="240 1429 1493 1626">Standard 115.235c: The Agency Policy 490.800 required all training requirements to be up-to-date, including WADOC PREA and WADOC PREA for Health Services Training for all identified staff, to include new employees and contract staff. WADOC utilized the Learning Management System (LMS) to document and track official department training for employees and contractors. The WADOC Training and Development Unit oversees and manages the LMS on a statewide basis, and per Policy 880.100, the Staff Training and Tracking Information System (STATIS) will hold documentation of all official Departmental training.</p> <p data-bbox="240 1655 1481 1749">PAQ documentation indicated this standard provision was not applicable, as the Work Release did not employ any health services staff onsite. Furthermore per 115.235a (above), the auditor had confirmed there were no healthcare staff employed regularly onsite at TCWTR. The auditor judged this standard provision to be met materially as not applicable.</p> <p data-bbox="240 1778 1474 1939">Standard 115.235d: Agency Policy 490.800 stated that every agency employee, including Medical and Mental Health care practitioners, to include state employees and contract staff, as well as volunteers, must complete the appropriate WADOC PREA training requirements, reviewed in Standard 115.31 & 115.32 (to include 115.231 & 115.232, as applicable). Policy also indicated that all new employee and annual in-service PREA training included all components, as required for 115.31a (115.231a, as applicable).</p> <p data-bbox="240 1968 1493 2130">As reviewed by the auditor, the WADOC PREA training curriculum was comprised of a lesson plan, which included all required components of 115.31a (as related to 115.231a). However, as noted above in 115.235a, TCWTR does not have any healthcare staff and/or contractors (neither Mental Health nor Medical) employed onsite. Therefore, there were no required health care practitioners to have completed the required training (i.e., WADOC PREA Training), as stipulated under 115.231 or 115.232, depending upon the practitioner's status. The auditor judged this standard provision to be met materially as not</p>

applicable.

No corrective action was required for this standard.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1490 365">The auditor reviewed Agency Policy 490.820 PREA Risk Assessments and Assignments (Rev. 6/13/19); 280.310 Information Technology Security (Rev. 1/4/19); and 280.515 Data Classification and Sharing (Rev. 1/8/20) towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="240 396 1490 891">Standard 115.241a: WADOC has a comprehensive Policy (entitled: 490.820 PREA Risk Assessments and Assignments) in place to ensure offender risk screening of sexual abuse victimization by and/or sexual abusiveness toward other offenders upon the individual's initial intake into WADOC and throughout their process of inter-facility transfers. Per Policy, upon intake into any WADOC facility (generally a Reception Center), all offenders are to be screened within 72-hours with the PREA Risk Assessment (PRA). The PRA is the screening tool by which determination of an individual's risk status was made. Risk would be assessed as, "No Risk", "Potential Victim", "Potential Perpetrator", or "Dual Identifier (i.e., both "Potential Victim & Potential Perpetrator"). Upon transfer to a new facility, the PRA from the prior facility, per Policy, will be considered valid for the first 72-hours to affect appropriate housing. Within 72-hours, the receiving facility is required to conduct a new PRA (called the 'Intake PRA', which will then become the current risk level for the offender. This facility will thereafter make all housing, programming, and placement determinations by the newly completed PRA (i.e., the 'Intake PRA'). Per Policy 490.820, offenders with conflicting screening information will not be housed together (i.e., 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). "Dual Identifier" offenders could only be placed with "No Risk" offenders. Of note, any offender who, for whatever reason, has not had a screening completed to determine risk level will have a PRA screening completed prior to housing assignment.</p> <p data-bbox="240 922 1490 1350">Per PAQ, "All offenders assigned to WADOC are required to be screened within 72 hours of arrival or transfer between facilities". The PRA information received upon transfer intake at TCWTR was generally from the PRA screening conducted at the originating facility, and used to inform housing placement (through the first 72-hours until the Intake PRA reassessment at TCWTR occurred). The facility utilized PRA intake reassessment information, as conducted within the offender's first 72-hours at the facility, to make subsequent placement decisions (e.g., housing, jobs, programming, etc.). Discussion while onsite clarified that the CCS and designated staff (to include the identified Intake Counselor and Custodial Sergeant) would access incoming resident's PRA information to prescreen each individual for PREA-related risk issues. The facility would utilize such prescreening information to make initial housing and placement determinations, until the 'Intake PRA' was completed onsite. Interviews with the CCS, Intake Counselor, and Custodial Sergeant indicated that all residents transferring to TCWTR received a PRA intake screening upon arrival. For example, those offenders who met "Potential Victimization" concerns were placed in locations most proximate to the entry of the resident housing hallways. All cases of "Potential Victim" and "Potential Perpetrator" were separated from cell assignments, and whenever possible were placed in cells as a sole occupant.</p> <p data-bbox="240 1382 1490 1541">Random resident (12/12) interviews indicated they had participated in an intake screening within their first days at the facility (9/9; 100%), and for those three (3/3; 100%) who were new intakes reported they had been scheduled to meet with the Intake Counselor the following morning for intake. Random resident interviews and informal conversations established that each resident believed the facility had considered their welfare in making placement decisions with all reporting they felt sexually safe at TCWTR.</p> <p data-bbox="240 1572 1490 1700">Standard 115.241b: Per Policy 490.820, "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.</p> <ul data-bbox="280 1753 1474 1848" style="list-style-type: none"> • 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, and boarder). • b.) Intake assessments will be completed within 72 hours of transfer of any offender between Department facilities." <p data-bbox="240 1879 1490 2136">The audit team interviewed one (1) Intake Counselor who performed PRA Screenings, and they understood their responsibility to meet with transferred offenders at TCWTR within seventy-two (72)-hours of arrival or transfer from another Community Confinement to ensure administration of the PRA. After finalization of the PRA with the resident, the Counselor reported they corroborated information provided by the resident during interview with that contained in the individual's chart and previously completed PRAs. The auditor was able to corroborate this with PAQ and onsite evidence, in that thirteen PRAs (13) provided with PAQ and three PRAs (3) randomly selected secondary to Random resident interviews, demonstrated completion within 72-hours of the offender's arrival with the exception of two (2; reasons noted below), in addition to having relevant information added on from historical PRAs. For the two (2) PRAs that had not been completed</p>

within 72-hours, one involved a Departmental supported justification, as the resident was screened immediately after 'COVID-quarantine', and had been single-celled and ineligible for program participation during this period. The other involved resolution of a scoring error.

The PAQ reported 96% (54/56) of transferred residents had their PRA completed within mandated timeframes at TCWTR during the reporting period. The auditor reviewed the TCWTR PRA Tracker List Initial Assessment Log for the reporting period, which demonstrated uniformity with the information provided regarding Intake PRA completion on the Superintendent's Memorandum. Per the auditor's resident file review (3 of 3; 100%), the PRA was consistently recorded timely in the offender's file. Randomized resident interviews further confirmed PRA timely completion, as residents recalled having participated in the PRA processes "right away" upon arrival to TCWTR, as stated, "...a day or two after I got here". The PRA Intake Screenings ordinarily take place within 72 hours of arrival at the facility.

Standard 115.241c: Per Policy 490.820, "The Department has established uniform procedures for assessing the risk of sexual victimization and/or predation for all offenders under its jurisdiction and maintaining information for use in housing and program assignment decisions". The auditor reviewed the WADOC PREA Risk Assessment (PRA) and PRA Assessor's Guide, and judged the PRA to provide an objective screening instrument by which to conduct risk assessment. The assessment tool is comprised of questions designed to elicit responses aimed to determine best an offender's risk level while incarcerated of potential victimization of and/or potential predation for sexual abuse. Assessment was conducted based upon risk factors, and determined the offender's status of being at "No Risk", having risk as a "Potential Victim" or a "Potential Predator" of sexual offending behavior, or for both, as indicated by "Dual Identifier". The PRA is not given to the offender to self-administer, but instead used as a tool to inform the assessor through interview. The interview format directed the assessor to pose questions in a 'yes/no' format, and provided a section for comments beneath each query. The PRA input was entered into the OMNI (Offender Management Network Information) and automatically, system-scored. The assessor later corroborated the PRA instrument with offender chart information and prior PRAs. In summary, the assessor made PRA scoring determinations, noting if an over-ride was necessary, regarding individualized offender risk.

Based upon interview with the Intake Counselor, they were aware of the responsibility to utilize the PRA in a uniform, standardized manner in order to make consistent determinations regarding risk levels. The auditor reviewed samples of completed PRAs, as provided in the PAQ and those selected randomly while onsite, and judged determination of risk as reflected by PRA results to have been determined in an objective manner.

Standard 115.241d: The WADOC intake screening, as conducted by the PREA Risk Assessment (PRA), considers, at a minimum, all indicated criteria for 115.242d, when assessing residents for risk of sexual victimization, including:

1. whether the resident has a mental, physical or developmental disability;
2. The age of the resident;
3. the physical build of the resident;
4. whether the resident has previously been incarcerated;
5. whether the resident's criminal history is exclusively nonviolent;
6. whether the resident has prior convictions for sex offenses against an adult or child;
7. whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (AND 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)*;
8. whether the resident has previously experienced sexual victimization;
9. the resident's own perception of vulnerability.

* Regarding item (7), there was an Agency-wide Directive from the Deputy Secretary (D. Pacholke; dated: 3/11/15) sent to all Classification Counselors, entitled: Affirmatively Inquire Offender LGBTI Status. This Directive established guidelines for the facility to fulfill criteria to affirmatively ask 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.

Through interview with the Intake Counselor responsible for residents' intake and follow-up PRA assessment, they described that during interview the resident was queried regarding each of the aforementioned risk factors. Subsequently, they combined information gathered during interview with that ascertained through chart review. The Counselor explained, per the required PRA scoring method, risk scoring factored consideration of the offender's self-report, interviewer's perception (on applicable items), chart history, and responses from previous PRAs. Relative salience of particular item(s) (i.e., weighted) was also an element of PRA scoring. The Counselor described that through the scoring process particular PRA indicators would be more heavily weighted in consideration of PREA-flag determination. The auditor reviewed sample PRAs (as provided with the PAQ) and gathered through onsite Random resident file review, which demonstrated consistency with this described manner of interview and scoring process (to include prior PRAs and chart review, combined with resident interview). Of note, during the reporting period, solely one resident had met the criteria for Potential Victim. This individual

had documentation in their file to support appropriately having been housed with placement on a Monitoring Plan and follow-up; however, they were no longer at the facility at the time of the onsite; therefore, could not be interviewed. Per Random resident interviews, each confirmed that their assigned Counselor at TCWTR had conducted a PREA screen upon arrival and asked affirmative questions associated with the resident's sexual orientation and gender identity.

Standard 115.241e: The WADOC PRA initial screening, when assessing residents for being sexually abusive, specifically considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence and/or sexual abuse. These queries were implemented in the PRA based upon information, as known to WADOC, and included in the PRA screening of incarcerated individuals for risk of being sexually abusive. The presence of these items in an offender's self-report and/or documented history influenced the scoring of this tool, as related to their risk of being sexually abusive. The auditor received the PRA for review and upon evaluation observed the PRA to meet each of these objectives.

During interview with the Intake Counselor, they reported that the initial PRA included consideration of risk factors indicated in 115.241e, while emphasized that information related to this standard provision was not gathered solely based upon resident report. Instead, the PRA screen involved integration of the Counselor's interview with the resident, their perceptions of the offender's veracity, along with a comprehensive review of the offender's case factors and details found documented within the offender's chart, combined with prior PRA screenings. PRAs, as provided by the facility with PAQ and reviewed by the auditor onsite, conformed to this description and included the aforementioned factors in the assessment.

Standard 115.241f: Per WADOC Policy 490.820, "A follow-up PRA will be completed between 21 and 30 calendar days after the offender's arrival at the facility". Per PAQ, "All offenders are required to be rescreened between days 21 and 30 calendar days after arrival at the facility". Based upon interviews while onsite with the Intake Counselor, they meet with the offender on a second occasion to discuss the follow-up PRA. This PRA was completed to address any concerns associated with the resident's adjustment to TCWTR, regarding sexual safety, potential victimization, concerns regarding predatory behavior and/or abusiveness, and supplemented with any reports received from collateral sources (e.g., staff, residents, program assignments) regarding the offender's conduct that would merit readjustment of their PRA scores.

The PAQ reported 100% of the residents (44/44; original received 56 offenders with 12 transferred prior to 30 days) had the follow-up PRA completed within mandated timeframes. The auditor reviewed the PRA Tracker Follow-up Log for the reporting period, which demonstrated uniformity with the information provided regarding follow-up PRA completion. Per the auditor's randomized resident file review (3/3; 100%), the PRA follow-up consistently was recorded in resident's files and completed in a timely fashion. During Random interviews, the residents were able to recall having participated in a follow-up PRA within an approximated timeline of three weeks to a month after originally arriving at TCWTR and continued to support that Intake Counselors and the facility appropriately addressed their sexual safety needs. Based upon available evidence, within a period of 21 to 30 days from the resident's arrival at the facility, the facility reassessed residents' risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

Standard 115.241g: Per Policy 490.820, "For-Cause PRAs" will be conducted within ten (10) business days, and reassessment of the resident's risk level warranted due to: 1.) a referral, 2.) incident of sexual abuse/misconduct, 3.) request, or 4.) receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. For-Cause PRAs also will be completed in cases when offenders are transferred prior to completion of their PRA at the originating facility.

The Intake Counselor and CCS were aware of the circumstances under which a 'For Cause PRA' was to be conducted and provided examples of such. The facility was unaware of any that had been conducted during the reporting period. However, TCWTR had provided an example of a PRA upon Initial Intake that had been mis-scored and was re-conducted with the resident for standard provision 115.242b. This may be considered a "For Cause PRA", in that new information had come to light regarding the scoring error and a new PRA was completed. The facility demonstrated knowledge about when and how to complete "For Cause PRAs" and had in fact completed at least one during the reporting period. As noted, the facility had self-disclosed one incident in which a PRA for case was conducted with an oversight in PRA scoring. Once corrected, the risk level of the offender remained unchanged, and upon review of housing their placement was not impacted.

While onsite, the auditor engaged in discussion with the Intake Counselor regarding when to conduct 'For Cause PRAs' associated with substantiated PREA investigations and receipt of additional information related to sexual abuse behaviors; their responses conformed to appropriate completion of PRA follow-ups. The auditor also spoke with the CCS, who indicated once 'For Cause PRA' re-assessments were completed, when warranted, the resident's housing, placement, and programming determinations would be re-evaluated to ensure consistency with their current risk rating. The viewed 'For Cause PRA' conformed to appropriate timeframes, appropriate rescoring, and institutional considerations.

Standard 115.241h: Policy 490.820, stated, "Offender are not obligated to answer PRA questions and cannot be disciplined for refusing to answer or not disclosing complete information in response to assessments". This Policy encompassed offender refusal to answer and/or non-disclosure of questions pursuant to 115.241d1 (i.e., whether or not the resident has a mental, physical, or developmental disability), d7 (i.e., whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming), d8 (i.e., whether or not the resident has previously experienced

sexual victimization, &/or d9 (i.e., the resident's own perception of vulnerability).

During Random resident interview, no (0/12; 0%) reported having been disciplined associated with their responding patterns and/or refusal to provide answers to the PRA during interview, at any point in their time incarcerated within WADOC. The Intake Counselor reported there were no sanctions associated with the resident's decision not to respond during the PRA. The auditor did not discover any disciplinary incidents that had been issued to residents associated with failure and/or refusal to respond to PRA assessment questions, as based upon documentation and site review. It appears to be the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, screening questions asked pursuant to paragraphs 115.241d1, d7, d8, and/or d9 of this standard.

Standard 115.241i: Per Policy 490.800, 490.860, 280.310, and 280.515 demonstrated the implementation of appropriate controls regarding dissemination within the facility of responses to questions asked pursuant to 115.241, in order to ensure that sensitive information is not exploited to the resident's detriment by staff and/or other residents. Agency Policy 280.310 Information Technology Security and 280.515 Electronic Data Classification established appropriate controls on sensitive information. Per Policy 490.860, all PREA data containing personal identifying information will be maintained as Category 4 data. The results of the PRA were considered Category 4 Data, which per WADOC Policy is restricted information. Dissemination of confidential information by staff subjects them to corrective and/or disciplinary action, per Agency Policy 490.800.

Interview with the PREA Coordinator and PCM/CCS confirmed that TCWTR had implemented appropriate controls for the dissemination within the facility of responses to questions asked pursuant to the PRA. Such controls were designed to ensure sensitive information could not be exploited to the resident's detriment by staff and/or other resident's. Should the PRA results determine PREA "Potential Victim", "Potential Predator", or "Dual Identified", this information was entered into the Offender Management Network Information (OMNI) system database. The final results of the PRA were maintained on a 'face sheet' in the general status portion of ONNI to ensure accessibility to staff who make determinations regarding housing, bed placements, education, work positions, and program assignments, while staff would only have full access to detailed PRA information, as required by position designation. The OMNI system access for full PRA viewing has been granted to the following:

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

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

While onsite, a staff confirmed to the auditor that their access to OMNI solely displayed the 'face sheet', and demonstrated to the auditor they could only view the offender's designation, not the information input into the screening tool. While viewing OMNI for the purposes of evaluating PRA completion with the CCS, the auditor was able to confirm the CCS' full PRA viewing access.

No corrective action was required for this standard.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1477 398">The auditor reviewed Agency Policy 490.820 PREA Risk Assessments and Assignments (Rev. 6/13/19); 490.700 Transgender, Intersex, and/or Gender Non-Conforming Housing and Supervision (Rev. 2/13/20), and 300.380 Classification and Custody Facility Plan Review (Rev. 8/12/19) towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="242 432 1485 757">Standard 115.242a: Agency Policy 490.820 addressed the appropriate assignment of those offenders at high risk for sexual victimization and/or sexual abusiveness. Specifically, the Policy stated information gathered through the risk screening (PREA Risk Assessment; PRA) shall be utilized in determination of every offender's: (1.) housing; (2.) bed placement; (3.) work assignments; (4.) education; and (5.) program with the aim of separating those offenders who demonstrate high risk of being sexually victimized from those who show high risk of sexual abusiveness. Further description was included regarding how the PRA was utilized to make classification decisions, as related to the indicators listed above in WADOC Policy. Agency Policy 300.380 speaks to use of Policy 490.820 in the resident process. This classification review was described comprehensively via the PAQ. Per PAQ, "Prior to assigning an offender to a multi-person cell/dorm area, the PREA Risk Assessment (PRA) is reviewed to ensure he/she is not assigned to an area that would place him/her at risk for victimization. In addition, the PRA information is used in the following manner in classification decisions:</p> <ol data-bbox="242 763 1490 1227" style="list-style-type: none"> 1. Prior to an offender transferring from one facility to another, a transfer manifest is prepared by the DOC transportation unit. Designated staff at the receiving facility complete an Incoming Transport Job Screening (ITJS) for each offender on the manifest prior to his/her arrival. The ITJS includes information of any history of predatory violence or predatory sexual violence, history of medical/mental health needs, safety/security concerns that impact housing or programming and appropriateness of specific work assignments. PREA screening results are also documented and if an offender displays an increased potential for sexual victimization or predation, staff are expected to document this in the summary section and note any necessary instructions for any safety plans/monitoring plans for work or programming assignments. This screening is documented in the electronic OMNI system. 2. Classification staff complete a PREA transfer assessment with 72 hours of arrival and an Intake Classification Custody Facility Plan Review within 30 days of arrival. If a monitoring plan is needed due to an increased potential for sexual victimized [sic; victimization] or predation, a monitoring plan is developed and entered in an OMNI Chrono and included in the comment section of the Custody Facility Plan (located in OMNI). 3. Classification staff update the status of a monitoring plan at each classification review held either every six months or annually based on the offender's sentence structure. <p data-bbox="242 1256 1490 1451">Residents housed in WADOC work release facilities are employed by private entities in the community with whom WADOC can share limited information. The resident is responsible for securing their own employment and the Community Corrections Officer approves all job taking PREA needs into consideration and can address issues on a case-by-case basis. The same is true for any education and most rehabilitative programming available for work release residents. In-house details and any programming activities held at the facility are monitored at all times by staff and are held within areas of the facility in which residents can be observed".</p> <p data-bbox="242 1480 1497 1977">As indicated in 115.241, at TCWTR, upon resident intake staff rely on PRA information from the originating facility, via the transport manifest, to make placement decisions. Per interviews with the PCM/CCS, members of the TCWTR staff use the PRA (both from transfer manifest and that generated locally) to inform determinations in making resident placement considerations, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Once the Intake PRA assessment has been completed (within 72-hours) and the Follow-Up PRA (within 21 to 30 days), the PRAs completed at TCWTR becomes the basis for subsequent custodial decisions; to include offender facility housing, bed placement, work assignments, education, and programming. This review will be updated at TCWTR within 30 days, and if necessary, again prior to their release depending on the offender's sentence structure. Furthermore, appropriate actions will be taken to evaluate the offenders sexual safety on an on-going basis should their PRA risk assessment classification change. The primary goal of these decisions was to keep all residents safe, noting if an offender displayed increased potential to be sexually victimized or for predation. If the offender demonstrated increased potential for sexual victimization or predation, based upon these PRA re-assessments, a monitoring plan will be included in the comment section of the Custody Facility Plan in OMNI. Instructions were noted for any necessary resident safety/monitoring plans with all staff are informed of the resident's classification risk (i.e., Potential Victim/Potential Predator/Dual Identifier).</p> <p data-bbox="242 2007 1461 2134">During interviews with the PCM, as well as Counselor (who each are involved in PRA screenings), there is a clear awareness to utilize the information gathered through the PRA in making housing, bed, work, education, and program assignments to keep separated those residents with potential for sexual victimization from those with potential for sexual abusiveness. Furthermore, the CCS and Counselor recognized the risk screening as a fluid process and the importance to</p>

continuously be aware of, and re-assess as necessary, every offender's individualized risk level to ensure appropriate placement that addressed the sexual safety of all offenders at the facility. The facility provided thirteen (13) examples of PREA Housing Chronos, for which each include PREA Housing Reviews, stating, "PREA compatibility review was completed prior to arrival at TCWTR for room assignment. No PREA conflicts identified". For a considerable period during COVID the facility had been functioning under capacity in a manner such that the rooms were single occupancy. Therefore, two (2) of the incoming Housing Chronos indicated, "Due to COVID all rooms are single occupancy".

Standard 115.242b: Per Policy 490.820, every offender will have an individualized PRA conducted at a variety of junctures through their custodial term. The offender will receive an Initial PRA upon entry into the WADOC system (typically at Reception Center), and thereafter, upon each transfer, conducted as an Intake within 72-hours upon arrival to and again within 30-days of placement within the facility. Furthermore, offender shall have a 'For Cause PRA' should there be indicators present suggesting a possibility of change in their PRA score, and re-evaluative PRAs done based at the time of scheduled classification hearings and again upon consideration of individualized risk factors; to include those with identified specific risks and on monitoring plans. As a result, the facility rendered each offender's safety determinations not based on grouped elements but instead individualized needs. Upon entry to a facility, as explained above, the incarcerated individual's PRA, per Policy, will be utilized to inform housing and bed placements, as well as job, education, and program assignments, aimed to best ensure the safety of each resident.

Per PAQ, "Within WADOC, all classification, programming, job, and housing assignments are made on the risk-based information obtained for each individual offender. This is documented via the information provided with 115.42 (a)". The TCWTR CCS emphasized during interview that facility staff with authorized access to screening information utilized the PRA results to make individualized determinations about how to ensure the safety of each offender. Specifically, PRA information was applied on a case-by-case basis to make custodial decisions regarding each resident. Per interviews with MDT members, as well as observation during site review, the TCWTR team took great pride in the decision-making processes associated with appropriate placement of each resident. The residents interviewed, formally and informally, indicated they believed they had been placed in locations with considerations given to ensure their sexual safety and felt they were able to participate in all facets of TCWTR (to include housing, bed, education, work, and program), as available to them, to maximum benefit.

The facility provided the auditor with relevant transcripts for two (2) residents who had been identified by the PRA as PREA "Potential Victims". The auditor evaluated these monitoring plans and housing assignment reviews from the resident's electronic records. The auditor judged these documents to have been completed on an individualized basis, with thoroughness in assessments, and designed to ensure the safety of each resident. Furthermore, while on-site the auditor queried if either of these two individuals remained at TCWTR, while both had since been released. During the reporting period, there were two (2) individuals whose PRA scored 'Potential Victim', both of whose documentation had been reviewed by the auditor; and no residents who met criteria for 'Potential Predator' or 'Dual Identifier'. Therefore, there was no additional documentation related to identified residents who were judged to have screened for potential risk of sexual victimization and/or sexual predation for the auditor to review. The facility was judged to make individualized determinations about how to ensure the safety of each resident based on the evidence above.

Standard 115.242c: Agency Policy 490.700 delineated consideration by WADOC of whether to assign a transgender or intersex offenders to a male or female facility on a case-by-case basis. The Agency Policy and practice does and has, per public report and interview with the PREA Coordinator, housed transgender individuals not specifically in accordance with their external genitalia. In making facility placement decision, per Policy, WADOC must ensure the offender's health and safety, as well as whether a placement would present management or security problems, in addition to considering the offender's views about their own safety. When making subsequent housing or other program assignments for transgender or intersex offenders, WADOC Policy stipulated consideration on an individualized basis, again ensuring the transgender or intersex offender's health and safety, their own perspective regarding safety, and evaluation of the potential for any management or security problems.

Per PAQ, "Housing and programming assignments for all transgender and intersex offenders are made on a case by case basis, to include individual shower arrangements, feelings of safety and putting priority on the offender's health and safety. The housing review process also takes into account management or security problems that may result from placement options. Housing reviews are documented on DOC form 02-384, Protocol for the Housing of Transgender and Intersex Offenders, by a local multi-disciplinary team with housing recommendations forwarded to the Deputy Director of Prisons Command A for final approval. In addition, a formal review is conducted at least every 6 months for each offender or when a change in housing assignments is indicated".

The PREA Coordinator and CCS indicated that, per Policy and practice, WADOC and TCWTR provided an inclusive environment for transgender and intersex offenders with an aim that all offenders feel safe. They emphasized placement and assignment decisions (including housing and programming) for transgender or intersex offenders would be made on a case-by-case basis with assurance towards the resident's health and safety, and consideration of any possible management or security problems, including the resident's views regarding their own safety. While there were no individuals meeting this Specialized category at TCWTR during the reporting period or onsite review, the auditor spoke during interviews with staff

regarding their perspectives about the placement of transgender and intersex offenders at TCWTR, who all supported the criteria as related to 115.242c. Based upon the auditor's judgement, placement determinations for transgender and intersex offenders at TCWTR would be made on a case-by-case basis towards that which would ensure the resident's health and safety, and evaluated as to whether placement would present management or security problems. (Note: TCWTR is a co-ed facility and determinations regarding housing of transgender or intersex offenders would specifically necessitate consideration of placement on the male or female side of the facility. The CCS was aware of this consideration and that determination would not be made on the basis of anatomy alone).

Standard 115.242d: Agency Policy 490.820 indicated housing placement and programming assignment review for each transgender or intersex offenders will be done upon arrival with reassessment and subsequent reviews conducted, at minimum, every six (6) months. In addition, a review will be conducted when a change in housing placement and/or program assignment is indicated secondary to any threats to safety experienced by the offender. Policy cited, "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". This form specifically asked, "What is the individual's own view with respect to their safety for each housing option?". A designated, specialized team (multi-disciplinary team; MDT) will make decisions on an individualized basis regarding transgender or intersex offender facility placements, to include housing and programming assignments with input from the offender and review of any threats experienced by the offender. After approval by the specialized team, the DOC 02-385 will be forwarded to the Deputy Director of Prison Command A for final approval. Per Policy 490.700, the Review process will also consider any management or security problems that may result from placement options. Per Policy 490.700, stated as related to MDT determinations of the components in 115.242a, "The individual's [i.e., transgender or intersex individual's] personal views about the individual's safety will be considered when making recommendations". In practice, WADOC gives consideration to the views of transgender or intersex offender's with respect to their own safety when making facility and housing placement decisions and programming assignments. Specifically, "The Statewide PREA Coordinator will maintain a record of transgender, intersex, and/or gender non-conforming individuals in a secure imaging system". As a result, individuals falling onto the list are tracked within WADOC and their input sought during biannual reviews and when necessary elements contribute to case determinations.

The auditor was able to discuss with the PREA Coordinator WADOC's completion of such reviews for transgender and intersex offenders, which supported that reviews were completed on a biannual basis agency-wide and included serious consideration of input as provided by the offender/resident. On an Agency-wide basis, the PREA Coordinator confirmed their oversight of each transgender and intersex case to ensure every case conformed to Policy. The PREA Coordinator expressed during interview that an important element of the biannual review is to discuss the transgender or intersex offender's own perceived level of safety through self-monitoring.

Based upon interview, the Superintendent and PCM were aware that housing placement and program assignment reviews for transgender and intersex offenders were to be conducted every six (6) months. Moreover, they both assured that the views of each transgender or intersex resident with respect to their own safety would be given serious consideration when making such decisions. The PCM and Superintendent confirmed that when making facility and housing placement decisions, as well as programming assignments, the transgender or intersex offender's views with respect to their own safety would be given deliberate consideration. As noted, there were no individuals while onsite or during the reporting period who met criteria for Target interviews within this category. However, per Policy, supporting documentation, and interviews, it was clear that transgender and intersex individuals would be represented at MDTs with their views of safety considered when placement decisions were made regarding housing and programming.

Standard 115.242e: Policy 490.700, stated, "Transgender, intersex, and/or gender non-conforming individuals may shower separately if requested by the individual or deemed necessary due to safety and security concerns". Per CCS report, during the audit review period no known transgender or intersex offenders were housed at TCWTR. However, had this occurred, housing and programming assignments would be done on a case by case basis to include individualized shower arrangements.

Upon site review inspection, the facility physical plant was such that showers were located inside the female and male Housing Units in restrooms (i.e., a room located off of the main Housing Unit hallway). The showers were singular in design and had curtains affixed for privacy. Therefore, in both Housing Units, with the existing infrastructure in place space was available to ensure a transgender, intersex and/or gender non-conforming resident was given the opportunity to shower separately from other residents. During interview, the CCS was aware of this standard provision. While there were no individuals onsite nor during the reporting period who met criteria for Specialized interviews for this category, it was clear the facility knew their responsibility to implement 115.2423 accordingly.

Standard 115.242f: The Agency is not in connection with a consent decree, legal settlement, or legal judgment related to this provision of Standard 115.242f. Per Assistant Secretary's Directive (R. Herzog; dated: 8/29/19), the Agency Superintendents were directed to extend WADOC's compliance with 115.242g of prohibiting lesbian, gay, bisexual, transgender, and intersex offenders' placements in dedicated facilities, units, or wings solely on the basis of such identification or status to include 'gender non-conforming' offenders. Instead, housing placement and program assignments

were made based on PRA identifiers and resident programming needs. Though not explicitly detailed in Policy, WADOC prohibited housing solely based on a resident's identification as or perception to be a lesbian, gay, bisexual, transgender or intersex individual.

At TCWTR appropriate housing placement processes for LGBTI and gender non-conforming residents was confirmed through discussion with the Superintendent, PREA Coordinator, and PCM. All related staff denied segregated housing practices of the indicated population having occurred within the facility. Informal interviews with residents indicated the same. While there were no known incarcerated individuals during the onsite review nor audit period who represented the LGBTI and gender non-conforming community, historical documentation report and site observation information was judged consistent with intentions towards integrated housing. There did not appear to be any areas separated from the main population specifically for residents who were perceived and/or identified as LGBTI and/or gender non-conforming.

No corrective action was required for this standard.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1461 365">The auditor reviewed Agency Policy 450.110 Mail for Work Release Offenders (Rev. 12/03/20); 490.800 PREA Prevention and Reporting (Rev. 11/20/20); and 490.850 PREA Response (Rev. 10/08/20), as well as WADOC PREA Brochures and Posters (in English and Spanish) towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="240 396 1490 456">Standard 115.251a: Per Policy 490.800 and 450.110, WADOC had multiple processes in place for offenders to report PREA allegations, internally, including:</p> <ul data-bbox="280 510 1485 768" style="list-style-type: none"> • Confidential toll-free PREA hotline (use of the hotline does not require input of the resident's personal identifying number (IPIN) and calls are not recorded by the facility); • Direct, verbal reports to any staff members; • Legal mail to designated individuals (legal mail includes correspondence to and from the Agency's PREA Coordinator, State Attorney General, and/or the Office of the Governor); • DOC 21-473 Kites; • Written notes; and • Grievances. <p data-bbox="240 799 1485 992">Of note, per Policy 490.850, all staff shall report allegations or incidents of sexual misconduct. Therefore, when choosing to speak with a staff member, offenders may make a PREA allegation report to any staff member with whom they are comfortable in speaking about such allegations and the staff member must report said allegation. Reports may include incidents of sexual abuse, sexual harassment, and/or retaliation that may have occurred secondary to the reporting of such PREA-related incidents, as well as staff neglect or violation of responsibilities that may have contributed to the occurrence of such PREA-related incidents.</p> <p data-bbox="240 1023 1490 1319">Per PAQ, "WADOC provides offenders with multiple reporting venues, to include a confidential toll-free hotline, verbal reports to any staff, kites, grievances, and legal mail to designated individuals. Use of the hotline does not require the offender to input a personal identifying number (IPIN) and calls are exempt from recording or monitoring by the facility. The state's definition of legal mail includes correspondence to and from the agency's PREA Coordinator. Reporting methods are addressed in the offender orientation video, detailed in offender brochures, and included in offender handbooks". The auditor confirmed that comprehensive information regarding these reporting mechanisms is provided in the orientation handbooks (available in English and Spanish), which is provided with the Orientation Packet at TCWTR intake. The hotline number was tested from an external phone to ensure functionality, as residents' noted they would not necessarily call from the TCWTR onsite pay-phone, as each had been issued their own cellphone.</p> <p data-bbox="240 1350 1493 1646">During Randomized resident (12/12; 100%), as well as Randomized staff interviews (12/12; 100%), each participant was able to multiple internal ways to privately report: (a) sexual abuse or sexual harassment, (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. The responses by residents were exceptionally comprehensive, and each were able to cite at least four (4) internal mechanisms for reporting, to include staff, grievance, kite, and hotline. When asked how each knew these responses, nearly by rote, the residents indicated they had been taught in Orientation and then met with the PCM (CCS) at TCWTR during which time they discussed these reporting processes in detail. During the site review, the auditor established that WADOC PREA posters with hotline numbers were available and the resolution box (i.e., grievance box) was appropriately mounted regarding reporting processes.</p> <p data-bbox="240 1677 1493 2139">Standard 115.251b: WADOC had provided offenders with the ability to report abuse or harassment to both private and public entities, outside of the Agency. Per Policy 490.800, the Colorado Department of Corrections (CDOC) was identified as the agency's official external reporting entity and responsible to follow up on any allegations they received of sexual abuse, sexual harassment, retaliation and/or neglect related to the reporting thereof while allowing the offender, upon request, to remain anonymous. WADOC carried an MOU (expiration: 03/01/22) with the Colorado Department of Corrections for this purpose, which was reviewed by the auditor. Per PAQ, the Agency's described process to report PREA allegations, externally, included the provision of anonymous and confidential reporting by the offender sending allegation information to the Colorado Department of Corrections via DOC 21-379 form. This form, per Policy, was to be available in offender accessible areas, which may be dropped in the offender grievance box for mailing. Information regarding the "CO Form", as it is referred to locally, was also provided in the resident handbooks, which is contained within the Orientation Packet and discussed at intake. All offenders with disabilities, including those who are illiterate, are advised to contact their facility ADA Coordinator for assistance (WADOC ADA Compliance Manager Memorandum, R. Klemme; dated: 1/5/21). Per the MOU, "The receiving party will log the report, then immediately forward the claim or allegation by scanning and emailing it to the responsible party, without regard for whether the form is apparently complete or incomplete". The Spreadsheet had only one</p>

column to indicate 'Date Received'. As the auditor understand this, the information was both received by CDOC and submitted to WADOC on the same date; therefore, inclusion of an additional column would be redundant. The Spreadsheet indicated that CDOC was fulfilling their responsibility to be able to receive and immediately forward resident reports of sexual abuse and sexual harassment to WADOC officials, which was supported by interview with the PREA Coordinator.

During Randomized resident interviews, using the 'CO Form' was cited as resources to confidentially and, if desired, anonymously submit reports of sexual abuse, sexual harassment and/or retaliation external to WADOC. However, the resident population most frequently expressed the most viable manner in which they would submit an anonymous report would be through 'dropping a kite' or calling the PREA hotline and not providing their name; despite the fact that neither of these were necessarily considered reporting mechanisms 'external' to WADOC.

The auditor also reviewed the PREA Allegations Log as received via the Colorado Department of Corrections, and affirmed there is an external reporting mechanism in place, while during the reporting period no PREA allegations were received from TCWTR through this channel. Based upon review of the CDOC Spreadsheet provided of the reports made to CDOC from offenders within the WADOC system, there were anonymous reports included, indicating the external office allowed the resident to remain anonymous upon request. The auditor was also readily able to obtain a copy of the DOC 21-379 Report of PREA Allegation Form, posted on the informational bulletin board, in a centralized area accessible to all TCWTR residents.

Standard 115.251c: Policy 490.850 states, "Staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct". Policy stipulated all reports of sexual abuse and sexual harassment at Work Release Facility shall be reported confidentially and directly to the Work Release Administrator or Duty Officer (unless a conflict of interest exists at which point the alternate should be notified) immediately (i.e., meaning 'without delay'). Per Policy, documentation of this incident shall be completed prior to the end of the shift. All facility employees, contractors, and volunteers are required, by Policy, to report all PREA allegations received, regardless of the manner in which it was obtained (to include verbally, in writing, anonymously, and from third parties) and those who fail to report may receive corrective and/or disciplinary action for their failure to do so. This Policy is delineated in WADOC Initial and Annualized PREA Training, as well as WADOC PREA brochures provided to staff, contractors, and volunteers. The auditor confirmed the inclusion of this information in the aforementioned documents, as provided with PAQ upload. Per PAQ, "Employees, contractors, and volunteers are required by policy to report all allegations received, regardless of the manner in which the information was obtained. Individuals who fail to report allegations or who knowingly submit incomplete or untruthful information could lead to corrective or disciplinary action. This information is contained in agency policy, addressed in PREA training, and included in a PREA brochure available for staff, contractors and volunteers".

Based upon Random interviews with facility staff, all (12/12; 100%) were aware of their responsibility to both accept any reports provided to them by residents related to sexual abuse, sexual harassment, and/or retaliation related to the same, regardless of the manner in which it was received (to include: written, verbal, third party, and/or anonymously). TCWTR staff expressed their first responsibility, as a First Responder after ensuring the victim's safety, included immediate notification of the appropriate supervisor (Work Release Administrator or Duty Officer) regarding the alleged PREA-related occurrence. All interviewed staff identified the importance of documenting reported PREA allegations in as prompt a manner as possible, noting that they must complete all Incident documentation prior to the end of their shift.

Standard 115.251d: Per Agency Policy 490.850 and WADOC PREA Training, there was an established manner by which staff may privately report allegations of sexual abuse and sexual harassment of residents, and/or retaliation related to residents reporting of such. Per Policy, staff reporting PREA-related incidents shall be afforded the opportunity to report privately such information to their immediate Supervisor, Shift Commander, PCM, Superintendent, Duty Officer, Administrator, or via the WADOC Sexual Assault Hotline to the PREA Coordinator. Confidential email via the WADOC website was also an option available to all staff to report PREA allegations. Staff were informed of these procedures through PREA annual training, PREA brochures, and institutional PREA posters. Per PAQ, "WADOC policy allows for staff to report allegations of a highly sensitive nature (e.g., allegations against the Shift Commander or Community Corrections Supervisor or in which that person may have a conflict of interest) directly to the Appointing Authority or Duty Officer. This information is also contained in PREA training provided to all staff".

During Randomized interviews (12/12; 100%), it was clear that each staff member was aware of their responsibility to report every PREA allegation and believed they had the necessary resources available to report privately any knowledge of resident sexual abuse and harassment and/or retaliation related to resident's reporting of such incidents. Furthermore, staff interviewed for Randomized (12/12; 100%) and as First Responders (4/4; 100%) indicated their awareness to report PREA allegations in a way that would remain private (e.g., do not report over institutional radio) and instead would utilize a mechanism by which reporting of the PREA allegation remained contained to those in 'need to know' positions.

No corrective action was required for this standard.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1477 398">The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 11/22/22); 550.100 Offender Grievance Program (Rev. 3/31/21), and WADOC Offender Resolution Program Manuals (English and Spanish; Revised March 2021), as well as Secretary Directive (S. Sinclair; dated: 1/22/21) towards making compliance determination with the provisions of this standard.</p> <p data-bbox="240 432 1485 757">Standard 115.252a: PREA standard provision 115.252a stated, "...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". Per Policy 550.100, "Resolution requests alleging sexual misconduct will be forwarded immediately to the applicable authority per DOC 490.850 Prison Rape Elimination Act (PREA) Response and will not be reviewed through the resolution process". Furthermore, the Secretary's Memorandum (dated: 1/10/19), stated, "The {WADOC} does not process PREA-related allegations through the offender grievance process". Therefore, TCWTR is exempt from this standard, as WADOC does not have administrative procedures to address resident grievances regarding sexual misconduct (i.e., sexual abuse, per definition), based upon Agency Policy and Directive.</p> <p data-bbox="240 790 1414 848">Standard 115.252b-g: As WADOC is exempt from standard provision 115.252a; they materially meet the criterion for provisions 115.252b through 115.252g, as not applicable.</p> <p data-bbox="240 882 1477 1240">Per Policy 490.800, PREA Coordinator Explanatory Memo (Subject: 115.52/115.252) and the Resolution Program Manual, offenders are not required to use an informal process (grievance or otherwise) to attempt to resolve an alleged incident of sexual abuse or sexual harassment. When a resident submits a PREA allegation using the resolution request system, they are notified that the resolution is being submitted for a possible PREA investigation. TCWTR shall forward a copy of the resolution, per Policy, to the WADOC PREA Triage unit for processing. If the resolution is determined to be PREA-related, the Triage unit assigns the resolution request a PREA allegation number in the Incident Management Reporting System (IMRS), and return the allegation to the Work Release Hiring Authority (Superintendent) who assigns the case for investigation. If the PREA Triage Unit determined the resolution request is not PREA-related, TCWTR will notify the offender and the resident provided the opportunity to resubmit the resolution request. Such a resolution request (i.e., one that did not meet PREA-definition thresholds) would not be considered a PREA allegation. This information is outlined in WADOC Policy and the Resolution Program Manual.</p> <p data-bbox="240 1274 1485 1431">TCWTR holds a responsibility to investigate and complete all PREA allegations, including those originally filed as a resolution request, per investigatory requirements of all PREA-related cases. If the allegation is administrative in nature local or Agency PREA-trained investigators may complete the investigation with the Appointing Authority making the final decision. If the allegation is determined to be or potentially be criminal in nature the Superintendent is responsible for referring the case to the designated outside law enforcement for investigation.</p> <p data-bbox="240 1464 1477 1657">Since WADOC Policy has removed PREA allegations from the resolution request (i.e., grievance) process there are no time limits imposed for reporting allegation of sexual misconduct and residents do not have to exhaust administrative remedies. Furthermore, as the PREA Triage unit returns the resolution request, converted to a formal PREA allegation, to the Superintendent to initiate an investigation, in no manner must the offender engage with the staff member who is the subject of the complaint in order to submit, attempt to resolve, and/or investigate the offender's resolution request (now a PREA allegation).</p> <p data-bbox="240 1691 1477 1883">PAQ entries and onsite interview with the PCM/CCS indicated that during the review period TCWTR received no (0) grievances and/or resolution requests that were processed as potential PREA allegations. Per review of PAQ entries, and available onsite documentation, including that provided for support of investigatory standards, the auditor confirmed there appeared to have been no grievances and/or resolution requests related to PREA allegations during the reporting period. As such, no TCWTR grievances and/or resolution requests required processing through the PREA Triage Unit, per Policy and procedure.</p> <p data-bbox="240 1917 1485 2074">During the reporting period, as no (0) grievances and/or resolution requests were submitted from TCWTR considered to be PREA allegations, none could be deemed emergency in nature. While per interview with the PCM/CCS and Superintendent, the facility would manage an emergency grievance/resolution request related to PREA sexual misconduct in the same regard as consideration provided for imminent sexual abuse and ensure the resident's safety pursuant to institutional practices, as described in Standard 115.262a.</p> <p data-bbox="240 2107 1461 2159">WADOC policy permits third parties to assist offenders with the filing process of PREA allegations. Agency Policy 409.800, stated, "Visitors, family members/associates, and other community members can report allegations by calling the PREA</p>

hotline, writing a letter to the PREA Coordinator, or sending an email to DOCPREA@doc.wa.gov". The auditor confirmed posting of this information on the Department's website and at TCWTR in the facility Visiting Room. Agency Policy permitted receipt of PREA allegations from third parties (e.g., peer residents, incarcerated offenders, staff members, family, attorneys, and outside advocates).

Agency Policy explicitly prohibited disciplinary action against incarcerated individuals, including issuance of infractions for submitting a report of sexual abuse made in good faith. Good faith meaning when the allegation was based upon reasonable belief that the alleged conduct occurred, even when an investigation does not substantiate the allegation. Per PAQ responses and documentation, investigatory and supplementary document analysis, and information gathered during site review, including resident (Random) and staff (Random and Specialized) interviews, no (0) residents were identified to have been disciplined for filing reports in good faith of sexual abuse. To the best of the auditor's knowledge there were no (0) PREA-related grievances and/or resolution requests filed during the reporting period. During site review, the auditor observed resolution forms available, which individuals may fill out and hand it directly to staff or place in the resolutions box. The facility routinely monitored the appeals box for resolution requests.

Even though WADOC is exempt from this standard, per Policy, the Agency has Policy and procedures in place to ensure all grievances and/or resolution requests of sexual misconduct are assessed by PREA Triage and forwarded appropriately for investigation. The Agency Policies and practices that are in place comply with this standard. The Agency, while exempt, materially meets the provisions of this standard.

No corrective action is required for this standard.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1442 365">The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 11/20/20); WADOC-DOC - OCVA (Department of Commerce - Office of Crime Victims Advocacy) contract; and OCVA brochures and posters (English and Spanish) towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="240 394 1490 857">Standard 115.253a: WADOC provides residents with access to outside victim advocates for emotional support services related to sexual abuse through the OCVA. The OCVA support services, are centrally coordinated and available to the victim via toll-free phone contact. Per Policy 490.800, "Individuals may call 1-855-210-2087 Monday through Friday 8:00a.m. - 5:00 p.m. to reach an OCVA PREA Support Specialist. Calls will not be monitored or recorded, and an IPIN [Inmate Personal Identification Number] will not be required". Per Policy, "In-person consultations may be available for individuals", and will be provided to supplement phone based support. Specifically, the offender victim may call and speak with a support specialist who, if necessary, will transfer the call information to the designated community sexual assault program partnered with the facility. The partnered program victim advocate will then arrange for continued support provision to the victim via scheduled times for phone advocacy conversations and/or coordinating with the facility for in-person visit(s). Policy stated, "Victim advocate communications with individuals and records maintained by OCVA and/or the CSAP [Coalition of Sexual Assault Programs] are privileged and protected from discovery/disclosure, with the following exception(s; as described, to include mandated reporting, release of information, and court order)". Through the WADOC-OCVA partnership, each WADOC facility has been partnered with a specific sexual assault advocacy center. TCWTR has been partnered with SARC (Support, Advocacy & Resource Center) to provide residents with access to established victim advocacy.</p> <p data-bbox="240 887 1490 1182">Per PAQ, "The Tri-Cities Work/Training release has established a partnership with Support Advocacy Resource Center. WADOC has entered into a partnership with the Office of Crime Victim Advocacy (OCVA) to provide support services to all offenders under the jurisdiction of the department. This is coordinated centrally, with offenders able to call a toll-free phone line to speak with a support specialist who can then transfer the call to a community sexual assault program partnered with the facility as needed to provide continued support to the offender. The community-based advocate can make arrangements for the offender to call the line at designated times to speak with the advocate, or the advocate can make arrangements with the facility, on a case-by-case basis, to provide on-site support to the offender. OCVA sub-grants funds to the local advocacy agency partnered with each facility to support this work. It is noted that during COVID-19 response and related access, restrictions to both the facility and local hospitals, advocacy support was temporarily limited to telephone contact. Offenders/residents were notified of this temporary process". Of note, the full complement of OCVA and SARC services had resumed upon the auditor's site visit.</p> <p data-bbox="240 1279 1490 1541">The CCS described that throughout TCWTR the victim advocacy information is provided via OCVA posters and brochures (each both available in English and Spanish), as well as through the WADOC Community Sexual Assault Programs in WA State brochures. Upon the auditor's review, the OCVA posters and brochures included the appropriate telephone number (including toll-free access, with days of the week and hours of service) and the WADOC Community Sexual Assault Programs in WA State brochures included both toll free telephone numbers, addresses and resources statewide. During site review, the OCVA posters were visible near resident phone access, and the OCVA brochures were included in the Intake Orientation Packages (TCWTR Resident Handbook) and discussed during resident Orientation (attended in part by the auditor).</p> <p data-bbox="240 1570 1453 1731">Additionally, TCWTR has provided information from the WADOC Community Sexual Assault Programs in WA State brochures regarding community sexual assault programs available throughout the state, which is of particular importance following the resident's release from incarceration. This brochure is of particular benefit to individuals at TCWTR are reentering the community in the near future. Having knowledge about community sexual assault resources may provide assistance towards successful community reintegration for both the offender and their families.</p> <p data-bbox="240 1760 1490 2022">It was clear that TCWTR has provided victim advocacy and rape crisis information in an accessible format to the incarcerated population, with reasonable communication through toll-free hotlines where available, in-person visits (when necessary), and addresses. These services were provided in as confidential manner as possible. The auditor found that interviews with the Superintendent, PREA Coordinator and PCM, as well as SARC Director supported this information. Furthermore, Random resident interviewees acknowledged receipt of phone numbers and addresses regarding victim advocacy services, and were specifically able to state 'OCVA' and 'SARC' as service providers. Specifically, they stated during orientation, each received related brochures in their orientation package. They also expressed the belief that TCWTR would make victim advocate services available, if needed, in as confidential manner as possible.</p> <p data-bbox="240 2051 1461 2145">Standard 115.253b: Per PREA Coordinator's Explanatory Memorandum, "...the federal Violence Against Women Act (VOWA) prohibits disclosure of information collected in connection with services requested, utilized, or denied through grantees' and sub grantees' programs without the informed, written, reasonably time-limited consent of the person. Due to</p>

these more restrictive confidentiality parameters, the advocates providing services and support to offenders require a signed release prior to disclosure of information". Currently, WADOC Policy 490.800 stipulated, the facility does not monitor or record the offender phone calls to OCVA. Solely if there was suspected abuse or misuse of the OCVA service would a particular offender's use of the phone be evaluated. In such occasions, through investigative processes phone call conversations were subject to review and possible disciplinary action. Furthermore, Policy 490.800 states, one of the disclosure allowances, included individual's signed release of information (along with response to court order, and mandatory reporting requirements). Per PAQ, "Offenders are informed via noted mechanisms that calls to advocates do not require an IPIN and are not recorded or monitored".

WADOC, TCWTR, and OCVA advocacy services each indicated their attempts to make support services available to offenders. Residents were made aware of OCVA community victim advocacy access, VOWA confidentiality parameters, and mandatory reporting laws via intake brochures and through the PREA Orientation video, along with discussion during the Intake Orientation Session. During Random resident interviews, each were able to note poster placement in the facility for OCVA access. Offenders interviewed indicated they were able to receive victim advocacy services in a manner, which they believed would be as confidential as possible, while noted rules governing privacy had exceptions related to mandatory reporting laws. No interviewees acknowledged having accessed services through OCVA. However, each were able to articulate limits of confidentiality, during Random interviews, regarding self-harm, harm-to-others, and mandatory reporting laws, both generally and when receiving victim advocacy services. The SARC director indicated such limits of confidentiality and to the extent reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws are explained prior to the initiation of services with any individual.

Standard 115.253c: Per Agency Policy 490.800, the WADOC PREA Coordinator will maintain a memorandum of understanding (MOU) for external victim advocacy services. To this end, the Agency has entered into a contracted partnership with the Office of Crime Victim Advocacy (OCVA) to provide support to all victims under the Department's jurisdiction. Per the PAQ, "WADOC has entered into a partnership with the Office of Crime Victim Advocacy (OCVA) to provide support services to all offenders under the jurisdiction of the department". The Agency provided on PAQ upload a contract through OCVA for provision of coalition advocacy services for offenders related to sexual abuse (MOU; K11494; exp 06/30/23). The auditor reviewed the contract with the PAQ, which had expired June 30, 2021. The facility was able to provide an updated copy, which was reviewed by the auditor and uploaded to the OAS.

Per the interview with the PREA Coordinator, the Agency's intention was to continue services with OCVA. In addition, the facility conducted partnership meetings on an annualized basis to ensure continued understanding of expectations and fluid provision of services, when necessary. Per communication provided, a Victim Advocate Annual Meeting was conducted in the OCVA partnership between SARC and TCWTR on March 10, 2021. The auditor reviewed the meeting minutes, which conformed to standards of documentation showing understanding of community service providers (i.e., SARC) to provide TCWTR residents with confidential emotional support services related to sexual abuse.

No corrective action was required for this standard.

115.254	<p data-bbox="231 71 1509 129">Third party reporting</p> <p data-bbox="231 129 1509 197">Auditor Overall Determination: Meets Standard</p> <p data-bbox="231 197 1509 264">Auditor Discussion</p> <p data-bbox="231 264 1509 353">The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 11/20/20) towards making compliance determinations with the provision of this standard.</p> <p data-bbox="231 353 1509 555">Standard 115.254a: WADOC Policy permitted receipt of PREA allegations from third parties (e.g., fellow residents, staff members, family, attorneys, and outside advocates). Agency Policy, stated, "Visitors, 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". The auditor confirmed posting of this information on the Department's website in August of 2021.</p> <p data-bbox="231 555 1509 779">Agency Policy 490.800 required the facility to post PREA information publicly, including how to report PREA allegations. TCWTR had posted this information in centralized areas, to include the resident Dayroom and Visiting Room. TCWTR provided particularly clear accessibility to PREA third party reporting information through placement in the Visiting Room of the PREA information laminated posters and brochures for residents' family and friends (with English and Spanish versions). Upon site review, the auditor found the facility to have appropriate PREA information coverage (i.e., with both PREA posters and brochures in said locations; posted in English and Spanish).</p> <p data-bbox="231 779 1509 1070">Policy 490.800 also requires PREA content be maintained on the Department website, which included third party reporting mechanisms. The auditor confirmed availability of this information in August of 2021. Per PAQ, "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. This information is posted in the visitation room". In addition, the PAQ provided, "Information regarding reporting, the investigative process, and frequently asked questions is available on the agency's public website. This information is accessible at http://www.doc.wa.gov/corrections/prea/resources.htm#reports". Interview with the CCS, who was also a Facility Investigator, confirmed WADOC and TCWTR accepted third party reports, and treated these in the same manner as a first party report.</p> <p data-bbox="231 1070 1509 1294">Per PAQ and onsite documentation review, as well as facility report, TCWTR had not received any PREA allegations during the reporting period, to include filings from third parties. In accordance with this finding, through resident interviews, none (0) reported having requested third party assistance with filing a PREA allegation. However, all of the offenders (12/12; 100%) were able to articulate how to make a report through a third party. They also knew they were permitted to do make a third party report on behalf of a peer who required assistance in filing a PREA allegation or should they want to make a sexual abuse and/or sexual harassment report of a resident peer.</p> <p data-bbox="231 1294 1509 1496">Per this standard provision, WADOC has established multiple methods to receive third party reports of sexual abuse and sexual harassment, for which information has been publicly distributed on how to report any such abuse on behalf of a resident. Information was readily available (i.e., in public areas throughout the facility on the PREA posters, in the Visitor's area via PREA Information Brochure, and on the Agency website) to third parties providing various reporting mechanisms for how to report sexual abuse and sexual harassment.</p> <p data-bbox="231 1496 1509 1527">No corrective action was required for this standard.</p>
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115.261	Staff and agency reporting duties
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1452 362">The auditor reviewed Agency Policy 490.850 PREA Response (Rev. 10/08/20); and Policy 350.500 Reporting Abuse and Neglect/Mandatory Reporting (Rev. 04/19/19) towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="240 398 1465 488">Standard 115.261a: Agency Policy 490.850 Directive I: Staff Reporting and Attachment 2: PREA Reporting Process (Rev. 10/20) diagrammatic cover WADOC's requirements for all staff to report immediately any knowledge, suspicion, or information regarding:</p> <ol data-bbox="276 542 1445 667" style="list-style-type: none"> 1. An incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; 2. Retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment; and/or 3. Any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation. <p data-bbox="240 698 1469 927">Per Policy, "Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process (Attachment 4)". As described, "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". WADOC Policy provided PREA Reporting Processes, which delineated all three reporting requirements with appropriate reporting channels indicated via a matrix diagram.</p> <p data-bbox="240 958 1485 1352">Throughout Randomized staff interviews (12/12; 100%), it was clear each understood their aforementioned responsibilities to report all forms of sexual misconduct, retaliation thereof, and/or staff neglect which may have contributed to such incidents. All staff were able to accurately identify their duty to report immediately to the Work Release Administrator or Duty Officer any incident of 1.) sexual abuse and/or sexual harassment that occurred in a facility (whether or not it was part of WADOC); 2.) retaliation against residents or staff who had reported an incident of sexual abuse and/or sexual harassment, as well as 3.) any staff neglect and/or violation of responsibilities that may have contributed to an incident of sexual misconduct and/or associated retaliation. When queried to define the term, 'immediate', each expressed responses indicative that upon their receipt of said information, they would convey this to the designated supervisor in a manner that demonstrated communication 'without delay'. There were no allegations related to the three categories during the reporting period; therefore, the auditor was unable to assess the speed by which this information was shared. However, it was apparent that TCWTR staff understood their responsibility to report any knowledge, suspicion and/or information about any and all such incidents immediately and per WADOC policy.</p> <p data-bbox="240 1384 1485 2011">Standard 115.261b: Per WADOC Policy, reporting parties shall only reveal information related to sexual abuse and/or sexual harassment, to include retaliation related to the same, or staff action or neglect that may have contributed to an incident. Per Policy 490.850, "Staff receiving information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process (Attachment 2)". Attachment 2: PREA Reporting Process, includes all three components as listed in 115.261a. At Work Releases, the Reporting Process officially designated the Work Release Administrator or Duty Officer as the Supervisor to receive this information (barring conflicts; such as, the report was being made against this person). Policy graphic, PREA Reporting Process, specifically cited, "Staff will confidentially deliver the information directly and immediately to the Work Release Administrator or Duty Officer (DOC 490.850; Attachment 2)". Per PAQ, "Agency policy prohibits revealing any information related to a sexual misconduct report or incident other than as necessary for related treatment, investigation, and other security and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action. In Lieu of reporting allegations to designated investigators, agency policy requires all staff to immediately report information about an allegation or incident of sexual misconduct directly and confidentially to the Shift Commander or the Appointing Authority for allegations of a highly sensitive nature". Specifically, Agency staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in WADOC Policy, to make treatment, investigation, and other security and management decisions. For the purposes of investigation, typically, the Appointing Authority, PCM, identified Investigators, and designated supervisors would be included amongst those who were necessary for disclosures, unless any of those cited were the subject party of the allegation. Staff were only to disclose necessary incident details, and per Policy, those who breached confidentiality may be subject to corrective/disciplinary actions.</p> <p data-bbox="240 2042 1461 2132">During Random employee interviews, staff (12/12; 100%) were again clearly able to state their responsibilities to hold confidential the details related to sexual abuse and sexual harassment allegations, as well as retaliation and/or staff action/neglect reports related to the same, with disclosure provided only to those in a 'need to know' position. The TCWTR</p>

staff provided mechanisms by which they would report confidentially, to include in-person or by direct telephone communication, indicating they would not use the institutional radio to discuss any related information and/or details. Again, there were no PREA allegations during the reporting period; therefore, the auditor was unable to assess the how and with who this information was shared. However, it was apparent that TCWTR staff understood their responsibility to report this information solely to the extent necessary, as specified in WADOC Policy, to make treatment, investigation, and other security and management decisions.

Standard 115.261c: Per Agency Policy 490.850, Mental Health and Medical staff, as all Agency 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". In addition, Policy dictates, "Health services providers must inform of the duty to report before providing treatment when an offender: a.) Displays signs/symptoms of sexual misconduct that are identified or observed in the course of an appointment or examination, or; b) Discloses to a medical or mental health provider sexual misconduct that occurred while in any correctional setting". Per PREA Coordinator Explanatory Memorandum (Subject: Standard 115.61(c)), the offender population has been informed of this Duty to Report by way of the offender handbooks and via posters displayed in treatment areas within Health Services. In the TCWTR Resident Handbook, the PREA: Reporting Allegations Section, stated, "When an offender discloses information about or displays signs of sexual misconduct to a medical or mental health provider, the provider also has to report the information. A release of information is only required when the offender discloses sexual abuse or assault that didn't happen while incarcerated or under supervision". The auditor reviewed a copy of the TCWTR handbook, which was judged to have met criteria for ensuring appropriate information had been communicated about Health Care staff Duty to Report. As not precluded by Federal, State, or local law, Medical and Mental Health practitioners are required to report sexual abuse pursuant to 115.261a. WADOC Policy required Medical and Mental Health practitioners to inform residents of the practitioner's Duty to Report, and the limitations of confidentiality, at the initiation of services.

There were no Medical and/or Mental Health staff employed onsite at TCWTR. However, Mandatory Duty to Report responsibilities for Healthcare practitioners was delineated to all residents during Orientation, prior to their receipt of any mental or medical health care that may occur while at TCWTR as directed through WADOC facilities and/or community healthcare. During Random resident interviews (12/12; 100%) most able to describe the Limits of Confidentiality and Duty to Report, as associated with receipt of treatment from Medical and Mental Health providers.

Standard 115.261d: The Revised Code of Washington (RCW) 74.34.020 Definitions, included, "Mandated reporter", as, "... an employee of the department; law enforcement officer; social worker; professional school personnel; individual provider; an employee of a facility; an operator of a facility; an employee of a social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agency; county coroner or medical examiner; Christian science practitioner; or health care provider subject to chapter 18.130 RCW". Per Agency Policy 350.550, if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons' statute, the Agency holds mandatory reporting laws regarding any associated allegation to the designated State or local services agency under the applicable statute. Policy dictated, "Information regarding abuse and neglect must be immediately reported to the appropriate authority". Per Policy, this included, "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: a.) Child has suffered abuse and/or neglect, b.) Vulnerable adult has suffered abuse, abandonment, financial exploitation, and/or neglect". This also included, "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: a.) A sex offense involving a child victim, b.) Any other offense committed as an adult involving a child victim". Policy further, stated, "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".

WADOC has an interagency agreement with Department of Social and Health Services (DSHS) DSHS, Adult Protective Services (APS). The agreement further stated, "If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The auditor reviewed the interagency agreement, which included providing WADOC with authorization to conduct investigations related to vulnerable adults (115.271) and ensuring completion of all such investigations (115.222). Specifically, regarding the juvenile portion of this standard provision, WADOC has interpreted this standard provision to apply to allegations related to juveniles regarding periods when the alleged victim is/was incarcerated within such jurisdiction. WADOC has not applied this standard to information received regarding alleged abuse and/or assault while the individual was in the community. Per Policy, all such allegations were to be reported to Department of Children, Youth, and Families at 1-866-363-4276 or <https://www.dcyf.wa.gov/safety/report-abuse>, or, the law enforcement agency with jurisdiction where the abuse/neglect is believed to have occurred. Regarding the vulnerable adult portion of this standard provision, WADOC Policy stipulated that reports of such conduct would be made to the law enforcement agency with jurisdiction where the act is believed to have occurred. All other reports involving a vulnerable adult victim will be made to Adult Protective Services (APS) at 1-866-363-4276 or per the DSHS website.

Per PAQ, "During this audit period, there were no vulnerable adults housed at this facility". All staff interviewed, including the Superintendent, PREA Coordinator and PCM/CCS recognized the requirements related to Mandatory Reporting laws. There were no (0) residents incarcerated at TCWTR during the reporting period who had at some time met the criteria for vulnerable adult (Note: There had been no offenders under the age of eighteen (18) held at the facility during the reporting period, per 115.214; and no individuals with Cognitive Disabilities, per 115.233d). Through document review, as well as resident and staff interviews, it appeared there were no allegations judged to have met the criteria for mandatory reporting associated with endangered/vulnerable adult status at TCWTR during the reporting period, secondary to no allegations having been filed and TCWTR not having held residents who met criteria for this Specialized category. However, if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, WADOC had Policy in place to report the allegation to the designated State or local services agency under applicable Mandatory Reporting laws, of which the staff and supervisors were aware.

Standard 115.261e: The Appointing Authority directly assigned cases to Investigator(s) as deemed appropriate. Therefore, investigations within WADOC were not de facto, directly forwarded to the Facility's Investigators. However, per the PREA Coordinator and Superintendent, WADOC had established the process in lieu of reporting allegations directly to designated Investigators, designed to ensure reporting and investigatory completion of all allegations of sexual abuse and sexual harassment, to include third party and anonymous reports:

- The staff member (employee, contractor or volunteer) in receipt of the allegation was required to directly and immediately confidentially deliver the information to the Work Release Administrator or Duty Officer who ensured the information was submitted via the Incident Management Reporting System (IMRS), which was automatically forwarded via email to the PREA Coordinator/designee (i.e., PREA Triage).
- The PREA Coordinator/designee reviewed all allegation information to determine if the Incident Report fell under the definition of PREA. If it qualified, the investigation was assigned to the appropriate Appointing Authority.
- The Appointing Authority then assigned the investigation to a trained Investigator.

Note: there were no PREA allegations made during the reporting period at TCWTR; therefore, none had been received by third party or anonymously. However, during interview, the PREA Coordinator, Superintendent and PCM/CCS, all confirmed that the Work Release Administrator or Duty Officer would appropriately forward each reported allegation of sexual abuse and/or sexual harassment, including those provided anonymously and by third party, via IMRS for PREA Triage review to determine the need for investigation. Furthermore, all Random staff (12/12; 100%) acknowledged their responsibility to report all third party and anonymously provided to the Work Release Administrator or Duty Officer. Per interview with the Facility Investigator (who was also the PCM/CCS), all sexual abuse and/or harassment allegations, to include third party and anonymously reported, were investigated on an administrative level, and those deemed criminal (or potentially so) forwarded to local law enforcement for investigation. Per the Investigator and Superintendent, each investigation would be carried through to completion. Randomized resident, as well as Specialized and Randomized staff interviews, along with examination of all documentation available from the reporting period indicated there were no PREA-related filings during the reporting period. Nonetheless, it was clear the facility understood their responsibility to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, for assignment to the WADOC's designated Investigators.

No corrective action was required for this standard.

115.262	Agency protection duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1485 333">The auditor reviewed Agency Policy 490.820 PREA Risk Assessments and Assignments (Rev. 6/13/19); and 490.850 PREA Response (Rev. 10/08/20) towards making compliance determinations with the provision of this standard.</p> <p data-bbox="242 362 1493 757">Standard 115.262a: Per Agency Policy 490.820, Section III. Monitoring Plans; Part 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". Per the PAQ, "When an offender is assessed as a potential victim according to a PREA Risk Assessment (PRA), a monitoring plan is developed. This plan is individualized based on the needs and identified risk for the offender. Additionally, whenever a housing assignment is made, offender risk identifiers are reviewed to ensure compatibility with a potential cellmate(s). Both monitoring plans and housing reviews are documented in the offender's electronic record. When an allegation is received, the Shift Commander, Duty Officer, and/or Appointing Authority review all available information regarding named victim needs, timeframes, severity, housing and job assignments of named individuals, and other factors to determine if immediate actions are needed to prevent harm. This may include reassignments, housing unit changes, or facility transfers. These actions are documented on response checklists and in Incident Management Report System (IMRS) reports". The auditor reviewed lists of potential victims (two; 2), monitoring plans (two; 2) and housing reviews (thirteen; 13), as documented in the resident's electronic record and as provided with the PAQ.</p> <p data-bbox="242 786 1433 947">Based upon interview with the Superintendent and PCM/CCS, when the facility learned a resident was at substantial imminent risk of sexual abuse, action was immediate to assess and implement protective measures adjusting for vulnerabilities identified, as would be done in any instance involving a direct PREA allegation. The Superintendent and PCM/CCS indicated the alleged perpetrator would move within the housing unit or transfer to another facility prior to the victim in a situation involving substantial risk of imminent sexual abuse.</p> <p data-bbox="242 976 1481 1238">Per PAQ documentation and information received during the site review, over the review period, the facility had no identified PREA allegations in which residents were potentially subject to substantial risk of imminent sexual abuse. As there were no PREA allegations and no related grievance during the reporting period, there was no comprehensive log of incidents to review. Information gathered secondary to documentation review, interviews will onsite with staff and residents (both formal and informal), as well as secondary interviews with external agencies supported there being no incidents related to 115.162a. Notwithstanding, all Random staff (12/12; 100%) interviewed were aware, in circumstances where they learned a resident was at substantial risk of imminent sexual abuse, it was their responsibility to immediately implement risk mitigation and protection strategies against sexual misconduct to protect the resident.</p> <p data-bbox="242 1267 1485 1597">In addition, TCWTR clearly proactively monitored individuals for protection through the WADOC monitoring plan program. With PAQ upload, the auditor was provided a comprehensive listing of residents identified via the PRA as 'Potential Victims' (two; 2), as well as a Monitoring Plan completed for each with text notes input into the OMNI. Each PREA Potential Victim was monitored on, at minimum, a twice-monthly basis, and more frequently by informal contacts. During the timeframe each of these individuals was housed at TCWTR, there was sufficient housing such that they could be housed without a cellmate; so there had been no need for identification of compatible cellmates. While onsite the auditor evaluated the monitoring plans and housing assignment reviews from each resident's electronic records. As with the PAQ documents, the auditor judged these contacts to have been completed on a continuous basis with thoroughness in assessments. It was clear the Counselor interviewed was aware of their responsibilities to maintain these functions, continuously, to both ensure PRA housing placement review and monitor identified Potential Victims.</p> <p data-bbox="242 1626 1490 1888">During informal and Random resident interviews, the population reported feeling sexually safe in their environment. The residents believed should they have an issue related to sexual safety the facility would prioritize management of the situation. Random interviews with facility staff (12/12; 100%) also demonstrated their awareness that intervention in a situation involving substantial risk of imminent sexual abuse must occur without unreasonable delay (i.e., meaning 'right now'; 'before anything else'). Specifically, staff identified should they learn a resident was subject to a substantial risk of imminent sexual abuse immediate assessment and implementation of protective measures would occur, with their primary response being to ensure separation of the alleged victim(s) from the alleged abuser(s). When TCWTR learns a resident is subject to substantial risk of imminent sexual abuse, it has Policy and practice in place to take immediate action to protect the resident.</p> <p data-bbox="242 1917 863 1946">There was no corrective action required for this standard.</p>

115.263	Reporting to other confinement facilities
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1426 331">The auditor reviewed Agency Policy 490.850 PREA Response (Rev. 10/08/20); and 490.860 PREA Investigation (Rev. 09/29/20) towards compliance determination for the provisions of this standard.</p> <p data-bbox="242 360 1469 456">Standard 115.263a & b: Per Policy 490.850, upon receiving an allegation that an offender was sexually abused while confined at another facility, "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="276 508 963 568" style="list-style-type: none"> 1. Occurred in another Department location or another jurisdiction. 2. Involved a staff who reports through another Appointing Authority. <p data-bbox="242 598 1484 692">Per the PAQ, TCWTR's response to sexual abuse allegations pursuant to 115.263a, included, "Notification is made to the administrator of the applicable facility. The Superintendent or Work/Training Release Appointing Authority makes notification unless another individual is officially serving in an acting capacity in the absence of the Superintendent".</p> <p data-bbox="242 721 1485 1016">According to information provided with the PAQ and confirmed with the Superintendent and CCS, there were no (0) PREA allegations per 115.263a (i.e., involving offender-on-offender sexual abuse, or staff-on-offender sexual misconduct) received at TCWTR which required notification to another facility/jurisdiction. The auditor reviewed documentation from the review period, and found none to suggest TCWTR had failed to make any required notifications. During interview, the Superintendent and CCS/PCM were aware that WADOC had Policy and procedure in place requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility (i.e., Superintendent or identified individual in Acting capacity) must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. In addition, both acknowledged that such notification must be completed as soon as possible, but no later than 72-hours after receiving such the allegation, pursuant to 115.263b.</p> <p data-bbox="242 1046 1485 1308">Standard 115.263c: As noted, there were no PREA allegations received at TCWTR in which the allegation pertained to a period of confinement of the resident at another facility and required notification by the Superintendent to the appropriate facility. Therefore, TCWTR was unable to demonstrate documentation of this notification. However, should an allegation have occurred pursuant to 115.263a, this would have been communicated inter- or intra-Agency by way of email-thread. The PREA Coordinator, Superintendent and CCS/PCM reported the retained email thread would provide documentation at the facility-level that TCWTR had sent the notification. Furthermore, WADOC PREA Triage maintained email "carbon-copies" of the email notifications, which are also retained for record keeping purposes and would provide additional documentation at the Agency-level.</p> <p data-bbox="242 1337 1477 1532">Standard 115.263d: Per Agency Policy 490.860, "The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving individuals under the jurisdiction or authority of [WADOC]". WADOC Policy ensured, "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". Per PAQ, "All allegations, regardless of the source, are processed through the PREA Triage Unit. If the allegation is determined to fall within PREA definitions, it is formally investigated".</p> <p data-bbox="242 1561 1477 1789">As Policy detailed, WADOC would thoroughly investigate through to completion any notifications received pursuant to standard 115.63 processes in accordance with Agency Policy. Per PAQ, as well as interview confirmation with the Superintendent and CCS/PCM, there were no (0) allegations of resident sexual abuse received by TCWTR from another facility during the reporting period. Notwithstanding, per interview with the PCM, Superintendent, and PREA Coordinator, all cases would be processed through the PREA Triage and if determined to meet PREA criteria, assigned for formal investigation through to closure, regardless of the mechanism by which the allegation was received (to include 115.263d; receipt from other facilities and/or Agencies).</p> <p data-bbox="242 1818 1485 1980">Based upon interview with the Superintendent, PCM/CCS (who also served as a Facility Investigator), each were able to describe the necessary protocol related to Standards 115.263a-d. There was neither evidence gathered during the auditor's review or of additional PAQ content to indicate that TCWTR had failed to communicate any PREA allegations received that occurred at other facilities/Agencies nor failed to investigate PREA allegations upon notification pursuant to Standard 115.63 criteria.</p> <p data-bbox="242 2009 863 2038">There was no corrective action required for this standard.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1469 331">The auditor reviewed Agency Policy 490.850 PREA Response (Rev. 10/08/20) towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="240 360 1485 723">Standard 115.264a: Per Policy 490.850, "Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process (Attachment 4)". As described, "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. As follows, the Agency has Policy in place for First Responder's in response to learning of an allegation that an offender was sexually abused. Specifically, per Policy 490.850, in response to allegations of sexual misconduct, WADOC has implemented a standardized first responder protocol. Per Policy, the Shift Commander will implement appropriate security procedures and initiate the PREA Response and Containment Checklist. For allegations of aggravated sexual assault, the Shift Commander, Duty Officer, or Appointing Authority will initiate utilization of the Aggravated Sexual Assault Checklist (DOC 490.850; DOC 02-007; Attachment) for facility First Responders and the PREA Response Team. Per Policy 490.850, Checklist items included the requirements:</p> <ol data-bbox="341 779 1493 1238" style="list-style-type: none"> 1. Ensure the alleged victim, accused, and possible witnesses have been separated <ol data-bbox="405 808 1493 902" style="list-style-type: none"> 1. Request the alleged victim and ensure the accused not destroy physical evidence on their bodies (e.g., no washing, brushing teeth, changing clothes, drinking, eating, urinating, defecating, smoking) unless directed by medical or as needed to transport the offender. 2. Dispatch an officer to the scene with the PREA Response Kit and a camera for crime scene photographs only <ol data-bbox="405 943 1382 969" style="list-style-type: none"> 1. Photographs of the alleged victim will be taken at the designated community health care facility 3. Designate an officer to secure and maintain scene, as applicable 4. Activate PREA Response Team 5. Ensure law enforcement is notified, requesting response to the facility or designated healthcare facility in the community, as applicable 6. Ensure the following notifications are made: 7. Appointing Authority or facility/section Duty Officer 8. Onsite medical and mental health employees/contract staff, or Medical and Mental Health Duty Officers 9. Chief Investigator, as applicable [as cited within Aggravated Sexual Assault Checklist] <p data-bbox="240 1267 1481 1391">The PAQ stated, "All staff are required to immediately report any knowledge, suspicion, or information received regarding an allegation or incident of sexual misconduct directly and confidentially to the Shift Commander, Duty Officer, or Appointing Authority, based on the location. This individual will then deploy staff to respond to the allegation as indicated by incident circumstance".</p> <p data-bbox="240 1424 1485 1653">During interview, the Superintendent and PCM/CCS supported Agency Policy, reiterating that in any incident of sexual misconduct staff were directed to immediately report directly and confidentially to the Duty Officer, or Appointing Authority (i.e., Superintendent or Acting designee). They each further supported primary isolation and containment of the victim and abuser, as well as evidence management protocols. During Randomized staff interviews (12/12; 100%), and those identified as First Responders (4 of 4; 100%), all were able to identify WADOC Policy and their responsibilities pursuant to duties as First Responders, associated with victim/accused separation, crime scene security, as well as evidence preservation for both the victim and abuser involved in an allegation of sexual abuse.</p> <p data-bbox="240 1686 1485 1977">Per the PAQ and all information provided to the auditor (including documentation and interviews) indicated, there were no (0) PREA allegations made during the reporting period. This meant there were no instances in which a resident had been sexually abused and met the criterion for initiating a protocol for gathering physical evidence. Therefore, no (0) PREA allegations had been received by the facility during the review period which conformed to the ability to collect usable physical evidence. As noted, through the auditor's review of facility documentation and interviews this appeared to be an accurate representation, as related to production of PREA allegations the review period. Notwithstanding, interviews with the Superintendent, PCM/CCS (who also served as Facility Investigator), all Random staff (12/12), and First Responders (4/4) demonstrated their awareness upon learning that a resident was sexually abuse, to respond to the report by following WADOC Policy and:</p> <ol data-bbox="277 2033 1453 2159" style="list-style-type: none"> 1. Separating the alleged victim and abuser; 2. Preserving and protect any crime scene until appropriate steps can be taken to collect any evidence; 3. 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; and

4. Ensuring 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.

One concern was noted related to TCWTR's evidence gathering protocol secondary to post-allegation placement of the alleged abuser. Based upon existing local procedures, the alleged abuser would be placed behind a double-locking, secured door in the facility laundry room. However, the concern was that this room gave the alleged abuser access to running water via a wash basin and the washing machines. This would potentially allow them to destroy physical evidence. The auditor brought this concern to the attention of the facility and determination was made that the best placement of alleged abuser would be in the male television room that had a direct line of sight with the Duty Station, while no access to restroom facilities, running water, and/or any other material that may alter/destroy potential evidence. The facility discussed this at their staff meeting to provide training on 09/29/2021, distributing this information by way of staff meeting minutes and provided proof of practice telephonically and by email to the auditor on 10/01/2021.

TCWTR was judged to have appropriately implemented WADOC Policy and trained staff to respond with required First Responder duties, as necessary, upon learning of an allegation that a resident was sexually abused.

Standard 115.264b: As described in 115.264a, WADOC Policy required all staff members to immediately report any knowledge, suspicion, or information regarding allegation or incident of sexual misconduct. This Policy did not make differentiation or exception for non-security staff in the First Responder process, whereby per Policy, "Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process (Attachment 4; to include Work Release Administrator or Duty Officer)". Per PAQ, "All staff are trained in emergency response procedures to include isolation and containment of emergency situations. Any actions beyond the initial containment of emergency incidents would be managed under the direction of the Shift Commander, Duty Officer, or Appointing Authority". Therefore, even if the initial staff to respond to an alleged incident is not a security staff member, the facility responder is required to follow the protocol, as indicated above in 115.64a.

If the first responder was not a security staff and responded to an allegation of sexual abuse, per Policy 490.850, they must: 1.) ensure the victim and abuser are separated, 2.) request the alleged victim not take any actions that could destroy physical evidence, and 3.) as soon as possible, notify the Duty Officer or Work Release Administrator. Per Policy 490.850, the Work Release Administrator or Duty Officer would then assume control of incident management. During interviews with non-security staff (including kitchen and maintenance) it was uniformly clear that each understood their responsibilities related to first responder duties, specifically, 1.) to establish the immediate safety of the alleged victim, 2.) request the alleged victim not take any actions that could destroy physical evidence, and 3.) ensure contact is made with the Work Release Administrator or Duty Officer.

Per the PAQ, there were no (0) sexual abuse allegations submitted during the audit reporting period; therefore, there were no sexual abuse allegations at TCWTR for which the First Responder was a non-security staff member. Based upon the auditor's examination of documentation provided from the reporting period this was judged to be accurate. Given facility interviews, as noted above, the auditor judged that non-security first responders were aware of their requirement to request the alleged victim not take any actions that could destroy physical evidence, and immediately notify security staff (per Policy, specifically, the Work Release Administrator or Duty Officer) should they be made aware of any PREA allegation involving sexual abuse.

There was no corrective action required for this standard.

115.265	Coordinated response
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1473 331">The auditor reviewed Agency Policy 490.850 PREA Response (Rev. 10/20/20) towards compliance determinations with the provision of this standard.</p> <p data-bbox="240 362 1473 488">Standard 115.265a: Per Policy 490.850, Section II. PREA Response Plan; Section A. each Work/Training Release shall be responsible to maintain a PREA Response Plan, "...providing detailed instructions for responding to allegations of sexual misconduct". The coordinated response shall consist of four (4) sections, composed of documents listed in the PREA Response Plan, to include:</p> <ol data-bbox="276 542 963 667" style="list-style-type: none"> 1. Response to Aggravated Sexual Assault Allegations 2. Response to all other Sexual Misconduct Allegations 3. Checklists and Forms for use in all Sexual Misconduct Allegations 4. Policies/Operational Memorandums <p data-bbox="240 698 1493 922">Per Policy, the PCM will maintain the PREA Response Plan, and for Work Releases be located with the Emergency Management Plan. Per the PAQ, "The cover page is provided to show elements that are present in the Response book. The book will be available for the auditor to review on-site. The PREA response plan book is located in our copy room in a cabinet above the counter". The Cover Page provided supported TCWTR's inclusion of all required components, as listed in the Agency Policy, in their PREA Response Plan. The TCWTR PREA Response Plan involved full coordination of staff, to include, executive staff, First Responders, Medical and Mental Health providers, as well as Investigators and outside law enforcement.</p> <p data-bbox="240 954 1469 1079">The auditor conducted interviews with a number of staff who each served specific functions as members of the coordinated response team at the facility (to include First Responders, Facility Investigator/PCM, and Superintendent). Each of these parties expressed an understanding of their designated role as it pertained to participation in a PREA Response Plan towards ensuring a coordinated facility response in an incident of sexual abuse.</p> <p data-bbox="240 1111 1485 1272">Based on Agency Policy, TCWTR's documented PREA Response Plan, and interviews with coordinated response team members, it is the auditor's judgement that the facility has developed, memorialized, and institutionalized a written facility plan to coordinate actions among staff First Responders, Medical and Mental Health practitioners (via outside providers; Kadlec Hospital and SARC), investigators (WADOC and Kennewick Police Department or other identified Law Enforcement), and facility leadership in response to an incident of sexual abuse.</p> <p data-bbox="240 1303 861 1330">There was no corrective action required for this standard.</p>

115.266	<p>Preservation of ability to protect residents from contact with abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Standard 115.266a: There was no Agency Policy provided which governed this standard; however, the auditor reviewed the Collective Bargaining Agreement (CBA) between WADOC and the Teamsters Local Union 117 (Effective July 1, 2019 through June 30, 2021) towards making compliance determinations with this standard provision. Note, while the current CBA had expired, per communication with the PREA Coordinator, “The CBA is currently being negotiated and [WADOC is] operating under the existing one until finalized”. The CBA stated, “The employer has the authority to determine the method of conducting investigations”, “The employer has the authority to impose discipline, which is then subject to the grievance procedure”, and “An employee placed on an alternate assignment during an investigation will be informed of the general reason”.</p> <p>The Teamsters Local Union 117 represented WADOC staff members at TCWTR. All staff at TCWTR are WADOC employed, as there were neither contractors nor volunteers. In the CBA (exp: 06/30/2021), Article 8.4: Discipline, indicated, “Work Assignment: An employee accused of misconduct will not be removed from their existing work assignment unless there is a safety/security concern...” Per PAQ, “[WADOC] functions under the interest only arbitration system as the impasse procedure for negotiations over changes in mandatory subjects of bargaining. This process has no impact on the agency’s ability to remove an alleged staff abuser from contact with any offender during the course of an investigation or upon determination of whether, and to what extent, discipline is warranted”.</p> <p>The auditor found actions in this Article, pertaining to the course of an investigation against a staff member, which included removal of the staff from existing assignment, their temporary reassignment from bid post, and staff member’s home assignment. Of note, Article 8.4: Home Assignment, “Any employee assigned to home as a result of disciplinary investigation, and who would otherwise be available to work, will be placed and maintained on paid leave for the duration of the home assignment. Home assignment shall only be used when management determines the alleged misconduct is so serious in nature as to warrant the removal of the employee from work”.</p> <p>During an interview with the Agency Secretary and PREA Coordinator, they both expressed the CBA does not limit WADOC’s ability to remove any staff member from contact with an offender/resident during the course of an Agency investigation.</p> <p>Based upon the auditor’s review of provided documents, management has the right to separate the incarcerated individual (i.e., for TCWTR, a resident) from the staff member who has become the subject of an investigation by temporarily reassigning the employee, redirecting the employee, or restricting the staff member’s on-ground (i.e., TCWTR facility) access during the course of the investigation. The auditor’s review of the CBA demonstrated compliance with this standard, such as management has the right to remove staff alleged of sexual misconduct (i.e., sexual abuse) from contact with any offenders/residents. The CBA does not limit the agency’s ability to remove alleged staff sexual abusers from contact with any resident pending the investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>There is no corrective action required for this standard.</p>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1493 331">The auditor reviewed Agency Policy 490.860 PREA Investigation (Rev. 09/29/20) towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="240 360 1493 1025">Standard 115.267a: WADOC has established 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, and has designated staff members charged with monitoring retaliation. The Agency's Policy 490.860 explicitly stipulated all offenders and staff who report sexual abuse or sexual harassment or cooperate with investigations of the same would be protected from retaliation. Policy 490.860 stated, "Retaliation against anyone for reporting sexual misconduct or participating in an investigation of such misconduct is prohibited, and may result in disciplinary actions if found to have: 1. Engaged in retaliation, 2. Failed to report such activities, or 3. Failed to take immediate steps to prevent retaliation. Anyone who cooperates with an investigation will report all concerns regarding retaliation to the Appointing Authority. The Appointing Authority/designee will take appropriate measures to address the concerns". In addition, Policy delineated, "When an investigation of individual-on-individual 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, that Appointing Authority or designee will notify the applicable Appointing Authority to initiate monitoring". Per Policy 490.860, the PCM at the facility where the report was made will ensure alleged victim and incarcerated reporters, as well as contract staff and volunteer reporters are monitored and met with at least monthly. For employee reporters, the Human Resources Manager/Community Corrections Supervisor will assume this responsibility. Per PAQ, "Any individual who participates as a witness in a PREA investigation is provided with DOC 03-484 Interview Acknowledgement form. This form advises interviewees that, 'The Department prohibits retaliation against any person because of their involvement in the reporting or investigation of a complaint. The Department will treat retaliation as a separate offense subject to investigation, discipline, and/or corrective action. Any concerns regarding retaliation are to be reported to the Appointing Authority'".</p> <p data-bbox="240 1055 1493 1350">At TCWTR, the Community Corrections Supervisor (CCS), who was also the assigned PCM, was responsible for retaliation monitoring of staff. The Community Corrections Officer 3 (CCO/Counselor) was responsible for retaliation monitoring of residents and contractors/volunteers. During interview, the PCM/CCS, Counselor, and Superintendent, who oversaw Retaliation monitoring, all confirmed their associated responsibilities for retaliation monitoring. No PREA allegations had occurred during the review period, thereby generating the need for Retaliation Monitoring, and no individuals transferred to TCWTR who required Retaliation Monitoring; therefore, there was no documentation available for review. The auditor confirmed this information through Specialized and Random staff, as well as resident interviews, and review of all available documentation. In addition, no residents reported during the site review that they had participated in the Retaliation Monitoring process while at TCWTR.</p> <p data-bbox="240 1379 1493 1809">Standard 115.267b: WADOC employed multiple protection measures, to include 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. Policy 490.860 directed, "Indicators of retaliation may include, but are not limited to: a.) Disciplinary reports; b.) Housing/program changes and reassignments; or c.) Negative performance reviews". Any report of retaliation expressed or indicated during the monitoring period, per Policy, was to immediately be reported to the Appointing Authority/designee who had the responsibility to take appropriate action. Monitoring indications provided information as to adverse circumstances occurring secondary to the individual's (staff or offender's) reporting of PREA allegations, and would result in the employment of multiple protective measures. Specifically, the facility would give consideration as to appropriate movement and/or placement of the alleged victim in context with the alleged perpetrator and/or those perpetrating the reported retaliation. As indicated previously, alleged perpetrators would be moved and/or transferred first and the victim separated from offenders and/or staff members involved in allegations of sexual abuse or sexual harassment, as well as retaliation prior to victim change of placement and/or transfer.</p> <p data-bbox="240 1839 1493 2134">During interview with the PREA Coordinator, Superintendent, as well as PCM/CCS and CCO/Counselor, processes were discussed involving remediation should retaliation occur. Each indicated employment of appropriate elements, as delineated in 115.267b, in protecting an individual who is reporting experienced retaliation. Remediation, stated during the aforementioned interviews, which would be employed at TCWTR included measures, such as housing changes and/or transfers of abusers, as well as removal of alleged staff or resident perpetrators of retaliation from contact with victims, and potential housing change and/or transfer of the victim, if necessary. Provision of emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment and/or for cooperating with investigations may be offered, as relevant. Furthermore, per the PCM, emotional support services were continuously available to the identified victim across Retaliation Monitoring through OCVA and SARC resources, and offered, as appropriate. The auditor reviewed</p>

the documents, as provided through the reporting period, and no instances occurred to the best of the auditor's knowledge that conformed to requirements for implementing remediation for experienced retaliation-based conduct.

Standard 115.267c & d: Per Policy 490.860, WADOC monitored the identified offender or staff for at least ninety (90) days for possible retaliation associated with reporting sexual abuse or sexual harassment or participating in an investigation of the same. Per Policy 490.860, WADOC's obligation to monitor shall terminate if the agency determines that the allegation is unfounded. The PCM, Superintendent and PREA Coordinator supported that unfounded allegations did not require ongoing monitoring per WADOC Policy and in practice did not occur. Per PAQ, no (0) investigations had occurred during the audit reporting period, and therefore none (0) had been unfounded.

The WADOC Policy retaliation monitoring components of the retaliation monitoring, included per PREA Monthly Retaliation Monitoring Report DOC 03-503 (as reviewed by the auditor; Rev. 12/31/2019), but were not limited to the following:

1. The conduct and treatment of individuals or staff who reported the sexual abuse to see if there were changes that may suggest possible retaliation by individuals or staff;
2. The conduct and treatment of individuals who were reported to have suffered sexual abuse to see if there were changes that may suggest possible retaliation by individuals or staff;
3. Monitor any individual disciplinary reports;
4. Monitor individual housing changes;
5. Monitor individual program changes;
6. Monitor negative performance reviews of staff; and,
7. Monitor reassignments of staff.

Per Policy 490.860, "Any report of retaliation expressed or indicated during the monitoring period will be immediately reported...with appropriate action taken by the Appointing Authority/designee...In a Work/Training Release, information will be reported to the Work Release Administrator or Duty Officer". As such, WADOC would act promptly to remedy any such retaliation, towards residents or staff, per Policy. As noted, per Policy 490.860, retaliation monitoring will continue for ninety (90) days following notification with at least monthly checks (NOTE: to include additional checks periodically, as applicable) or longer if the Appointing Authority determines it is necessary. The Appointing Authority will make a decision towards extending retaliation monitoring if initial monitoring indicates a continuing need to do so. Per PAQ, at TCWTR, "Monitoring is initiated when the investigation is assigned to the facility and continues for 90 days. Monitoring activities may be discontinued if the allegation is determined to be unfounded or the offender is released from incarceration. The Appointing Authority may extend monitoring beyond 90 days if deemed necessary".

Per Policy and in practice at TCWTR, retaliation monitoring involved utilization of PREA Monthly Retaliation Monitoring Report (DOC 03-503 Form) to include in-person interview with the identified party, and file review for residents incorporating disciplinary reports, housing and/or program changes, as well as for staff reassignment and/or negative performance reviews. Per PAQ, and all information gathered for audit review, there were no known cases of retaliation at TCWTR; therefore, no PREA Monthly Retaliation Monitoring Report to review and none possible for either response and/or extension beyond 90 days. Upon discussion with both the Counselor and CCS/PCM responsible for retaliation monitoring both understood their responsibilities, as related to the specific components required for monitoring and response (as indicated above). Both discussed that for cases who required monitoring, monthly check-ins would be conducted on a stratified basis, such that they did not occur solely on a 30-day basis but instead on a staggered schedule, and each would conduct periodic check-ins in as discrete a manner as possible. Interviews with the PREA Coordinator, PCM/CCS and Superintendent, also indicated that on an Agency and facility level Retaliation Monitoring conformed to this appropriate Policy and was applied at TCWTR in practice.

Standard 115.267e: If any other individual who cooperated with an investigation expressed a fear of retaliation, WADOC has implemented appropriate measures to protect that individual against retaliation, as well. Agency Policy 490.860 stated, "Anyone who cooperates with an investigation will report all concerns regarding retaliation to the Appointing Authority. The Appointing Authority/designee will take appropriate measures to address the concerns". Agency Policy supported if any individual who cooperated with an investigation expressed fear of retaliation, the Agency and facility will apply appropriate measures to protect that individual against retaliation.

The Superintendent, PCM/CCS, PREA Coordinator each articulated that retaliation countered WADOC Policy. Specifically, every interviewee articulated that any individual (staff or resident) who expressed fear of retaliation related to their cooperation in a PREA-related investigation would be appropriately monitored against retaliation through the PREA Retaliation Monitoring protocol (to include PREA Monthly Retaliation Monitoring Report; DOC 03-503), and implementation of any other case-relevant measures, as deemed to be necessary. Furthermore, should protective indicators be indicated, these would be immediately implemented, as in any other consideration of retaliation listed in the prior provisions associated with this standard above.

There was no corrective action required for this standard.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 398">The auditor reviewed Agency Policy 490.860 PREA Investigation (Rev.09/29/20); 490.850 PREA Response (Rev. 10/08/20); 490.800 PREA Prevention and Reporting (Rev. 12/11/19); and 400.360 Polygraph Testing (Rev. 01/25/21), as well as PREA Coordinator Explanatory Memo (Subject: PREA Standard 115.71/115.271) towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="240 432 1485 824">Standard 115.271a: WADOC Policy 490.860 mandated, “The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving individuals under the jurisdiction or authority of the Department”. Policy 490.850 states, “Staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct”. In addition, per evidence, as provided through Standard 115.254, WADOC not only permitted receipt of allegations from third party anonymous reports, but ensured all investigations for allegations were carried through to completion. Policy 490.860 dictated that all allegations must be carried through to closure, stating, “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”. While WADOC completed administrative investigations, Policy 490.860 stated, “Allegations may be referred to law enforcement agencies for criminal investigation”. Should an investigation be referred for criminal prosecution, WADOC was responsible for continued follow-up with external law enforcement, per Policy 490.869, to ensure case completion and closure.</p> <p data-bbox="240 857 1485 1149">Per Policy 490.860, all facility staff shall be prepared to play an active role in responding to sexual abuse incidents. If an allegation is made within a one hundred twenty (120) hour time frame, staff shall ensure that the alleged victim is ‘advised against’ and alleged abuser ‘does not take’ any action(s) that could destroy physical evidence, including, as appropriate; washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, and/or eating. If the situation warranted, security staff were to ensure security of the crime scene, including retention of alleged victim and alleged abuser clothing (to include establishing a method for retrieval of new clothing for the alleged victim and alleged abuser after forensic medical examinations is completed without disturbing the crime scene), bedding, and object(s) used for penetration. If the alleged abuser was known, facility security must mandate them to follow the same actions described above in order to preserve possible evidence of sexual abuse.</p> <p data-bbox="240 1182 1485 1373">The process implemented by WADOC and employed at TCWTR worked to optimize their ability to gather evidence thoroughly, in an impartial manner, and make determinations objectively regarding PREA allegations. Specifically, as detailed by the PREA Explanatory Memo, WADOC Investigators are trained to complete reports detailing all facts available regarding a PREA allegation, while in an effort to ensure neutrality and consistency in the application of sanctions, the Investigator remains separate from the final investigatory finding. The Memo stated, “The finding process employed is as follows:</p> <ol data-bbox="276 1429 1485 1686" style="list-style-type: none"> 1. The assigned investigator submits the investigation packet to the Appointing Authority ensuring all evidence and witness testimony is documented in the report, which is then to reviewed by the Appointing Authority for completeness. 2. Once the investigation is determined to be complete, the Appointing Authority reviews evidence, witness testimony, and prior complaints and reports of sexual misconduct. The Appointing Authority also assesses the credibility of all witnesses involved in the investigation. This information is documented on the investigation finding sheet completed by the Appointing Authority. 3. The Appointing Authority determines if the allegations are substantiated, unsubstantiated or unfounded based on a preponderance of the evidence. <p data-bbox="240 1720 1485 1809">Appointing Authorities are required to complete training specific to their role. They are also required to complete investigator training, the same training provided to all PREA investigators, to ensure a thorough working knowledge of the investigation process”.</p> <p data-bbox="240 1843 1485 2134">Facility Investigators will be assigned by the Appointing Authority to conduct the Investigations, elected best to fit the investigative needs criterion. Per PREA Coordinator’s Explanatory Memo, as provided for 115.271, the HQ PREA Unit maintained a master case datasheet. All Appointing Authorities are responsible to review this datasheet on a monthly basis to ensure that open investigations under their authority are reviewed with appropriate action taken to ensure investigations are completed in a timely manner. The Facility Investigator (who also served at the PCM/CCS) indicated that should they be assigned an investigation they would utilize multiple evidence gathering techniques in efforts to thoroughly review and document evidence as related to an administrative investigation of alleged sexual abuse and/or sexual harassment. Evidence gathering, per the Facility Investigator would include relevant elements, as follows: interviews with a variety of sources, secondary interviews with key subjects, location determinations made of the alleged victim and abuser, JPay and</p>

telephonic conversations review, historical surveillance monitoring footage.

Per report, throughout all audit documentation gathered and Specialized interview with the PCM/CCS and Superintendent, TCWTR had no investigations of sexual abuse and/or sexual harassment allegations during the reporting period, either administrative or criminal. However, the facility provided information demonstrating that should they have had open cases they would follow a status reporting process on a routine basis (at the Work/Training Release monthly meeting), while any cases remained open. Upon the auditor's review, it was apparent that Policy and practices were in place and would be utilized in order to investigate each allegation of sexual abuse and/or sexual harassment.

Per interview with the Superintendent and Facility Investigator, the outcome of any facility investigations must be made objective, with the determination of 'substantiated', 'unsubstantiated', and 'unfounded' made on a case-by-case basis with consideration of the evidence as presented and thoroughly reviewed. Determinations were made, by the Superintendent, independently based upon evidence gathered, by a Facility Investigator (not necessarily the one from TCWTR, and in fact generally each Work Release Investigator is assigned to alternate facilities). The Superintendent would make a determination not upon who had submitted the allegation, the manner in which it was received, or the PREA allegation reporting history of the parties involved. As described by the Superintendent, an appropriate "Rationale of Findings" must be documented in every closed case.

Furthermore, the Investigator and Superintendent made no differentiation between first-party and third-party or anonymously received reports. Per both Policy and interviews with the Superintendent and a Facility Investigator all incidents of alleged sexual abuse and sexual harassment reported were investigated, regardless of whom is the reporting party. This was to include any third-party and anonymous reports. Per these same interviews, reports of alleged sexual abuse and harassment were all investigated thoroughly and to completion, in an objective manner at the appropriate administrative or criminal level.

Based on available evidence, when TCWTR conducted its own investigations into allegations of sexual abuse and sexual harassment, it had Policy and practice in place to do so promptly, thoroughly, and objectively. Furthermore, TCWTR would complete the same investigatory process for all allegations, to include third party and anonymous reports.

Standard 115.271b: Agency Policy 490.860 dictated for PREA allegations, "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". All Agency PREA Investigators will be trained in the following components, as directed per Policy 490.800:

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 victims, and;
7. Criteria and evidence required to substantiate administrative action or prosecution referral".

Per information provided in the PAQ for 115.234, WADOC had six-hundred and eighty-seven (687) trained Investigators with TCWTR having one (1) trained Investigators onsite. The auditor reviewed the Agency-wide Spreadsheet documenting each Investigators' participation in the required trainings (i.e., PREA Investigator Version 1; Booster; PREA Investigator Version 2) along with dates of completion and comments (with color-coded notations clearly indicating individuals who have been deactivated from investigations work). The auditor reviewed four (4/4; 100%) transcripts of Work Release Investigator's Training Completion with dates, which they judged provided uniformity with the Agency-wide spreadsheet. The auditor was also able to confirm the TCWTR facility Investigator's Specialized training completion by way of the WADOC Investigator's Directory with associated transcript date completion, also submitted as PAQ proof of practice for 115.234. In addition, the PREA Coordinator's Explanatory Memo stated, "Appointing Authorities [Auditor Note: who are substantially involved in the final case determination] are required to complete PREA training specific to their role. They are also required to complete the same training provided to all PREA investigators to ensure a thorough working knowledge of the investigation process".

Per PREA Coordinator Memo, "When sexual abuse is alleged, only those staff who have completed specially designed investigator training are assigned to investigate. If an investigation is under the responsibility of an appointing authority other than the facility Superintendent or is an investigation of a sensitive nature, the investigation may be assigned to a trained investigator outside of the facility".

During interviews with the PREA Coordinator and Superintendent, they explained the process by which the Appointing Authority may secure an investigator from another Work/Training Release or across the Agency. Factors taken into consideration when selecting an Investigator, were not limited to, but included:

- Complexity and sensitivity of the investigation;
- Experience of the Investigator;
- Impartiality of the Investigator in light of the allegation itself (e.g. outside of the Investigator's chain of command, any

potential conflicts of interest, etc.).

The facility Investigator specialized training curriculum, which had each of the above components, was provided with PAQ. The auditor reviewed the WADOC Investigations training (and the included PREA for Appointing Authorities Curriculum), which included components of knowledge and considerations that an Investigator must use to perform a successful sexual abuse or sexual harassment investigation consistent with PREA standards. During interview, the TCWTR Investigator (also the PCM/CCS), they were able to describe training they received during specialized training, as listed above, which covered how to handle administrative sexual abuse and sexual harassment investigations.

Based upon available evidence, where sexual abuse is alleged, WADOC and TCWTR utilized Investigators who had received specialized training in sexual abuse investigations, as required by 115.234.

Standard 115.271c: Per Policy 490.860, WADOC PREA Investigators have been trained on gathering and preservation of direct and circumstantial evidence. Per training, such evidence may include available physical and DNA evidence and any available electronic monitoring data. Investigators will be required to conduct interviews with the alleged victim(s), perpetrator(s), and potential witness(es). The investigator (who in WADOC's case, per Policy 490.860, at this juncture is the Appointing Authority, trained in PREA Specialized Investigations) would also review prior complaints and reports of sexual abuse involving the suspected perpetrator, when available. Previous complaints/reports of sexual misconduct involving the alleged victim may be reviewed, as applicable.

If judged not to be a criminal investigation, Facility Investigators shall have specific responsibilities, to respond immediately to begin the evidence collection process. Should the investigation be criminal in nature, facility Investigators and security staff shall ensure security of the alleged victim and abuser and securing of the crime scene; however, should proceed only under the direction of and in a manner such to assist external law enforcement.

During interview with the TCWTR Investigator (regarding administrative investigations), they described response to PREA-related incidents to obligate immediate response. Policy and practice, involved the First Responder immediately notifying the Shift Commander of the allegation. The TCWTR Investigator expressed immediate to mean that investigations were initiated 'without delay' and 'at the moment of discovery'. The moment of discovery as defined by the Investigator, was upon receipt of the PREA allegation from the victim or third party. The Investigator was able to describe evidence collection processes to involve integration of data from a variety of sources for corroboration, to include:

1. Gather and preserve direct and circumstantial evidence, including any available direct and/or circumstantial evidence, including any available electronic monitoring data
2. Interview alleged victims, suspected perpetrators, and/or witnesses; and,
3. Review prior complaints and reports of sexual abuse involving the suspected perpetrator (conducted by the Appointing Authority).

They specified that the evidence collection process is continuous until case closure, with information documented on an on-going basis, being added as evidence is gathered. The facility Investigators was able to describe a variety of evidence gathering techniques and the process by which to proceed towards building evidence that may support the substantiation of an administrative allegation of sexual abuse and/or sexual harassment. They described the evidence gathering processes to include preservation of direct evidence and research of circumstantial information. The facility Investigator described how they would utilize video surveillance to substantiate the presence and/or absence of individuals in locations where PREA allegations had reportedly occurred. They specified how to determine potential individuals for interviews beyond the alleged victim and abuser, to include individuals who lived in cells adjacent to alleged incidents, or work peers, staff members, group members, as well as individuals who may have observed the alleged incident, as determined by watching archive footage at the time when the alleged incident occurred. The Investigator described utilization of recorded telephone conversations and written communication (to include offender 'kites', JPay messages, and/or letters) to bring into evidence. In discussion about timeliness of evidence, the TCWTR Investigator emphasized the importance of collecting useable physical evidence expeditiously to ensure all direct evidence was preserved and able to be utilized. During interview, the Investigator emphasized continuous documentation of evidentiary findings was of significant importance to ensure the case progress was documented thoroughly, objectively and in an organized fashion through to investigative closure. Upon presentation of the comprehensive documentation in an investigation package, the Appointing Authority must review the package. Upon interview with the Superintendent (also the Appointing Authority), they were aware of their responsibility to review prior complaints and reports of sexual abuse involving the suspected perpetrator, prior to making determination of finding.

There were no (0) investigations conducted during the audit reporting period; therefore, none (0) that necessitated gathering of evidence associated with a sexual abuse and/or sexual harassment allegations at the administrative level. However, it was apparent upon auditor review of Policy and interview with the Facility Investigator that the process, training and responsible individual was aware of the components required to effectively conduct a sexual abuse and/or sexual harassment investigation at the administrative level. Based on available evidence, WADOC Investigators, per Policy and practice gathered and preserved direct and circumstantial evidence (including any available physical and DNA evidence and any available electronic monitoring data), as well as interviewed alleged victims, suspected perpetrators, and witnesses. At

the juncture of investigatory finding process, the trained Appointing Authority reviewed prior reports and complaints of sexual abuse involving the suspected perpetrator.

Standard 115.271d: Per Agency Policy 490.860, each WADOC facilities held the responsibility to maintain partnerships with local law enforcement to receive allegations of sexual abuse and/or sexual harassment that were criminal in nature. Furthermore, should an administrative investigation appear to be moving towards the possibility of criminal prosecution, per WADOC training, Agency and Facility Investigators are obligated to consult with law enforcement regarding conducting compelled interviews. Investigator training curriculum provided guidance on the management of compelled interviews, citing, when the quality of evidence appears to support criminal prosecution, WADOC Investigators will conduct compelled interviews only after consulting with prosecutors (i.e., for WADOC and TCWTR this included local law enforcement) as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

During the interview with the TCWTR Investigator, they made clear that during investigations appearing to support criminal prosecution, their training stipulated only to conduct compelled interviews after consultation with local law enforcement. They would determine with law enforcement whether compelled interviews may pose an obstacle for subsequent criminal prosecution in the decision regarding proceeding with any interviews. Based upon the auditor's review of documentation provided during the reporting period and all audit interviews, there were PREA allegations made, none which could potentially be criminal and therefore no (0) compelled interviews conducted. That said, the TCWTR Investigator did recognize the importance of conferring with local law enforcement in any case deemed criminal or one which may illicit possible criminal prosecution. Based upon available evidence, when the quality of evidence appeared to support criminal prosecution, TCWTR and WADOC would only conduct compelled interviews after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Standard 115.271e: Agency Policy 490.860 required all Facility Investigators be trained in investigative protocol with training curriculum as indicated in 115.271b & c. Policy stipulated that upon participating in an investigation, all Investigators will thoroughly document and submit the investigation report with a DOC 02-382 PREA Data Collection Checklist to the Appointing Authority/Designee. Per Policy 490.860, "The Appointing Authority will review the report and prior complaints/reports of sexual misconduct involving the accused, when available...Previous complaints/reports of sexual misconduct involving the alleged victim may be reviewed, as applicable".

Therefore, the Appointing Authority will independently assess each alleged victim, suspect, or witness on an individualized basis and determine their credibility not based on their status as an offender and/or staff member. According to the PREA Coordinator Explanatory Memo, "Investigators within the Washington State Department of Corrections (WADOC) are trained to complete reports detailing all facts available regarding a PREA allegation. In order to ensure neutrality and consistency in sanction application, the investigator remains separate from the finding process. The finding process employed is as follows: 1. The assigned investigator submits the investigation packet to the Appointing Authority, ensuring all evidence and witness testimony is documented in the report, which is then reviewed by the Appointing Authority for completeness. 2. One the investigation is determined to be complete, the Appointing Authority also reviews evidence, witness testimony, and prior complaints and reports of sexual misconduct. The Appointing Authority also assesses the credibility of all witnesses involved in the investigation. This information is documented on the investigation finding sheet and completed by the Appointing Authority. 3. The Appointing Authority determines if the allegations are substantiated, unsubstantiated or unfounded based upon a preponderance of the evidence".

Furthermore, Agency Policy 400.360, and Investigator training curriculum clearly stated, "Individuals who are alleged victims, reporters or witnesses in a {PREA} investigation will not be asked or required to submit to a polygraph examination regarding the alleged misconduct under investigation" or as part of proceeding with the investigation.

During interview with the TCWTR Investigator (who is also the PCM/CCS), they confirmed their role was to gather evidence in an investigation and provide such to the Appointing Authority. The Investigator and Superintendent, upon interview, acknowledged any alleged victim, suspect, and witness would be evaluated on an individualized basis, and merit of their credibility not determined based upon their status as an offender or staff member. Furthermore, the Investigator indicated the facility would not request or require any residents who are the alleged victims, reporters, and/or witnesses of sexual misconduct to submit to a polygraph or any form of truth-telling device as part of the investigative process. Upon the auditor's review of all documentation provided during the reporting period, there were no sexual abuse and/or sexual harassment allegations, and thereby no polygraph examinations were presented as related to PREA.

Based upon available evidence, WADOC Appointing Authorities (who act as the final Investigator by way of the investigatory finding process) assessed the credibility of an alleged victim, suspect, or witness on an individualized basis and not on the basis of that individual's status as resident or staff. As well, based upon available evidence WADOC investigated allegations of sexual abuse without requiring a resident who alleged sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding.

Standard 115.271f: Per Agency Policy 490.860, the investigative findings of an administrative PREA shall be documented, as such, "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". The investigation report shall, per WADOC Policy and training be submitted in written form, to include physical evidence, testimonial evidence, reasoning behind credibility assessments, and investigative facts and findings. In addition, Policy 490.860 stipulated that for PREA investigations with substantiated and unsubstantiated determinations, the Appointing Authority would convene a local PREA Review Committee. The Committee, per Policy, would endeavor to determine whether staff actions or failures to act contributed to the alleged sexual abuse. Furthermore, the actions of the Committee shall provide documentation of such findings. The written document (i.e., WADOC Agency document: Form 02-383, Local PREA Investigation Review Checklist) shall review policy compliance, causal factors, and systemic issues.

There were, as indicated, no (0) PREA investigations completed during the audit reporting period. However, as detailed in interview with the Facility Investigator and Superintendent, both were aware secondary to their Specialized Training and participation in WADOC investigations of the importance to thoroughly document in written reports the components included in 115.271f. In addition, both were aware of and participated in monthly Work/Training Release Local PREA Review Committee meetings to ensure for all substantiated and unsubstantiated cases an effort was made to determine if staff action and/or inaction contributed to the alleged sexual abuse.

Based upon available evidence, administrative investigations included an effort to determine whether staff actions and/or failures to act contributed to the abuse. Administrative investigations, per Policy and practice were documented in written reports that included a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Standard 115.271g: Per Policy 490.860, The Agency itself was not responsible for investigating criminal allegations of sexual abuse, and instead referred to designated law enforcement. As stated, "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". As explained to the auditor, WADOC does not have statutory authority to conduct criminal investigation as no staff members have law enforcement certification. As a result, WADOC conducts only administrative investigations. Criminal allegations were to be referred to local law enforcement officials (identified as Kennewick Police Department), and as an alternate Benton County Sheriffs Department. The only state entity that would conduct criminal investigations is the Washington State Patrol. Referral to the State Patrol will occur only after the investigation has been declined by local law enforcement. No Department of Justice component conducts investigations within WADOC.

Through agreement with local law enforcement, Kennewick Police Department and Benton County Sheriff's was TCWTR's responding investigating agency. WADOC maintained requirements regarding investigation, and TCWTR held annual meetings with the Kennewick Police Department to delineate investigatory needs, standards, and expectations. The auditor reviewed meeting minutes between Kennewick Police Department TCWTR (per Standard 115.221), which included discussion regarding the need to maintain compliance with PREA standards. As noted, if local law enforcement was unable to respond or refused to investigate the crime scene the Washington State Patrol (WSP) Crime Scene Response Unit could conduct a criminal investigation at the facility. WADOC maintained a Memorandum of Understanding (MOU; expiration 06/30/25) with the WSP for conducting investigations in general. This MOU, as reviewed by the auditor, gave precedence to applicable and federal state statutes and regulations, which would include PREA. Local law enforcement and WSP have been informed of PREA standards, to include the needs to document criminal investigations in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attach copies of all documentary evidence, where feasible.

The Superintendent and Facility Investigator (who is also the PCM/CCS) confirmed their awareness of the processes by which to notify local law enforcement when necessary in criminal PREA allegations, and seek consultation with local prosecution in administrative cases potentially deemed to meet criminal prosecution threshold. During the review period there were no (0) PREA allegations; therefore none (0) submitted for criminal investigation and/or consultation regarding the possibility of rising to the level of criminal prosecution. The facility Investigator acknowledged part of their role in working with local law enforcement on criminal PREA allegations would be to maintain continued contact with local law enforcement for follow-up regarding progress regarding the open criminal case, including documentation needs and ensuring contact through case closure. Part of this responsibility ensured closure of the investigation case by the facility investigator with all required documentation provided by local law enforcement. Case closure would include submission of DOC 02-382 PREA Data Collection Checklist with related documentation in written report of physical, testimonial, and documentary evidence with attached copies, where feasible, as provided by partnered local law enforcement.

Based upon available evidence, criminal investigations were conducted externally to WADOC. However, partnered agreements included external law enforcements provision of case closure documentation to include a written report that contained a description of the physical, testimonial, and documentary evidence and copies would be attached of all documentary evidence, where feasible.

Standard 115.271h: Per Policy 490.860 and WADOC Specialized Training, all substantiated cases of sexual misconduct that appear to be criminal shall be referred for prosecution. Specifically, "When a substantiated allegation is criminal in nature, the Appointing Authority/designee will notify: Law enforcement, unless such referral was made previously during the course of the investigation".

Per PAQ, and auditor's review of all documentation provided for the review period there were PREA allegations, therefore, no cases closed during the reporting period that necessitated law enforcement referral for criminal investigation upon closure as substantiated. Notwithstanding, the Superintendent, and Facility Investigator (who is also the PCM/CCS) were both aware of and able to describe Agency Policy, and had the appropriate training regarding how to facilitate such referrals when necessary. Based upon available evidence, by Policy and practice, all substantiated allegations of conduct that appeared to be criminal in nature would be referred by WADOC (and TCWTR) for prosecution.

Standard 115.271i: Agency Policy 490.860 delineated that the Agency holds the responsibility to retain all written reports as related to PREA investigations in 115.71f & g. Established parameters of PREA allegation record retention in WADOC, as outlined in 115.289d with WADOC Policy Records Retention Schedule (13-09-68455) indicated PREA Investigations records be maintained for at least fifty (50) years. Investigative records were retained, as follows: 1. A designee of the applicable Appointing Authority maintained all hard copy investigation reports for a period of five years; 2. The PREA Unit maintained electronic versions of all investigation reports; 3. These are maintained on secured servers and are organized according to the year the investigation was closed; 4. The electronic records are maintained for a period of fifty (50) years according to state records archive requirements; and 5. At the end of this retention period, all electronic records will be reviewed for employment and incarceration status prior to destruction.

Per interview with the PREA Coordinator, this protocol was followed by WADOC. The auditor had been provided viewable access to the WADOC secured site by the PREA Coordinator during a July 2021 PREA audit, demonstrating the process by which records are retained of PREA allegations and completed investigations. Based upon available evidence, WADOC retained all written reports referenced in 115.271f & 115.271g for as long as the alleged abuser was incarcerated or employed by the agency, plus five year (at a minimum).

Standard 115.271j: Policy 490.860 stipulated that all allegations of sexual abuse and sexual harassment shall be investigated regardless of whether the alleged perpetrator or alleged victim had left the Department's employment and/or were no longer under the Department's jurisdiction or authority. During interview with the Superintendent, Facility Investigators, PCM, and PREA Coordinator confirmed should an alleged incident meet the aforementioned conditions, the investigation would continue to be carried through to completion.

There were no investigations during the reporting period; therefore, none met criteria for review under this provision. However, per Policy and Specialized interview, based upon available evidence, WADOC ensured the departure of an alleged abuser and/or victim from the employment or control of the facility or agency did not provide a basis for terminating an investigation.

Standard 115.271l: Per Policy 490.860, "Referrals will be made using DOC 03-505 Law Enforcement Referral of PREA Allegation...Investigation reports received from law enforcement will be an attachment to the final PREA investigation report submitted". This described a cooperative process by which WADOC initially informs law enforcement regarding the criminal allegation and carries communication through case closure. The WADOC PREA investigation process is posted to the agency's public website. This information is accessible at www.doc.wa.gov/corrections/prea/resources.htm#reports.

Per Superintendent and Facility Investigator interviews, law enforcement agencies are required to provide the Appointing Authority of the requesting facility with a copy of the investigation report once any criminal investigation has been completed. Interviews indicated that TCWTR via WADOC Work/Training Release trained Investigators held responsibility for conducting their own investigations into administrative sexual abuse and sexual harassment allegations. While, as indicated, per Policy and interview information, criminal investigations were referred to local law enforcement. Upon interview, each party expressed the facility's duty to remain involved through the course of the investigation to ensure continued assistance with investigatory needs and case closure. Specifically, the facility shall cooperate with outside investigators and endeavor to remain informed about the progress of the investigation. There were no circumstances judged to have met criteria at TCWTR for continued law enforcement follow-up during this reporting period, as there were no PREA allegations and therefore none which met threshold for criminal prosecution referral. Based upon available evidence, when external law enforcement investigated sexual abuse, TCWTR knew per Policy and practice to cooperate with outside investigators and endeavor to remain informed about the progress of the investigation.

There was no corrective action required for this standard.

115.272	Evidentiary standard for administrative investigations
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1492 398">The auditor reviewed Agency Policy 490.860 PREA Investigation (Rev. 09/29/20); PREA for Appointing Authorities Training Curriculum (Rev. 2017); Revised Code of Washington (RCW) 72-09-225 Sexual misconduct by state employees, contractors; and PREA Coordinator Explanatory Memo (Subject 115.72/115.272) towards making compliance determinations with the provision of this standard.</p> <p data-bbox="242 432 1492 790">Standard 115.272a: Per Policy 490.860, definition of how to substantiate an allegation of a sexual abuse and harassment investigations demonstrate that the WADOC does not impose a higher standard than a preponderance of evidence. Specifically, Policy 490.860 stated, "For each allegation in the report, the Appointing Authority will determine whether the allegation is: 1. Substantiated: The allegation was determined to have occurred by a preponderance of the evidence. 2. Unsubstantiated: Evidence was insufficient to make a final determination that the allegation was true or false, or 3. Unfounded: The allegation was determined not to have occurred". Per PREA Coordinator's Explanatory Memo, the process implemented by WADOC and employed at TCWTR works to optimize their ability to utilize evidence in an impartial manner when making determinations regarding PREA allegations. Specifically, "Investigators within the Washington State Department of Corrections (WADOC) are trained to complete reports detailing all facts available regarding a PREA allegation. To ensure neutrality and consistency in sanction application, the investigator remains separate from the finding process. The finding process employed is as follows:</p> <ol data-bbox="279 846 1492 1104" style="list-style-type: none"> 1. The assigned investigator submits investigation packet to the Appointing Authority, ensuring all evidence and witness testimony is documented in the report, which is then reviewed by the Appointing Authority for completeness. 2. Once the investigation is determined to be complete, the Appointing Authority reviews evidence, witness testimony, and prior complaints and reports of sexual misconduct. The Appointing Authority also assesses the credibility of all witnesses involved in the investigation. This information is documented on the investigation finding sheet completed by the Appointing Authority. 3. The Appointing Authority determines if the allegations are substantiated, unsubstantiated or unfounded based on a preponderance of the evidence. <p data-bbox="242 1137 1492 1227">Appointing Authorities are required to complete PREA training specific to their role. They are also required to complete the same training provided to all PREA trained investigators to ensure a thorough working knowledge of the investigation process".</p> <p data-bbox="242 1261 1492 1619">During interview with the TCWTR Investigator and Superintendent, they both indicated that the standard of evidence required to substantiate PREA allegations was fifty-one percent (51%) or a preponderance of evidence. Furthermore, both supported the determination of investigatory findings as detailed in the Memo provided by the PREA Coordinator. As noted previously, TCWTR did not have any investigative files, as no sexual abuse and/or sexual harassment allegations had been submitted during the reporting period. Instead the auditor discussed informally how preponderance of evidence worked to ensure the Superintendent and PCM/CCS understood case substantiation. Both were able to articulate not only the Policy definition (i.e., 51%; preponderance of evidence) but provided examples of how to substantiate a case. They also applied findings of 'unfounded', as a higher standard of evidence, in description of, 'convincing evidence that when the allegation was investigated it was determined not to have occurred'. Both knew that the Facility Investigator(s) were responsible to gather and document evidence and the Appointing Authority (i.e., Superintendent) was the final decision maker in the investigation and responsible to write a 'Rationale of Findings'.</p> <p data-bbox="242 1653 1492 1910">They auditor judged that TCWTR understood how to apply appropriate investigative standard for the substantiation of cases for the findings in applicable cases. Through Agency Policy, and interview responses with the Facility Investigator and Superintendent, it appeared to the auditor that the appropriate standard of proof of 'not higher than a preponderance of the evidence', was imposed when substantiating the administrative cases conducted at TCWTR. It was also clear that based upon the "Rationale of Findings", as determined by the Appointing Authority (i.e., Superintendent) independent of the Facility Investigator's investigatory review of cases was subject to the necessary scrutiny and application of evidentiary standards, in making final case determinations. Based upon available evidence, it was true that WADOC did not impose a standard higher than preponderance of evidence in determining substantiation of allegations of sexual abuse and/or sexual harassment.</p> <p data-bbox="242 1944 805 1973">Corrective action was not required for this standard.</p>

115.273	Reporting to residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1493 331">The auditor reviewed Agency Policy 490.860 PREA Investigation (Rev. 09/29/20) towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="240 367 1493 658">Standard 115.273a: Per Agency Policy 490.860, following an investigation into an offender’s allegation that they have suffered sexual abuse or sexual harassment by another offender or staff in a Department facility, the Appointing Authority/designee will inform the alleged victim of the determination in a confidential manner where the offender is housed. If the offender is in Restricted Housing or has been released, the Appointing Authority will inform the offender of the findings in writing. If the offender has been released the communication will be directed to the alleged victim’s last known address, as documented in his/her electronic file. The PAQ stated, “Agency policy requires the victim be notified in person, in a confidential manner, or in writing if the offender is in restricted housing or released. How the offender was notified and by whom is noted on DOC 02-378 Investigative Finding Sheet that is included in final investigation report packets. The master case datasheet maintained by the HQ PREA Unit also documents whether notifications were provided as required”.</p> <p data-bbox="240 689 1493 846">Per PAQ, there were no (0) investigations completed at TCWTR during the audit period, and none (0) opened during the audit period. Therefore, there were no offender notifications required. However, had this been required, Confirmation of Offender notification, per Policy above, this would have been provided by way of Spreadsheet entry, as well as contained within the investigative report package and submitted DOC 02-378. The notification statement would be placed under the ‘Final Notifications’ section of the Findings Sheet.</p> <p data-bbox="240 878 1493 1106">During interview the PCM/CCS and Superintendent were aware that each offender who was the victim of an alleged sexual abuse, per Policy, must be notified whether the allegation of sexual abuse had been substantiated, unsubstantiated, or unfounded upon conclusion of investigation. Both Specialized staff also knew that if a resident transferred from TCWTR mid-investigation, they held responsibility to appropriately notified the individual upon investigatory closure. When queried as to how notification would be made, both the Superintendent and PCM/CCS described processes relevant to the resident’s current status, which would merit in person or by mail notification, in a confidential manner, and upon notification the name and date of the notifying party must be entered on the DOC 02-378 Investigative Finding Sheet.</p> <p data-bbox="240 1137 1493 1232">Based upon available evidence, to include Policy and Specialized interviews, following an investigation into a resident’s allegation that they suffered sexual abuse in the facility, TCWTR would appropriately inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="240 1263 1493 1420">Standard 115.273b: Per Policy 490.860, WADOC was responsible for conducting all investigations into allegations of sexual abuse and sexual harassment that were administrative, while criminal investigations were referred to local law enforcement. Per PAQ, “Upon completion of a criminal investigation, a copy of the law enforcement investigation is requested”. At that point the same process for notification of the resident of alleged sexual abuse investigation closure as substantiated, unsubstantiated or unfounded, as described in 115.273a, per Policy 490.860 was to proceed.</p> <p data-bbox="240 1451 1493 1778">As noted, there were no sexual abuse and/or sexual harassment investigations conducted at TCWTR during the reporting period. Thus, related to the investigations conducted during the reporting period, the facility had no relevant information requesting receipt from an external investigative agency in order to inform the alleged victim, as associated with this standard provision. During interview, the Facility Investigator and Superintendent were aware of the need to ensure continued follow-up with external law enforcement to ensure case closure with the ability to subsequently notify the resident victim of the outcome associated with the allegation. In Policy and practice, TCWTR was aware of the need to follow through with such requests for investigation closure and alleged victim notification. Based upon available evidence, TCWTR under WADOC’s purview does not conduct criminal investigation into a resident’s allegation of sexual abuse. In such cases, TCWTR will request the relevant information from external law enforcement in order to inform the resident of investigatory findings.</p> <p data-bbox="240 1809 1493 1904">Standard 115.273c: Per Agency Policy 490.860, the Department will make the following notifications, in writing, to alleged victims until they are no longer under Department jurisdiction. For substantiated/ unsubstantiated allegations of staff sexual misconduct, the alleged victim will be notified:</p> <ol data-bbox="276 1957 1461 2083" style="list-style-type: none"> 1. When the accused employee is no longer regularly assigned to the offender’s housing unit, 2. When the accused employee no longer works at the same facility as the offender, and 3. If the Department learns that the accused employee has been indicted on or convicted of any charge related to staff sexual misconduct within the facility. <p data-bbox="240 2114 1493 2141">Per PAQ, “Washington State Department of Corrections (WADOC) policy requires that the named offender victim be notified</p>

in person, in a confidential manner, or in writing if the offender is in restricted housing or has released. How the offender was notified and by whom is recorded on DOC 02-378 Investigative Finding Sheet. These finding sheets are included in final investigation report packets”.

As noted above TCWTR had no (0) investigations during the reporting period, therefore notification was not required in any resident cases, as related to alleged staff misconduct per this provision. The Superintendent and PCM/CCS were aware of the requirements associated with completion of Offender Notification as related to substantiated or unsubstantiated allegations that a staff member has committed sexual abuse against the resident (with dates; and applicable information, listed above). Based upon available evidence, to include Policy and Specialized interviews, following a resident’s allegation that a staff member has committed sexual abuse against the resident (unless the allegation was determined to be unfounded), WADOC subsequently informed the resident 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.) WADOC learned the staff member had been indicted on a charge related to sexual abuse in the facility; and/or 4.) WADOC learned the staff member had been convicted on a charge related to sexual abuse within the facility.

Standard 115.273d: Agency Policy 490.860 mandated, following an offender’s allegation of having been sexually abuse by another offender, WADOC shall subsequently inform the alleged victim. Per Policy 490.860, for Offender-on-Offender Allegations of Sexual Assault or Abuse, the alleged victim shall 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.

Per PAQ, “Due to the movement of individuals between facilities and to community release, the master tracking document regarding applicable inmate-on-inmate on-going notifications is maintained by the HQ PREA Unit. Copies of notifications made maintained in agency electronic case records and are provided to the applicable Appointing Authority for inclusion in the local hardcopy investigation folder”. The Facility maintained the ongoing log with all alleged victim notification needs that may be required for this purpose, which the auditor reviewed. While there were no notifications required at TCWTR, as applicable to this standard provision during the reporting period, the PCM/CCS and Superintendent were aware of this process and their responsibility to notify the alleged victim in such circumstances. Per facility documentation there had been no offender notifications conforming to this standard required over the documentation review period, which was confirmed by the auditor’s review of associated documentation review and PAQ provided On-Going Notification log.

Based upon available evidence, following a resident’s allegation that they had been sexually abused by another resident, WADOC subsequently informed the alleged victim whenever: 1.) WADOC learned the alleged abuser had been indicted on a charge related to sexual abuse within the facility; and 2.) WADOC learned the alleged abuse had been convicted on a charge related to sexual abuse within the facility.

Standard 115.273e: Per Policy 490.860, WADOC’s PREA Coordinator will track all cases, and the Department will make required notification, per provisions 115.273a-d. The Appointing Authority/designee will track all local cases, make notifications to related alleged victims in a confidential manner, and forward copies to the PREA Coordinator. Per Policy, “Notifications will be provided to alleged victims in a confidential manner through legal mail or by another method determined by the Appointing Authority”.

The PCM/CCS and Superintendent were aware of their responsibility to ensure documentation of alleged victim notification was provided upon the conclusion of investigation whether the investigation outcome findings were substantiated, unsubstantiated, or unfounded. The PREA Coordinator indicated the Offender Notification was included as a component in all PREA Investigation packages, and they were aware of their responsibility to oversee the tracking and documentation of such notifications. Based upon comprehensive review and PAQ submission, there were no sexual abuse and/or sexual harassment investigations opened and/or closed during the reporting period at TCWTR; therefore, no notification documentation could be reviewed per this standard. However, based upon available evidence, to include Policy and Specialized interviews as well as historical ongoing offender-on-offender notification log, TCWTR has Policy and practice in place to document all such notifications and/or attempted notifications, pursuant to 115.273d & 115273e.

There was no corrective action required for this standard.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1485 465">The auditor reviewed Agency Policy 490.800 PREA Prevention and Reporting (Rev. 11/20/20); and 490.860 PREA Investigation (Rev. 09/29/20), as well as Collective Bargaining Agreements between the State of Washington and Teamsters Local 117 (exp: 6/30/21); Washington Administrative Code (WAC) 357-40-010: Can an appointing authority take disciplinary action?; Revised Code of Washington (RCW) 72.09.225 Sexual misconduct by state employees, contractors, and a Secretary's Directive (Secretary S. Sinclair; dated: 1/21/21) towards compliance determinations with the provisions of this standard.</p> <p data-bbox="242 499 1485 792">Standard 115.276a: WADOC Policy 490.800 stated, "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 of staff. Incidents of sexual misconduct will be referred for criminal prosecution when appropriate". Policy 490.860 stated, "Employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies". Collective Bargaining Agreement, RCW 72.09.225, WAC 357-40-010, and Secretary's Directive each delineated that staff may be subject to disciplinary sanctions up to and including termination from the Department for violation of sexual abuse and sexual harassment policies. Per PAQ, "The Revised Code of Washington (RCW) 72.09.225 details state law regarding Custodial Sexual Misconduct. Washington Revised Code (WAC) 357-40-010 details disciplinary actions Appointing Authorities may take for just cause. Collective bargaining agreements detail disciplinary processes for represented employees".</p> <p data-bbox="242 826 1485 1021">The Department Head, PREA Coordinator, and Superintendent each confirmed their understanding of WADOC's ability to implement such termination processes when necessary. During the reporting period, there were no instances at TCWTR by which staff were subject to disciplinary sanctions by which to evaluate application of this standard provision. However, based upon evidence provided, to include Specialized interviews, specified documentation, as well as WADOC Policy, Agency staff were subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and/or sexual harassment policies.</p> <p data-bbox="242 1055 1485 1249">Standard 115.276b: The Secretary's Directive (dated 01/22/21) stipulated that secondary to RCW 72.09.225, which stated in relevant part, "The Secretary shall immediately institute proceedings to terminate the employment of any person: (a) Who is found by the department, based on a preponderance of evidence, to have had sexual intercourse or sexual contact with the inmate; or (b) Upon a guilty plea or conviction for any crime specified in Chapter 9A.44 RCW when the victim was an inmate". The Directive indicated that secondary to RCW 72.09.225 direction, dismissal from employment shall be the presumptive disciplinary sanction for any staff who violated Agency policy and were found to have engaged in sexual abuse.</p> <p data-bbox="242 1283 1485 1532">Per the PAQ, "During the audit documentation period, there have been no substantiated investigations involving agency employees. However, had a substantiated investigation occurred, the Appointing Authority would have followed agency policies and disciplinary sanctions, up to and including dismissal would be imposed". Interviews with the Department Head, PREA Coordinator, and Superintendent, each supported that any staff member who violated the Agency's zero tolerance policy towards sexual abuse would be presumptively terminated. The Superintendent and PCM/CCS indicated that there had been no staff at TCWTR who had been terminated (or resigned prior to termination) secondary to violating WADOC sexual abuse and/or sexual harassment Policies during the reporting period. Based upon evidence available, termination was the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p data-bbox="242 1565 1485 1859">Standard 115.276c: Agency Human Resources policies do not speak directly to applicable disciplinary sanctions associated with violation of Agency policy related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse); but for indications as provided in 115.276a. As such, the Agency was aware that they, "...must adhere to all applicable state and federal laws", under which per Secretary's Directive (dated: 01/22/21), "In relation to PREA allegation, the Department shall conduct proceedings for staff who have engaged in sexual misconduct in accordance with RCW 79.02.225. Furthermore, per Directive, disciplinary sanctions for violation of Agency policy related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) were, "...to be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories".</p> <p data-bbox="242 1892 1485 2141">The PAQ indicated, "During the audit documentation period, there have been no substantiated investigations involving agency employees. However, had a substantiated investigation occurred, the Appointing Authority would have followed agency policies and disciplinary sanctions, up to and including dismissal would be imposed". The Department Head, PREA Coordinator, and Superintendent specified in applicable cases determination of disciplinary sanctions would be made with consideration of the aforementioned factors, as noted in the Secretary's Directive, and pursuant to 115.276c. Based upon available evidence, disciplinary sanctions for violations of agency policies relating to sexual abuse and/or sexual harassment (other than actually engaging in sexual abuse) would be 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</p>

similar histories.

Standard 115.276d: Per Policy 490.860, the Appointing Authority bore responsibility to ensure notification to law enforcement and relevant licensing bodies, when a substantiated allegation was criminal in nature. Per Policy 490.860, "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". And, "In cases of substantiated staff sexual misconduct, The Appointing Authority will ensure the finding(s) is reported to relevant licensing bodies". While WADOC does not appear to phrase Policy in language specifying staff 'termination' or 'resignation' secondary to violations of Agency sexual abuse and/or sexual harassment policies; the Agency Policy ensured notification of law enforcement agencies and relevant licensing bodies at the closure of all relevant cases upon 'substantiation', which would capture the same represented sexual abuse and/or sexual harassment violations.

Per PAQ, there were no (0) PREA investigations of staff that met this standard provision. However, during interviews with the Department Head, PREA Coordinator, and Superintendent, each identified the Departmental mandate and process by which to ensure follow-through by reporting all substantiated, criminally-related sexual abuse violations and administrative violations that rose to the criminal level to local Law Enforcement (when appropriate), and reporting all substantiated sexual abuse and sexual harassment cases to relevant licensing boards. Based on evidence provided, terminations for violations of WADOC sexual abuse and/or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignations, would be appropriately reported to: 1.) Law enforcement agencies (unless the activity was clearly not criminal), and 2.) Relevant licensing bodies.

There was no corrective action required for this standard.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1477 398">The auditor reviewed the following Agency Policy 490.800 PREA Prevention and Reporting (Rev. 11/20/20); 490.860 PREA Investigation (Rev. 09/29/20); and 450.050 Prohibited Contact (Rev. 11/21/15), as well as Deputy Secretary Directive (J. Martin; dated: 01/22/21) and Revised Code of Washington (RCW) 72.09.225 Sexual misconduct by state employees, contractors towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="242 432 1490 790">Standard 115.277a: Agency Policy 490.800 defined staff to include contract staff and volunteers. The Policy 490.800 specified, "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 of staff. Incidents of sexual misconduct will be referred for criminal prosecution when appropriate". Policy 490.860, echoed, "Allegations may be referred to law enforcement agencies for criminal investigations". In addition, Policy 490.860 clarified, "When a substantiated allegation is criminal in nature, the Appointing Authority/designee will notify: 1.) Law enforcement, unless such a referral was made previously during the course of the investigation, and 2.) Relevant licensing bodies". Finally, Policy 490.860, specified, "In cases of substantiated staff sexual misconduct...The Appointing Authority will ensure the finding(s) is reported to relevant licensing bodies [as noted per 490.800 "staff" is to include contractor staff and volunteers]". Agency Policy 490.860 indicated, "Contract staff and volunteers, who are found to have committed staff sexual misconduct, will be terminated from service and prohibited from contact with individuals under the Department's jurisdiction".</p> <p data-bbox="242 824 1490 1081">Per PAQ, "During the audit documentation period, there have been no substantiated investigations involving contractors or volunteers. However, had a substantiated investigation occurred, the Appointing Authority would have followed agency policies facility access would have been restricted and programming participation terminated". This information was consistent with the auditor's review of documentation provide and onsite records, as well as Specialized interviews. During Specialized Interviews, the Superintendent, PREA Coordinator, and Department Head confirmed knowledge of these policies and processes for implementation. Based upon available evidence, any contractor and/or volunteer who engaged in sexual abuse was prohibited from contact with residents, as well as reported to law enforcement agencies (unless the activity was clearly not criminal), and relevant licensing bodies.</p> <p data-bbox="242 1115 1477 1305">Standard 115.277b: Per Policy 450.050, at the time of substantiating a PREA allegation, notification to the mailroom, visiting, and Intelligence Officer was to be made to establish appropriate contact restrictions. Agency Policy also included mechanisms for tracking both contractors and volunteers to ensure information is made available agency wide, to ensure all facilities are alerted to a contractor's termination and volunteers are tracked via notification to and 'red-flagging' with the Volunteer Program. Per Policy 490.860, "For any other violations of Department PREA policies, appropriate actions will be taken.</p> <ol data-bbox="276 1361 1477 1686" style="list-style-type: none"> 1. For contract staff terminations: <ol style="list-style-type: none"> 1. 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. 2. Facilities will establish procedures to track contract staff terminations and notify appropriate control points to ensure facility access is not grant 2. Volunteer terminations will be tracked per DOC 531.100 Volunteer Program. Former volunteers with any: <ol style="list-style-type: none"> 1. PREA investigation finding of substantiated, where the volunteer is the accused, will not be able to apply for visits with an incarcerated individual for 3 years. 2. Substantiated allegations of sexual intercourse or staff sexual misconduct will not be able to communicate with an incarcerated individual (e.g., telephone, the mail, emessages) for one year". <p data-bbox="242 1720 1477 1910">Policy 450.050 stated, "Substantiated allegations of sexual intercourse...will result in: a.) Permanent restriction on visitation, which may be appealed after three (3) years. b.) An eighteen (18) month restriction on telephone and mail communication, including eMessaging". All other substantiated allegations of staff sexual misconduct, per Policy 450.050, will result in a one (1) year telephone and mail communication restriction, to include eMessaging, and a two (2) year visiting restriction. Furthermore, per Policy 450.050, exceptions to the presumptive restrictions may be granted, but only when extraordinary circumstances support the request and granting the request will not undermine WADOC's zero tolerance stance.</p> <p data-bbox="242 1944 1490 2134">As noted, per PAQ, "No violations have occurred, but if so, the facility may provide additional training to the contractor or volunteer based on the severity and frequency of the violation(s) of the sexual abuse or sexual harassment policies, and consider prohibiting any further contact". Based upon interview with the Agency Head, Superintendent, PREA Coordinator, and PCM/CCS, each were aware of the need to take appropriate remedial measures and consider whether to prohibit further contact with residents in the case of any other violations of WADOC's sexual abuse and/or sexual harassment policies by a contractor or volunteer. Although there were no case examples at TCWTR, it was clear by Policy and Specialized interview</p>

that in the case of any other violation of WADOC's sexual abuse and/or sexual harassment policies by a contractor or volunteer, TCWTR was aware of their responsibility to take appropriate remedial measures, and consider whether to prohibit further contact with residents.

There was no corrective action required for this standard.

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1489 465">Agency Policy 490.860 PREA Investigation (Rev. 09/29/20); 460.135 Disciplinary Process for Work Release (Rev. 05/24/16); 490.800 PREA Prevention and Reporting (Rev. 11/20/20); and 460.050 Disciplinary Sanctions (Rev. 1/1/19); Chapter 137-28 WAC (Washington Administrative Code) Discipline – Prisons, WAC 137-28-310 Decision of hearing officer, WAC 138-28-360 Sanctions and mental status, and WAC 137-25-020 Definitions; as well as WADOC Statewide Offender (Rev. 2017) & TCWTR Resident (Rev. 7/1/19) Handbooks were reviewed by the auditor towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="242 499 1489 658">Standard 115.278a: Per Policy 490.850 WADOC facilities do not internally manage criminal investigations. External law enforcement manage criminal prosecution for WADOC cases, and in findings of guilt, court ordered sanctioning would apply for offender-on-offender sexual abuse. Per Policy 490.850, following an administrative finding that an offender has engaged in individual-on-individual sexual abuse, the offender would be subject to disciplinary sanctions pursuant to a formal disciplinary process, to include a 635, 637, or 659 infraction being written against the perpetrator (detailed below).</p> <p data-bbox="242 692 1489 1016">Per PAQ, “The provided sections of the Washington Administrative Code (WAC) detail disciplinary processes”. The auditor reviewed the WAC 137-28, which described the formal process by which disciplinary sanctions were issued for a substantiated finding of resident-on-resident sexual abuse. Per Policy 460.050: Disciplinary Sanctions, for substantiated PREA allegations against an offender, an infraction must be written against the perpetrator. Furthermore, those offenders shall be sanctioned in accordance with the appropriate disciplinary code, to include: “635 – Committing sexual assault against another offender (i.e., aggravated sexual assault or offender-on-offender sexual assault), as defined per DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting; 637 – Committing sexual abuse against another offender, as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting; 659 – Committing sexual harassment against another offender, as defined per DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting”.</p> <p data-bbox="242 1050 1489 1442">Per the PAQ submission, as substantiated by interview with the Superintendent and PCM/CCS, as well as the auditor’s review of documentation, “...there have been no substantiated administrative investigations of inmate-on-inmate sexual abuse/assault. However, had a substantiated investigation occurred, the perpetrator would be subject to formal disciplinary processes and referral for a criminal investigation if applicable. During the audit documentation period, there have been no criminal substantiated investigations of inmate-on-inmate sexual abuse/assault. However, had a substantiated investigation occurred, the perpetrator would be subject to formal disciplinary processes”. There were no (0) residents with an administrative finding to have engaged in resident-on-resident sexual abuse at TCWTR during the review period. Interview with the PCM/CCS and Superintendent supported that should such a situation arise, the perpetrator would be subject to disciplinary sanctions and referral for criminal prosecution, if applicable. Based upon available evidence, 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, residents would be subject to disciplinary sanctions pursuant to a formal disciplinary process.</p> <p data-bbox="242 1476 1489 1635">Standard 115.278b: Per Chapter 137-28 WAC (associated with Policy 490.860 and 460.135) disciplinary sanctions administered to an offender found administratively guilty of having engaged in offender-on-offender sexual abuse would be commensurate with the nature and circumstances of the abuse committed (as based upon the disciplinary code; Policy 460.050 listed above). Per the WAC Discipline Chapter, sanctions would also be commensurate with the offender’s disciplinary history and sanctions imposed in comparable offences by other offenders with similar histories.</p> <p data-bbox="242 1668 1489 1960">As noted in 115.278a, there were no (0) residents found administratively to have engaged in resident-on-resident sexual abuse at the TCWTR during the review period. Therefore, there was no documentation provided to review the imposition of penalties for such infractions. However, interviews with the PREA Coordinator, Superintendent, and PCM/CCS confirmed their understanding of disciplinary policy as related to sanctioning resident-on-resident abuse commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other resident’s with similar histories. Based upon available evidence, sanctions were applied for administrative findings of resident-on-resident sexual abuse that were 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.</p> <p data-bbox="242 1993 1489 2085">Standard 115.278c: WAC Chapter 137-28 (associated with Policy 490.860 and 460.135) delineated the mental health status and any disabilities of the perpetrator, and whether these conditions may have played a part in the sexual misconduct would be considered in the types of sanction imposed.</p> <p data-bbox="242 2119 1489 2145">Again, as per 115.278a, as there were no PREA allegations during the reporting period; and therefore, no substantiated</p>

allegations of resident-on-resident abuse, none met criteria for sanctioning under the current provision. Per discussion with the PCM/CCS, violations falling under particular codes may be sanctioned to a hearing by a multidisciplinary Facility Risk Management Team (MDT-FRMT) review for consideration of available interventions (to include, mental health therapy, sex offender treatment program, anger management; note: not available at TCWTR, while available through WADOC facilities). The determination of need for a MDT-FRMT to be convened would allow for additional insight to be gathered in a resident's case as to what type of sanctions the facility would impose. Interviews with the Superintendent and PCM also confirmed their understanding of Agency Policy and the requirement that local disciplinary processes take into consideration whether mental illness or mental disability contributed to the resident having engaged in sexually abusive behavior. Based upon available evidence, WADOC and the facility's disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what types of sanction, if any, should be imposed.

Standard 115.278d: Policy 460.135 stated, "Prison Rape Elimination Act (PREA) Violations: An offender who is found guilty of a 611, 613, 635, or 637 violation [detailed below] may be sanctioned to a multidisciplinary FRMT review for consideration of available interventions (e.g., Mental Health therapy, Sex Offender Treatment Program, Anger Management)". Per PAQ, "WADOC policy allows for offenders found guilty of infractions 611 (committing sexual assault against a staff member), 613 (committing an act of sexual contact against a staff member), 635 (committing a sexual assault against another offender), or 637 (committing sexual abuse against another offender) violations may be sanctioned to a multidisciplinary Facility Risk Management Team review for consideration of available interventions (e.g., mental health therapy, sex offender treatment program, anger management, etc.)".

Per interviews with the PCM/CCS and Superintendent, the facility does not offer therapy, counseling and other interventions directly designed to address and correct underlying reasons or motivation for sexually abusive behavior. However, per information provided through interviews, these programs were available at other WADOC facilities, generally through Mental Health services. Specifically, should a resident require programming of this nature, they would be referred for placement at the appropriate location where an assessment regarding the resident's treatment needs would be conducted. As the facility does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, offenders determined to require such interventions would not remain placed at the facility. As noted, there were no PREA-related allegations during the reporting period, therefore no substantiated allegations and none (0) which would potentially require the receipt of therapy as directed under the realm of this standard provision. The Agency offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, which are made available to the facility. Based upon available evidence the facility does consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits, in such a manner as resident's will be required to transfer to the WADOC facility where recommended programming is available and would thereby be restricted from access to programming and other benefits until the resident had affected their participation in the treatment program, as endorsed by the MDT-FRMT.

Standard 115.278e: Agency Policy 490.860 stated the offender may only be disciplined secondary to engaging in sexual contact with staff upon discovery that the staff member did not consent to such contact. The violation codes associated with associated disciplinary processes included 611 – committing sexual assault against a staff member, and 613 – committing an act of sexual contact against a staff member.

Per PAQ, there were no (0) incidents of disciplinary action taken against residents for sexual misconduct with staff during the review period. This was supported by the auditor's understood acknowledgement that there were no known PREA allegations during the review period; therefore, no substantiated allegations, and none which would have potentially met criteria for this standard provision. Interviews with the PCM/CCS, Superintendent and PREA Coordinator supported their understanding that per Policy and standard provision a resident would only be disciplined for discovered sexual conduct with a staff member upon finding that the staff member did not consent to such contact. Based upon available evidence, TCWTR would discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Standard 115.278f: Agency Policy 490.860 prohibited disciplinary action or offenders being infraacted against for providing a report of sexual abuse made in good faith when it was based upon reasonable belief that the alleged conduct occurred (i.e., NOT constitute falsely reporting an incident or lying). Specifically, Policy 490.860 stated, "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". Per PAQ, "WADOC policy prohibits offenders from being infraacted or disciplined for a report made in good faith indicating that this does not constitute providing false information even if the investigation does not establish sufficient evidence to substantiate the allegation. Infractions for violation 549 (providing false or misleading information during any stage of an investigation of sexual misconduct, as defined per DOC 490.860 Prison Rape Elimination Act [PREA] Investigation) requires the completion of a formal investigation with an unfounded finding and a determination by the Appointing Authority that the allegation was not made in good faith".

During the review period at the facility, per PAQ, documentation review, and information gathered during site review, including resident (Randomized) and staff (Random and Specialized) interviews, no (0) residents were identified to have been infraacted/disciplined for filing PREA allegations of sexual abuse. There were, to the best of the auditor's knowledge, no

PREA-related allegations filed during the reporting period; therefore, no (0) incidents could be reviewed related to this standard provision. The PCM/CCS (also a Facility Investigator) and Superintendent were aware of this standard provision and Policy. Based upon available evidence, for the purposes of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred would NOT constitute falsely reporting an incident or lying, even if an investigation failed to establish evidence sufficient to substantiate the allegation.

Standard 115.278g: Agency Policy 490.050 clearly defined PREA-related prohibited behaviors. Per PAQ, "WADOC policy clearly defines PREA-related prohibited behaviors. Consensual sexual activity between offenders is not included in these definitions. Such activity is prohibited by regulation but is not considered PREA-related, unless there is a determination that coercion has occurred, in which case the allegation would be investigated as offender-on-offender sexual assault". Any offenders found to be engaging in coercive sexual assault, per Agency Policy, would be administratively investigated and referred for criminal investigation.

Based upon the auditor's review of documentation, as well as Specialized interviews with the Superintendent, PCM/CCS, and those conducted with residents (Randomized) there was no evidence of non-coercive sexual conduct between residents at TCWTR being considered sexual abuse. Based upon available evidence, TCWTR always refrained from considering non-coercive sexual activity between residents to be sexual abuse.

There was no corrective action for this standard.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1490 331">The auditor reviewed Agency Policy 610.300 Health Services for Work Release Offenders (Rev.6/22/15); and 490.850 PREA Response (Rev. 10/08/20) towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="242 360 1490 656">Standard 115.282a: Per Policy 490.850, all victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, "...coordinated by the Work Release Administrator or applicable Field Administrator or their designee". Policy 610.300 stated, "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, employee/contract staff will...Ensure that the community health care facility personnel are notified of the reported misconduct...Female offenders housed in a Work Release will have access to pregnancy management services. 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".</p> <p data-bbox="242 685 1490 913">TCWTR does not provide forensic medical examinations, while First Responders provide emergent treatment, responding to immediate medical care needs and evaluate the victim for any life threatening injuries prior to transport to an outside facility for completion of the forensic medical examination. The PAQ reported, "During the audit documentation period, there were no reported cases of an aggravated sexual assault that indicated a forensic medical examination". Per the auditor's review of the documentation provided and all interviews conducted there was no indication that any cases of sexual abuse had been committed during the reporting period that had required access to emergency medical treatment and/or crisis intervention services.</p> <p data-bbox="242 943 1490 1205">There were no employed Medical and/or Mental Health providers at TCWTR; however, per Policy, resident victims of sexual abuse would receive timely, unimpeded access to emergency medical treatment and crisis intervention services through partnerships with Kadlec Hospital, SARC, and potentially via WADOC facilities. In speaking with the PREA Coordinator and Superintendent, as well as representatives of both Kadlec and SARC facilities, all agreed to these partnerships and indicated Medical and Mental Health practitioners would provide services within the nature and scope which were determined according to their professional judgment. Sexual Assault Nurse Examiner staff at Kadlec and Rape Advocacy staff at SARC were able to clearly state their responsibilities in responding to a reported incident of sexual abuse, in alignment with the provisions of this standard.</p> <p data-bbox="242 1234 1490 1462">Standard 115.282b: Qualified Medical and/or Mental Health practitioners are not employed directly at TCWTR; therefore, would not be on duty at the time a report of recent sexual abuse was made TCWTR. However, security staff First Responders take preliminary steps to protect the victim pursuant to 115.262 and the facility will immediately notify the identified Medical and Mental Health practitioners. Per Policy 490.850 and the PREA Response Plan, First Responders must immediately notify the Work Release Administrator or Duty Officer of an incident aggravated sexual abuse. The process for handling emergency treatment was documented thoroughly through Policy 610.300 to include, "For the purpose of handling emergencies [Note: to include recent sexual abuse], local procedures should provide for:</p> <ul data-bbox="284 1518 1007 1709" style="list-style-type: none"> • On-site emergency first aid and crisis intervention • Use of nearby hospitals and/or other methods of obtaining assistance • Emergency evacuation of the offender from the facility • Use of emergency vehicles for immediate transfer of the offender • A back-up plan in the event usual health care services are unavailable • Documentation of any health services provided". <p data-bbox="242 1738 1490 1899">Policy 490.850 mandated initiating the Aggravated Sexual Assault Checklist, and Policy 610.300 stated, the facility identified, 'use of nearby hospital (i.e., Kadlec Hospital) and other methods of obtaining assistance (i.e., SARC; Rape Crisis Advocacy)' shall be contacted and apprised of the report. Per 490.850, "In Work/Training Release, an alleged victim will be transferred to a Prison only upon the alleged victim's documented request, or when community medical or mental health services are insufficient to meet the alleged victim's needs".</p> <p data-bbox="242 1928 1490 2157">Based upon Random staff interviews (12/12; 100%), and facility First Responders (4/4; 100%), all were aware of their responsibility to respond to sexual abuse incidents pursuant to 115.262, and report any such incidents to immediately to the Work Release Administrator or Duty Officer. The Superintendent (i.e., Work Release Administrator) was aware of their responsibility to implement a coordinated response, which included notification by the facility of identified Medical and Mental Health practitioners. Medical and Mental Health partners (i.e., Kadlec SANE and SARC service providers), during interview, also stated their responsibility, upon notification, to provide emergency and crisis intervention care to any identified victims, as appropriate.</p>

Standard 115.282c: Policy 490.850, indicated, "Work/Training Releases will develop local procedures to ensure alleged victims of aggravated sexual assault are provided with emergency medical care to include forensic medical examination, as applicable". Policy 610.300 stated, "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...Female offenders housed in a Work Release will have access to pregnancy management services. 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". In addition, Policy 601.300 indicated, "Offenders who are victims of sexual misconduct which took place while incarcerated will receive information and access to services and treatment for sexually transmitted infection (STIs) and emergency contraception as medically appropriate". Per PAQ, "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". Per Policy 490.850, "Work/Training Release...will develop procedures for victims to receive ongoing medical, mental health, and support service as needed".

Treatment for STIs and any pregnancy-related information will initially occur with the SANE at the designated health care facility during the forensic medical examination, which was confirmed by the auditor during interview with a SANE Charge Nurse from Kadlec Hospital in Richmond, WA. During interview, the Kadlec SANE provider was able to articulate their responsibilities to provide support and follow-up medical care to victims of sexual abuse, to include provision of a forensic medical examination with information about emergency contraception and STI prophylaxis, as well as appropriate treatment, with follow-up care interventions associated with STI prophylaxis and community referrals, if indicated. Based upon information, as provided, resident victims of sexual abuse would be offered timely information about and access to emergency contraception, as well as STI prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Standard 115.282d: Per Policy 610.300, "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". At TCWTR, any victim of sexual abuse would be provided access to a forensic medical examination through the designated community health care facility, Kadlec Hospital, and rape advocacy/mental health services through SARC, as well as through WADOC facilities, if deemed necessary and agreed to by the victim (as cited above). Throughout the twelve (12) month audit-reporting period there were no (0) PREA allegations at TCWTR, thus, none (0) necessitating medical and/or mental health services through partnered sites. Based upon interview with a SANE and SARC providers at the designated partnerships, PAQ information, and comprehensive review of documentation, the auditor confirmed this information.

When speaking with Kadlec and SARC providers, as well as TCWTR's PCM/CCS, each indicated that any victim who required a sexual abuse Medical and Mental Health support would be provided these services without financial cost. Moreover, the victim would be made aware that such services would be provided free of charge prior to transport, such that their decision to engage in identified treatment would not be hindered by financial concerns.

There was no corrective action required for this standard.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1489 398">The auditor reviewed Agency Policy 610.300 Health Services for Work Release Offenders (06/22/15); 630.500 Mental Health Services (Rev. 04/28/17); 490.850 PREA Response (Rev. 10/08/20); 600.000 Health Services Management (Rev. 08/25/14); and 610.025 Health Services Management of Alleged Sexual Misconduct Cases (Rev. 7/20/20) towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="242 432 1489 925">Standard 115.283a: The facility offered 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. Per Policy 490.850, "Victims in all cases of 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 Alleged Sexual Misconduct Cases. Individuals alleging sexual acts perpetrated by either staff or another individual that occurred within the previous 120 hours and involve penetration or exchange of body fluids will be assessed for immediate medical needs before transport to the designated community health care facility for a forensic medical examination". In addition, Policy 490.860 cited, "Partnered advocacy organizations are detailed in the Designated Advocates and Hospital List maintained...in the facility's PREA Response Plan". Per Policy 610.025, "If a report of sexual assault or staff sexual misconduct is made more than 120 hours after and within 12 months of the alleged incident, the alleged victim will be referred for medical follow-up with Health Services. The health care provider will evaluate and treat the patient as medically necessary including testing for and treatment of sexually transmitted infections and prevention of pregnancy, if applicable. The alleged victim will be offered a medical and mental health care appointment and will be seen within 14 days unless the patient declines". Within the context of Aggravated Sexual Assault PREA Response, per Policy 490.850, "Work/Training Release...will develop procedures for victims to receive ongoing medical, mental health, and support services as needed".</p> <p data-bbox="242 958 1489 1283">Per PAQ, "If an offender in a work release facility has been victimized by sexual abuse, they can be referred for a medical and mental health evaluation in the community". Based upon interviews with the Superintendent, PCM/CCS, there were identified Medical and Mental Health providers available on-call, secondary to facility partnerships with community providers, Kadlec hospital and SARC. The facility Health understood their responsibility to offer Medical and Mental Health evaluation to residents, as appropriate, who had been victimized by sexual abuse in any prison, jail, lockup or juvenile facility in a timely fashion. During the reporting period, per the PAQ, no (0) PREA sexual abuse allegations were made at TCWTR; therefore, none (0) met criteria for referral to Medical and Mental Health under the purview of this standard provision. Per interviews with partnered Medical and Mental Health services at Kadlec and SARC, evaluation of relevant PAQ documentation provided to the auditor, and onsite review this was judged an accurate representation of PREA allegations during the reporting period.</p> <p data-bbox="242 1317 1489 1574">Standard 115.283b: Per WADOC Health Service Policies, Medical and Mental Health evaluation and treatment include follow-up services and individualized treatment plans. Furthermore, 490.850 explicitly stated, "Work/Training Release...will develop procedures for victims to receive ongoing medical, mental health, and support services as needed." In addition, Policy 490.850 stated, "The Health Authority will discuss procedures with and ensure the community health care facility is prepared to...Provide health services employees/contract staff with the medical information and reports necessary for the Department to provide follow-up care". Per Policy 610.025, a health care practitioner and mental health professional must offer follow-up within clinically appropriate timeframe with the victim (i.e., depending on whether the sexual misconduct happened within 120 hours, beyond 120 hours to 12 months, or beyond 12 months).</p> <p data-bbox="242 1608 1489 1933">Continuity of care aimed to ensure support services were in place upon release from the facility for the victim. Per interviews with the Superintendent and PCM/CCS, when necessary, referrals would be initiated for continued care based upon the victim's transfer to or placement at other facilities or upon their custodial release. As stated above, the facility understood their responsibility to offer Medical and Mental Health services in a timely fashion, including in such cases as victim resident transfer occurred, to establish continuity of care communication and carry treatment plans through to completion. As there were no (0) cases related to transfer of individuals at TCWTR during the reporting period meeting the criteria for this standard provision, no documentation was available for review. However, it was clear that the facility recognized their responsibility that at such point as a resident transferred or released to the community they would be connected with appropriate with follow-up services, treatment plans, and referrals for Medical services and Mental Health, to include victim advocacy (as provided through OVCA and/or SARC), as appropriate.</p> <p data-bbox="242 1966 1489 2089">Standard 115.283c: The provision of Medical and Mental Health care, per Policy 490.850, is to be available to victims in community facilities. As services are being provided in community facilities, the first step has been attain to provision equivalent to the community standard of care. In addition, access to such services is considered by way of WADOC Policy, which documented Medical and Mental Health service provision for offender victims of sexual abuse.</p> <p data-bbox="242 2123 1489 2157">At TCWTR, victims of sexual abuse receive services via Kadlec Hospital and SARC, as well as WADOC facilities, when</p>

necessary. During interviews with Kadlec SANE and SARC providers, each stated that services provided through WADOC partnerships to any TCWTR victims of sexual abuse would be consistent with those provided to members of the community and offered consistent with the community level of care. The level of related care provided to victims of sexual abuse was judged by the auditor to be consistent with community level of care.

Standard 115.283d & e: Policy 610.300 stated, "Female offenders housed in a Work Release will have access to pregnancy management services. 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". In addition, Policy 601.300 indicated, "Offenders who are victims of sexual misconduct which took place while incarcerated will receive information and access to services and treatment for...emergency contraception as medically appropriate". Per PAQ, "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. 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". Per Policy 490.850, "Work/Training Release...will develop procedures for victims to receive ongoing medical, mental health, and support service as needed".

Per PAQ, "During the audit documentation period, there were no reported cases of female victims where they were sexually abused by vaginal penetration while incarcerated. If a female victim were to be sexually abused by vaginal penetration, then she would be offered a pregnancy test at our local hospital". In addition, PAQ reported, "During the audit documentation period, there were no reported pregnancy cases resulting from sexual abuse. If there were any cases, they would receive timely and comprehensive information at the local hospital".

Treatment for any pregnancy-related information will initially occur with the SANE at the designated health care facility during the forensic medical examination, and made further available through Planned Parenthood. The auditor confirmed this information during interview with a SANE Charge Nurse from Kadlec Hospital in Richmond, WA. During interview, the Kadlec SANE provider was able to articulate their responsibilities to provide support and follow-up medical care to victims of sexual abuse, to include provision of a forensic medical examination with offered pregnancy test, as well as pregnancy-related medical treatment, with follow-up care interventions associated with community referrals, if indicated (to include emergency contraception). Based upon information, as provided, resident victims of sexual abuse would be offered pregnancy tests and timely, comprehensive information about, as well as timely access to all lawful pregnancy related-medical services, in accordance with professionally accepted standards of care, where medically appropriate.

Of note: there are females housed at TCWTR, and the auditor did query regarding identification of transgender males who may have met needs under standard provisions 115.283d & e; however, no (0) residents had met this criteria during the reporting period or while the auditor was onsite.

Standard 115.283f: Per Policy 610.025, health care practitioners will, "Provide any additional evaluation and treatment that is medically necessary, including testing, prophylaxis, and treatment of sexually transmitted diseases". As indicated in the previous standard 115.262, Agency Policy 610.025 indicated all victims of sexual abuse shall be referred for Medical follow-up. The health care provider, per Policy, shall offered tests for sexually transmitted infections, as medically appropriate. Specifically, Policy 610.300 stated, "Offenders who are victims of sexual misconduct which took place while incarcerated will receive information and access to services and treatment for sexually transmitted infections (STIs)". Per PAQ, "Any individual alleging sexual assault, sexual abuse and/or staff sexual misconduct is referred to a health care provider to evaluate any injury and provide treatment and follow-up care. The individual is provided medical and mental health treatment services that are clinically indicated based upon the evaluation".

Treatment for STIs will initially occur with the SANE at the designated health care facility during the forensic medical examination, which was confirmed by the auditor during interview with a SANE Charge Nurse from Kadlec Hospital in Richmond, WA. During interview, the Kadlec SANE provider was able to articulate their responsibilities to provide support and follow-up medical referrals to victims of sexual abuse, to include information STI testing and prophylaxis, as well as appropriate treatment, with follow-up interventions associated with prophylaxis, if indicated. Based upon information, as provided, resident victims of sexual abuse would be offered access to testing and STI prophylaxis, in accordance with professionally accepted standards of care, as medically appropriate.

Standard 115.283g: Per Policy 610.300, "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". At TCWTR, any victim of sexual abuse would be provided access to a forensic medical examination through the designated community health care facility, Kadlec Hospital, and rape advocacy/mental health services through SARC, as well as through WADOC facilities, if deemed necessary and agreed to by the victim (as cited above). Throughout the twelve (12) month audit-reporting period there were no (0) PREA allegations at TCWTR, thus, none (0) necessitating medical and/or mental health services through partnered sites. Based upon interview with a SANE and SARC providers at the designated partnerships, PAQ information, and comprehensive review of documentation, the auditor confirmed this information.

When speaking with Kadlec and SARC providers, as well as TCWTR's PCM/CCS, each indicated that any victim who required a sexual abuse Medical and Mental Health support would be provided these services without financial cost. Moreover, the victim would be made aware that such services would be provided free of charge prior to transport, such that their decision to engage in identified treatment would not be hindered by financial concerns.

Standard 115.283h: WADOC Policy 610.025 expressed that Agency Mental Health professionals would attempt to conduct a mental health evaluation with all known inmate-on-inmate abusers within sixty (60) days of learning of such abuse history. Policy 610.025 iterated that knowledge of 'such abuse history' aligned with, "an incarcerated individual identified as the perpetrator in substantiated allegations of sexual assault and/or sexual abuse, both within the Department and from other jurisdictions, unless one has already been conducted". Policy 610.300 stated, "For offenders identified as the perpetrator of a substantiated allegation of sexual misconduct, employees/contract staff will submit a referral for a community mental health evaluation. If the offender refuses to participate in the evaluation, s/he will be transferred to a Prison for evaluation and offered ongoing treatment as [sic] assess risk". Per PAQ, "There were no substantiated allegations of inmate-on-inmate sexual assault and/or abuse during the documentation period. If such a situation occurs, a mental health referral would be forwarded for the perpetrator, who would be scheduled for an evaluation to be completed within the required timeframes. If the agency learns of substantiated allegations of assault or abuse committed by an individual in another jurisdiction, the individual would also be referred for a mental health evaluation as soon as the information was obtained. The PREA Risk Assessment would also be reviewed to ensure the newly learned information was added and housing assignments reviewed accordingly. No applicable information was received during the documentation period".

During interview with the Superintendent and CCS/PCM an assessment of this nature would not occur at TCWTR, as offenders in such circumstances would typically require placement at a higher level of security secondary to such offending behavior. However, should the resident remain housed at TCWTR and accept such evaluation in the community, per interviews, contact occurring with a mental health provider would generally occur in much less time than sixty (60) days. Per PAQ, investigatory file review, and onsite information, the facility had placed no referrals for Mental Health evaluation of known inmate-on-inmate abusers during the twelve (12) month audit review period. The auditor judged that in such cases meeting criteria for this standard provision the facility has Policy and practice in place to 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.

There was no corrective action required for this standard.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 331">The auditor reviewed Agency Policy 490.860 PREA Investigation (Rev. 09/29/20) towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="242 360 1485 521">Standard 115.286a: Agency Policy 490.860, delineated the Appointing Authority/designee will convene the local PREA Review Committee, conducted as a Multidisciplinary PREA Review, every thirty (30) days, or as needed, "...to examine the case for all substantiated and unsubstantiated investigations of individual-on-individual sexual assault/abuse and staff sexual misconduct". Per PAQ, "The HQ PREA Unit maintains a spreadsheet of all Local Review Committees conducted, including any identified corrective action".</p> <p data-bbox="242 553 1477 913">As noted, throughout the current audit, TCWTR did not have any PREA allegations made during the audit report period; therefore, the facility did not have any allegations, either substantiated or unsubstantiated to review at the local PREA Review Committee. In addition, there had been no cases at TCWTR with unfounded findings. During discussion with the Superintendent, and PCM/CCS, each were aware of the need to schedule PREA Reviews at the conclusion of every sexual abuse investigation, to include every substantiated and unsubstantiated case. With the Work/Training Release facilities, the PREA Review Committees are held conjointly, and on a regular basis, to ensure the ability to review cases as each facility closes relevant cases. Documentation review, as well as interviews, suggested PAQ information was an accurate representation of the facility's management of sexual abuse investigation closure sexual abuse incident review scheduling. The auditor judged the facility to 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</p> <p data-bbox="242 943 1485 1207">Standard 115.286b: As indicated above, WADOC Policy 490.860 mandated local PREA Review Committees be convened every thirty (30) days or as needed to "...to examine the case for all substantiated and unsubstantiated investigations of individual-on-individual sexual assault/abuse and staff sexual misconduct [Note: neither standard provision nor Policy discriminates whether the investigation was conducted as administrative or criminal]". Documentation of this meeting occurred on the Local PREA Investigation Review Checklist (DOC 02-383), which per Policy, must be completed for each case the Committee reviewed. This Checklist will be utilized to review policy compliance, causal factors, and systemic issues related to the sexual abuse allegation, and provide findings related to the completed PREA investigation. Per PAQ, "As needed, the Local PREA Review Committee is scheduled within 30 days of findings by the Appointing Authority".</p> <p data-bbox="242 1236 1477 1498">As noted above, there were no completed PREA Investigation Review Checklists provided to the auditor, as there had been no sexual abuse allegations during the review period for which to complete a review. However, as noted in 115.286a, the Superintendent and PCM/CCS were aware of the PREA Review Committee requirements, and both attended scheduled PREA Review Committee meetings on a monthly basis (i.e., every 30 days) for inter-Agency Work/Training Release facilities. Based upon documentation review, as well as formal and informal interviews conducted during the site review, this PAQ information was judged an accurate representation of the facility's standard PREA Review Committee scheduling. The auditor judged that such sexual abuse incident review committees ordinarily occur within 30 days of the conclusion of the related investigation.</p> <p data-bbox="242 1527 1485 1657">Standard 115.286c: Per Agency Policy 490.860, the facility PREA Review Committee responsible to perform the sexual abuse incident review, "...will be multidisciplinary and include facility management, with input from supervisors, investigators, and medical/mental health practitioners". Per PAQ, "The Committee is generally made up of the following individuals: the Work Release Administrator, the Work Release Operations Director and Community Corrections Supervisors".</p> <p data-bbox="242 1686 1461 1883">As noted in the prior provisions of this standard, the facility had not conducted PREA Review Committees secondary to PREA investigations, as there were no relevant allegations received during the review period. However, as discussed with the Superintendent and PCM/CCS, the aforementioned participants, as well as when relevant, an Administrative Head of Human Resources and invited guests (e.g., Local law enforcement, SANE, SARC representatives) would participate. The auditor judged the review team to include upper-level management officials, with input from line supervisors, investigators (Agency and local law enforcement), and as possible, medical and/or mental health practitioners.</p> <p data-bbox="242 1912 1493 2074">Standard 115.286d: Policy 490.860 cited that the PREA Review Committee, "...will review policy compliance, causal factors, and systemic issues using DOC 02-383 Local PREA Investigation Review Checklist", which would ensure every incident was examined to determine if there were improvements that could be implemented at the facility to prevent future occurrence. Specifically, per Policy, the committee review will utilize the Local PREA Investigation Review Checklist (as reviewed by the auditor; Rev. 09/26/20), for the following:</p> <ol data-bbox="242 2103 1477 2159" style="list-style-type: none"> 1.) Consider whether the allegation or investigation indicated a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

- 2.) Consider whether the incident or allegation was motivated by race; ethnicity; lesbian, gay, bisexual transgender or intersex identification, status, or perceived status; gang affiliation; or other group dynamics (subsumed to include gender identity; Note: the Agency may consider adding gender identity as a separate and specific item listed in this section, while per Interviews with the PCM/CCS it is discussed here);
- 3.) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers or layout in the area may enable abuse;
- 4.) Assess the adequacy of staffing levels in that area during different shifts and if Department approved staffing models were followed; and
- 5.) Assess whether video monitoring technology should be deployed or augmented to supplement supervision by staff.

Per PAQ, "Elements required by the standard are documented in DOC form 02-383 Local PREA Investigation Review Checklist. The form also includes an action plan section that identifies the action needed, the person responsible, the planned completion date and the date completed. This form is reviewed and signed off on by the Appointing Authority and forwarded to the agency PREA Coordinator/designee for inclusion with the electronic investigation report file".

The Local PREA Investigation Review Checklist functionally serves as a report of the Committee's findings including, but not necessarily limited to, determinations made pursuant to 115.286d1 through 115.286d5. These findings are then considered, as listed above, to formulate any recommendations for improvement (115.286d6.), which are also listed on the Checklist. Upon conclusion of the PREA Review Committee, the facility Appointing Authority/Superintendent signs the Checklist, which is then forwarded to the Agency PREA Coordinator. Per Specialized Interviews with the PREA Coordinator, Superintendent and PCM/CCS, sexual abuse incident reviews were viewed a priority by the Agency and facility.

Standard 115.286e: Per Policy 490.860, the facility is responsible for implementation of all recommendations for improvement or provide documentation of reasons for not doing so. This is listed on the Local PREA Review Checklist, which includes queries of, "Are recommendations by the Local Review Committee accepted? If no, provide reasons. If yes, provide details regarding implementation dates in the action plan". Per PAQ, "DOC form 02-383 Local PREA Investigation Review Checklist includes an Action Plan section that identifies the action needed, the person responsible, the planned completion date and the date completed".

As there were no (0) PREA Review Checklists completed at TCWTR during the reporting period there were no (0) associated Corrective Action Plans. However, should Checklists be completed, upon completion, per the Superintendent, PCM, and PREA Coordinator, the facility submitted Local Review PREA Investigation Checklists to PREA Headquarters. Available evidence suggested the facility was aware of their responsibility to conduct a thorough sexual abuse incident and implement the recommendations for improvement, or document the reasons for not doing so.

There was no corrective action required for this standard.

115.287	Data collection
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 432">The auditor reviewed Agency Policy outlining sexual abuse data collection and annual aggregated data report preparation contained within WADOC Policy 490.800 PREA Prevention and Reporting (Rev. 11/20/20); and 490.860 PREA Investigation (Rev. 09/29/20), as well as examined the 2019 & 2020 WADOC Annual PREA Reports, and 2018 & 2019 Survey of Sexual Violence (SSV-2) – State Prison System Summary Form towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="240 463 1485 689">Standard 115.287a: Agency Policy 490.800 delineated the definitions for sexual abuse. The Agency used a specified standardized instrument with a designated set of definitions to collect accurate and uniform data for every allegation of sexual abuse that occurred at the facilities under its direct control. For each PREA allegation, Agency Policy stipulated, input of each into the Offender Management Network Information (OMNI) system. Per PREA Coordinator Explanatory Memo (Subject: PREA Standard 115.87 & 115.287), WADOC has established a PREA allegation and case database within OMNI. The database facilitated WADOC’s ability to standardize collection of data elements. Data elements collected in OMNI included:</p> <ul data-bbox="280 743 1174 1272" style="list-style-type: none"> • case outcomes and sanctions, • accused offender (gender, age, race, also height and weight if accused is offender), • investigation participants (witnesses, alleged victim, accused, reporter), • source of allegation, • location (facility and location within the facility), • date allegation was received, • date and time of incident, • type of allegation, • individual reporting the information, • date and time reported, • who the information was reported to, • incident description, • investigation finding, • alleged victim (gender, age, race, also height and weight if the accused is an offender), • referral (law enforcement, prosecution, licensing body) and disposition of referral, and • case notes. <p data-bbox="240 1303 1485 1429">The Incident Management Reporting System (IMRS) into OMNI provided the standardized instrument used for accurate and uniform data collection of sexual abuse allegations. Specifically, all reports of nonconsensual sexual acts, abusive sexual contact, staff sexual misconduct, and sexual harassment, as defined in Agency Policy 490.800, shall be reported to the WADOC Headquarters PREA Coordinator via the IMRS in OMNI.</p> <p data-bbox="240 1460 1485 1585">Interview with the PREA Coordinator confirmed the Agency’s collection of sexual abuse data in the manner, as described above. The auditor has viewed the OMNI system, which conformed to the entry of case factors in relevant WADOC sex abuse investigations, as indicated. The Agency has Policy and practice in place for the collection of accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p data-bbox="240 1617 1485 1980">Standard 115.287b: Agency Policy 490.860 mandated that data will be collected for all investigations of sexual misconduct, regardless of outcome (i.e., substantiated, unsubstantiated and unfounded), per processes listed above (115.287a), and provided to the PREA Triage Unit with all relevant written statements, interviews, and documents attached, as well as electronic files appended. Per Policy 490.860, “Data will be aggregated at least annually and include available information for investigation reports and incident review committees, as well as from each private facility contracted to confine or house individuals under the Department’s jurisdiction”. Per Policy, the PREA Coordinator was responsible for the development of a WADOC Department-wide report based upon all PREA allegation reports, as submitted by the Agency’s facilities. This report was generated on an annualized basis, using the uniform definitions of sexual abuse, and federally mandated data. The aggregated data was then prepared and documented annually into a WADOC Agency-wide report. Per PAQ, “Data is aggregated in the agency’s annual PREA report. All reports, beginning with 2013, are available at: https://doc.wa.gov/corrections/prea/resources.htm#publications”.</p> <p data-bbox="240 2011 1485 2136">During interview, the PCM/CCS acknowledged part of their duties included continuously maintaining a record of all sexual abuse allegations at the facility. The PCM understood their obligation to upload any and all PREA allegations OMNI, as a necessary component of the annual reports. The processing involved in the report completion, including analysis and writing, which was confirmed during interview with the PREA Coordinator and Agency Director. During interview, the PREA</p>

Coordinator articulated their awareness of the report components. They also endorsed their responsibility to produce an Agency-wide, aggregated, incident-based sexual abuse data review on a yearly basis, with material redacted, as appropriate. The auditor viewed the Agency's 2019 & 2020 PREA Annual Report with previous reports available online since 2013, and the 2018 & 2019 Survey of Sexual Violence (SSV-2) – State Prison System Summary Forms, which demonstrated annualized aggregation of Agency-wide sexual abuse allegation incident related data. WADOC aggregated the incident-based sexual abuse data, provided in 115.287a at least annually, per Policy and in practice.

Standard 115.287c: All WADOC PREA allegation Incident Reports provided sufficient data within OMNI to conform to the standardized instrument for data collection. Specifically, the data input was appropriate for input requirements within the Survey of Sexual Victimization (SSV-2) – State Prison System Summary Form. The Agency produced both an Agency wide PREA Annual Report and a yearly Survey of Sexual Victimization report for submission to the Department of Justice (DOJ).

The auditor reviewed the content comprising a PREA Investigation Report, which included, at minimum, the data necessary to respond to all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. In addition, the auditor reviewed both the 2019 & 2020 WADOC PREA Annual Reports, as well as the completed 2018 & 2019 SSV-2s – State Prison System Summary Form. The WADOC incident-based data provided within OMNI included, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the DOJ.

Standard 115.287d: The Agency maintained, reviewed, and collected data, as needed from all available PREA allegation-based documents, including reports, investigation files, and sexual abuse incident reviews. The initial step in the data gathering process of each sexual abuse allegation was submission of the DOC 02-382 PREA Data Collection Checklist (along with all supporting documentation), which was submitted to WADOC PREA Triage by the appropriate Appointing Authority/designee for every sexual abuse allegation. In addition, all WADOC investigatory reports, per Policy, were to follow DOC 02-351 Investigation Report Template. Lastly, the facility PCM, as the Superintendent's designee, was to generate an Incident Report in the Incident Management Report System (IMRS) of OMNI for each PREA allegation. WADOC Headquarters PREA Triage unit received the finalized investigatory documents, including the DOC 02-351, from every facility after submission in OMNI.

During interview, the Superintendent and PCM were aware of their responsibility to ensure submission of every PREA allegation with associated incident-based documents to the PREA Coordinator/designee via a completed Incident Report in the IMRS of OMNI. The PREA Coordinator indicated the PREA Triage Units receipt of, maintenance, review, and continued collection of the associated data from said incident-based documents, as provided within OMNI. Based upon available information, WADOC maintained, reviewed, and collected data, as needed, from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Standard 115.287e: The Agency also obtained equivalent incident-based and integrated information as aggregated data annually from each private facility with which it held contracts for the confinement of its offenders/residents. Per Agency Policy 490.860, the annual aggregation of data will include, "...available information from investigation reports and incident review committees, as well as from each private facility contracted to confine or house individuals under the Department's jurisdiction". Per 490.800, "The Department's PREA Coordinator will...Oversee monitoring of PREA compliance for private and non-Department public entities contracted for confinement of individuals". Per PAQ, "WADOC contracts with American Behavioral Health Systems (ABHS) for the residential substance abuse treatment of offenders on community supervision and includes incident-based and aggregated data in the Annual Agency PREA report. Annual reports are available at <https://www.doc.wa.gov/corrections/prea/resources.htm>". During interview with the PREA Coordinator, they were aware of their responsibility to ensure inclusion of commensurate incident-based and aggregated data from contracted facilities with whom the Agency contracts for confinement of residents. Current reports, as listed above and reviewed by the auditor, had information for relevant contracted sites. The Agency also obtained incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

Standard 115.287f: Agency Policy 490.860 mandated, "All data/reports will be provided on request to the U.S. Department of Justice". The PAQ cited, "The agency submits data annually in response to the Department of Justice, Bureau of Justice Statistics Survey of Sexual Victimization (SSV). Data submitted is for the previous calendar year".

Per interview with the PREA Coordinator, WADOC, upon request, would provide all such data from the previous calendar year to the Department of Justice no later than June 30th. The auditor based compliance determination for this provision upon review of two SSV-2 summary forms provided to her by WADOC detailing the aggregated data submitted to the DOJ for the years 2019 and 2018. Based upon information provided, the agency, upon request, provided all such data from the previous calendar year to the DOJ no later than June 30.

There was no corrective action required for this standard.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1452 365">The auditor reviewed Agency Policy 490.860 PREA Investigation (Rev. 09/29/20), as well as the agency external website PREA annual report documentation section, with 2019 & 2020 WADOC Annual PREA Reports towards compliance determinations with the provisions of this standard.</p> <p data-bbox="240 396 1477 757">Standard 115.288a: Per Policy 490.860, WADOC shall review all data collected and aggregated pursuant to standard 115.287. The Agency PREA Coordinator was assigned to review data collected, annually, to generate a report of findings based upon aggregated data. The Agency utilized this report to assess and improve the effectiveness of its prevention, detection, and response policies, as well as practices and training in the elimination of sexual abuse. Specifically, per Policy 490.860, the PREA Coordinator held the responsibility to conduct the report as, “An analysis of PREA prevention and response for the Department and for each facility, including high-level summary information and detailed facility analyses”. They were then required to aggregate these, “Findings and corrective actions at facility and Department levels”. The report, thereby, facilitated WADOC’s ability to identify problem areas and take corrective actions on an ongoing basis. Per PAQ, “The annual agency PREA report from previous calendar years including identified agency and facility level issues and corresponding action/strategic plans are accessible at: https://www.doc.wa.gov/corrections/prea/resources.htm. Reports beginning with calendar year 2013 are posted to this site”.</p> <p data-bbox="240 788 1485 1081">The PREA Coordinator and WADOC Department Head acknowledged collection and utilization of facility level and Agency aggregated data, accordingly. Furthermore, they both supported WADOC’s utilization of this information, on an ongoing basis, to address problem areas and take corrective actions. The auditor was able to review said content in WADOC’s PREA annual reports from previous calendar years, including the year 2020, which identified agency and facility level issues with corresponding action/strategic plans. Based upon available information, WADOC reviewed data collected and aggregated pursuant to 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 1.) identifying problem areas, 2.) taking corrective action on an ongoing basis, and 3.) preparing an annual report of its findings and corrective actions represented for each facility, as well as the agency as a whole.</p> <p data-bbox="240 1113 1485 1373">Standard 115.288b: Policy 490.860 stated, the Agency’s annual report will include, “An assessment of the Department’s progress in addressing sexual misconduct, including a comparison with data and corrective actions from previous years”. Thereby, the Agency has a mechanism in place to provide an assessment regarding their progress in addressing sexual abuse. Per the PAQ, “The Annual Agency PREA report from previous calendar years, including identified agency and facility level issues and corresponding action/strategic plans, are accessible at https://www.doc.wa.gov/corrections/prea/resources.htm. Reports beginning with calendar year 2013 are posted to this site”. WADOC utilized the report as a tool to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, and used comparison data corrective actions from previous years for analysis.</p> <p data-bbox="240 1404 1485 1597">Per the PREA Coordinator, this report production consistently occurred, annually, on an ongoing basis, and had been produced since 2013. The auditor was able to review said content in WADOC’s PREA annual reports from previous calendar years, including the year 2020, which included a comparison of the reflected year’s data and corrective actions with those from prior years, along with assessment of WADOC’s progress in addressing sexual abuse. Based upon available data, WADOC’s annual report included a comparison of the current year’s data and corrective actions with those from prior years and provided an assessment of the agency’s progress in addressing sexual abuse.</p> <p data-bbox="240 1628 1485 1859">Standard 115.288c: Per Agency Policy 490.860, WADOC aggregated annual PREA reports are publicly viewable, accessible on the WADOC website, and available from 2013 through 2020. While the PREA Coordinator was responsible for gathering and aggregating data from each of WADOC’s facilities, as well as analyzing and collating the information into report format, the final report required approval of the Agency’s Secretary of Corrections (i.e., Agency Head). As noted in the PAQ, once approved by the Secretary, the WADOC report was posted on the publicly accessible WADOC website and available for public viewing at https://www.doc.wa.gov/corrections/prea/resources.htm. The Agency PREA Annual Reports are located on the WADOC PREA Resource page, midway down the page, under Reports – Annual Reports.</p> <p data-bbox="240 1890 1485 2013">The auditor reviewed prior years’ reports (2020 and 2019 PREA Annual Reports) on the Agency’s website, which conformed to the provisions of this standard, specifically in that the auditor was able to view the report on a publicly available website, and reports included approval from the Agency Secretary. Based on available information, the Agency’s annual reports were approved by the Agency Head and made readily available to the public through its website.</p> <p data-bbox="240 2045 1485 2139">Standard 115.288d: Per Agency Policy 490.860, “Information may be redacted from the report when publications would present a clear and specific threat to facility security, but the report must indicate the nature of the material redacted”. Moreover, per PAQ, “None of the annual reports published to date include information for which redaction was indicated due</p>

to security and safety. Aggregate data did not include any personal identifying information, only statistical data regarding investigations and demographics. Data is included in annual reports in its entirety”.

The PREA Coordinator, who held responsibility for generating this report, indicated that the PREA Annual report conformed to the provisions of this standard. The auditor reviewed prior years' reports (2020 and 2019 PREA Annual Reports) on the Agency's website, which conformed to the provisions of this standard, specifically in that there was no personally identifying information and only aggregate data, which did not require redaction. Based on available information, the Agency's annual reports did not include personally identifying information with only aggregate information, which did not require redaction. Therefore, WADOC materially met this standard provision, in that there was no substance data redacted, and thereby no need to describe where the Agency redacted specific material from the reports (when publication would present a clear and specific threat to the safety and security of a facility).

There was no corrective action required for this standard.

115.289	Data storage, publication, and destruction
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1493 432">The auditor reviewed Agency Policy 490.860 PREA Investigation (Rev. 09/29/20); 280.310 Information Technology Security (Rev. 01/04/19); 280.515 Data Classification and Sharing (Rev. 01/08/20), as well as the State Government General Records Retention Schedule (SGRRS; Version 6.0; June 2016), WADOC Records Retention Schedule (Version 1.5; April 2018), and WADOC website content of the PREA Annual Report publications (2019 & 2020) towards compliance determinations with the provisions of this standard.</p> <p data-bbox="240 463 1493 824">Standard 115.289a: Agency Policies 490.860, 280.310, and 280.515 ensured that data collected pursuant to §115.287, including both incident-based and aggregated, were securely retained and any electronically stored information appropriately backed up. Policy 490.860 stated, "All PREA data containing personal identifying information will be maintained as Category 4 data per DOC 280.515". Policy 280.515 described, "Category 4 Data: Confidential Information Requiring Special Handling – Data that is specifically protected from release by law and: a.) has especially strict handling requirements by statute, regulation, or agreement; b.) May result in serious consequences arising from unauthorized release (e.g., legal sanctions, endanger health/safety)". Policy 280.310 specified, "All users with access to confidential Department data must maintain the integrity of the data per DOC 289.515". The PREA Coordinator Explanatory Memo (Subject: 115.89/115.289 (a), (b), (c) and (d)), indicated, that the facilities reported all PREA allegations, via the Incident Management Reporting System (IMRS) within the Offender Management Network Information (OMNI) system. Access to any IMRS regarding PREA is restricted and confidential, limited only to staff with a 'need to know' and credentialed access.</p> <p data-bbox="240 855 1453 916">Specifically, the PREA Coordinator Memo delineated those who had access to the OMNI PREA database, as the primary source of information regarding allegations and investigations. Per Memo, "Access was restricted to:</p> <ul data-bbox="282 969 1485 1162" style="list-style-type: none"> • Agency executive administrators • Appointing authorities • Facility staff to include: Associate Superintendents, Captains, Human Resources, Shift Commanders, Intelligence and Investigations Chiefs, PREA Compliance Managers, PREA Compliance Specialists and staff designated to manage investigations within the facility • Identified Information Technology staff responsible for system maintenance. <p data-bbox="240 1193 1430 1252">All access is reviewed and approved at the Headquarters level to ensure compliance with established restricted access parameters.</p> <p data-bbox="240 1283 1465 1375">In addition, 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".</p> <p data-bbox="240 1406 1477 1666">Locally, the PCM reported facility data was stored securely with each incident provided to Headquarters via the Incident Management Reporting System (IMRS), along with any associated Corrective Action Plans (CAPs). During interview, the PREA Coordinator indicated all PREA allegation, incident-based and aggregate data, was held in duplicate form on a computer for back-up purposes. As indicated above, PREA information is Category 4 and limited access to authorized staff. Furthermore, only the PREA Coordinator and Information Technology Department have access to the back-up storage, if necessary. The OMNI PREA database access table, as provided to and reviewed by the auditor conformed to the stated restricted access parameters. Based upon available information, WADOC ensured that data collected pursuant to §115.287 has been securely retained.</p> <p data-bbox="240 1697 1469 1890">Standard 115.289b: Per Policy 490.860, the Agency has made aggregated sexual abuse data from directly controlled and contracted facilities readily available to the public, at least on an annual basis. WADOC utilized website publications as a means by which to disseminate aggregated data. The PREA Coordinator Memo (referenced above), stated, "The Annual Agency PREA reports from previous calendar years including identified agency and facility level issues and corresponding action/strategic plans are accessible at http://www.wa.gov/corrections/prea/resources.htm#reports. Reports beginning with calendar years 2013 are available". The PREA Coordinator confirmed upload of this publication on an annual basis.</p> <p data-bbox="240 1921 1481 2083">The auditor visited the website in August 2021, and confirmed the site was publicly accessible. The auditor was also able to confirm that appropriate reports associated with the Agency's PREA Annual Report publications were uploaded and available, the most recent of which was the 2020 Report. Based upon available information, WADOC made all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracted, readily available to the public, at least annually, through its website.</p> <p data-bbox="240 2114 1441 2141">Standard 115.289c: Per Agency Policy 490.860, all personal identifiers had been appropriately removed before making</p>

aggregated sexual abuse data publicly available. Policy 490.860 stated, "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". Per PAQ, "None of the PREA annual reports published to date include information for which redaction was indicated due to security and safety. Aggregate data did not include any personal identifying information; only statistical data regarding investigations and demographics. Data is included in annual reports in its entirety".

During interview, the PREA Coordinator confirmed any personal identifier information would be redacted prior to the release of the report; however, noted information in aggregate form does not include personally identifying information and therefore, did not require redaction. Upon the auditor's spot check review of the current WADOC 2020 PREA Annual Report and additional annual reports, as available on the WADOC website, they observed personal identifiers to have been removed. Based upon available information, WADOC removed all personal identifiers before making aggregated sexual abuse data publicly available.

Standard 115.289d: WADOC Policy Records Retention Schedule (13-09-68455) indicated PREA Investigations records be maintained for at least fifty (50) years. Policy 490.860 associated with the PREA Coordinator's retention of case records noted, "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 person 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". For WADOC, there is no Federal, State, or local law requiring data to be maintained otherwise.

During discussion with the PREA Coordinator, they endorsed Agency data maintenance to conform to these standards. Based upon available data, WADOC maintained sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, as no Federal, State, or local law required otherwise.

There was no corrective action required for this standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1461 331">The auditor reviewed the WADOC Audit Rotational Schedule and PREA Audit Announcement towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="242 360 1485 555">Standard 115.401a: TCWTR was audited in October of 2018 during the previous Audit Cycle (Audit Cycle was 2017 through 2020). The auditor reviewed the WADOC website, which provided information regarding all WADOC facility and contracted PREA Audits conducted. The Agency had twenty (24) facilities listed as open. The website provided evidence that all facilities operated by the Agency had been audited at least once every three (3) years since 2014. The number of facilities, and accuracy of PREA audit frequency was confirmed by the auditor during interview with the Agency Head and PREA Coordinator.</p> <p data-bbox="242 584 1461 748">Standard 115.401b: WADOC was starting the second year of their audit cycle when the TCWTR onsite audit was completed. The Agency had ensured that at least one-third of each facility type they operated had been audited during the first year of the current audit cycle. Based upon the auditor's review of the provided rotational audit cycle material, of the twenty (24) open facilities, in the first year eight (8) audits had been completed, in the second year and third years, nine (9) and seven (7) were scheduled for completion, respectively.</p> <p data-bbox="242 777 1445 938">During interviews, the PREA Coordinator, Agency Head and Superintendent all understood the importance of WADOC maintaining PREA Audit Cycle standards. The PREA Coordinator had worked particularly hard to ensure the Department had been able to adapt their audit cycle to an appropriate schedule to accommodate needs associated with COVID restrictions (Note: WADOC rotational audit schedule had been modified substantially secondary to COVID mitigation requirements).</p> <p data-bbox="242 967 1481 1128">Based on available evidence, during the prior three-year audit period, WADOC had ensured each facility they operated, was audited at least once (Note: they had no related private organization operated in-full on part of their agency; and managed contract monitoring per 115.212b). Based on available evidence, this is the second year of the current audit cycle, and WADOC had ensured at least one-third of each facility type operated by the agency had been audited during the first year of the current audit cycle.</p> <p data-bbox="242 1158 1469 1420">Standard 115.401h: During inspection of the physical plant, the PCM/CCS escorted the auditor throughout the facility. The auditor was provided unfettered access throughout TCWTR. Specifically, there were no occasions when the auditor was either barred nor deterred from entry to any facility area. Furthermore, the auditor received access throughout the facility. It would be believed the auditor saw all areas of TCWTR, as visualized by the facility map and described by staff members. The auditor had the ability to ask questions of residents and staff as they proceeded through the physical site inspection, as well as freely observe all facility functions and spaces without prohibition. At any time the auditor requested to backtrack and/or had questions related to an earlier point of the site inspection, they were readily provided with return entry. The auditor judged that TCWTR provide access to, and the ability to observe all areas of the audited facility.</p> <p data-bbox="242 1449 1485 1711">Standard 115.401i: The auditor was provided access to any and all documents, as requested. While onsite, if electronic or paper documents were needed for proof of practice, designated TCWTR staff provided the auditor with relevant documentation. When the auditor requested additional information pre- and post-audit, documents were provided via the OAS or email, as appropriate to ensure confidentiality was protected. Document production by TCWTR was consistently delivered to the auditor in an organized, timely, and legible fashion. Remedial documentation for deficient items was provided to the auditor via email and uploaded to the OAS. Proof of practice records were provided in a clear and efficient manner. The auditor judged document preparation and delivery to be organized, timely and effective with no obstacles, and they were permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p data-bbox="242 1740 1481 2038">Standard 115.401m: The auditor was able to conduct interviews with any and all residents, as requested. The in-housing interview room utilized for resident interviews was soundproof and moderately visually confidential from other residents, while easily accessible to interviewees. The auditor judged the interview venue to have enhanced the environmental safety, by which residents felt at ease to share PREA-related content during interviews. The TCWTR staff ensured the auditor did not have to wait between interviews, readily making residents available for interviews. Furthermore, residents were called by security staff for interview without question, and did not appear, in any manner, to be discouraged from participation. For example, security staff ensured privacy regarding the interview format (i.e., when calling the resident for the interview, the staff did not include, "...for a PREA interview" or "...with the PREA auditor"). No residents declined interview, and in fact, some residents actively volunteered to participate. The auditor was permitted to conduct private interviews with residents.</p> <p data-bbox="242 2067 1469 2161">Standard 115.401n: During site review, the posting of the auditor's attendance at the facility was observed to have been posted uniformly and visibly throughout the facility. The CCS/PCM had provided proof of practice by way of photographs taken of a variety of postings of the audit in relevant locations (i.e., male and female housing units, Duty Station) throughout</p>

the facility, which was received by the auditor in an email on 07/01/21. During the site review, auditor saw the posting in all of the housing units and areas of high traffic for both residents, and staff (i.e., Housing Units, Visiting Room and Officer Duty Station). The postings were printed with images, colored and bolded fonts, and larger lettering, to enhance readability. Resident were permitted to send confidential information or correspondence to the auditor, as directed by the audit posting, in the same manner as if they were communicating with legal counsel. Secondary to the posting, the auditor received no (0) letters from any residents.

There was no corrective action was required for this standard.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1485 465">Standard 115.403f: WADOC has published on its agency website, all Final Audit Reports, during the review period of the past three years preceding this audit. There were twenty-four (24) active WADOC facilities, for which all had appropriately posted FINAL PREA Audit postings on the WADOC website. The Final Reports for WADOC facilities were located on the WADOC website, at https://doc.wa.gov/corrections/prea/resources.htm. To access the report on the WADOC website, a link to the Final PREA Audit report is provided midway down the webpage, entitled, Resources, under Reports – Audit Reports – Prison Facilities – with entry of the desired facility name.</p> <p data-bbox="244 499 1481 723">The auditor was able to locate a completed TCWTR PREA Audit report during the previous three years. For Tri-Cities Work/Training Release (TCWTR) the site review for the prior PREA Audit was conducted originally on October 1, 2018, with an extension granted secondary to unforeseen circumstances and continuation on November 7, 2018 with a report completed May 8, 2019. The Final Report was located on the WADOC website, at https://doc.wa.gov/corrections/prea/resources.htm. To access the report on the WADOC website, a link to the Final PREA Audit report is provided midway down the webpage, entitled, Resources, under Reports – Audit Reports – Prison Facilities - TCWTR.</p> <p data-bbox="244 757 1485 981">Deficiencies identified and brought into compliance during the previous review included: Exchanging see-through men's shower curtains to provide adequate privacy while showering (115.215); An audible alarm for entry into the visiting room was installed to provide audible coverage of entry (115.213); The facility's Aggravated Sexual Assault Checklist was updated to reflect language appropriate standard language (115.264). In addition, a recommendation only was that the facility to develop a Staffing Plan utilizing the Agency Staffing Plan template, ensuring that the Plan is documented (to include all staff involved in the development), and that each element is considered. There was evidence on the current audit that each of these components had achieved institutionalization of process and maintained sustainability.</p> <p data-bbox="244 1014 863 1041">There was no corrective action required for this standard.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.212 (a)	Contracting with other entities for the confinement of residents	
	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
115.212 (b)	Contracting with other entities for the confinement of residents	
	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
115.212 (c)	Contracting with other entities for the confinement of residents	
	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
115.213 (a)	Supervision and monitoring	
	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

115.213 (b)	Supervision and monitoring	
	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.)	no
115.213 (c)	Supervision and monitoring	
	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
115.215 (a)	Limits to cross-gender viewing and searches	
	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
115.215 (b)	Limits to cross-gender viewing and searches	
	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
115.215 (c)	Limits to cross-gender viewing and searches	
	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
115.215 (d)	Limits to cross-gender viewing and searches	
	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

115.215 (e)	Limits to cross-gender viewing and searches	
	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
115.215 (f)	Limits to cross-gender viewing and searches	
	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)	Residents with disabilities and residents who are limited English proficient	
	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)	Residents with disabilities and residents who are limited English proficient	
	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

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	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
115.217 (a)	Hiring and promotion decisions	
	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
115.217 (b)	Hiring and promotion decisions	
	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
115.217 (c)	Hiring and promotion decisions	
	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
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	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

115.217 (f)	Hiring and promotion decisions	
	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
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	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
115.218 (a)	Upgrades to facilities and technology	
	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
115.218 (b)	Upgrades to facilities and technology	
	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
115.221 (a)	Evidence protocol and forensic medical examinations	
	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
115.221 (b)	Evidence protocol and forensic medical examinations	
	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.)	yes
	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

115.221 (c)	Evidence protocol and forensic medical examinations	
	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
115.221 (d)	Evidence protocol and forensic medical examinations	
	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
115.221 (e)	Evidence protocol and forensic medical examinations	
	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
115.221 (f)	Evidence protocol and forensic medical examinations	
	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
115.221 (h)	Evidence protocol and forensic medical examinations	
	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).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	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

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	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
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	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
115.231 (a)	Employee training	
	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
115.231 (b)	Employee training	
	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

115.231 (c)	Employee training	
	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
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	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
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	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
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	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
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	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
115.234 (a)	Specialized training: Investigations	
	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
115.234 (b)	Specialized training: Investigations	
	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
115.234 (c)	Specialized training: Investigations	
	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

115.235 (a)	Specialized training: Medical and mental health care	
	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.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	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
115.235 (c)	Specialized training: Medical and mental health care	
	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.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	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.)	na
	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.)	na
115.241 (a)	Screening for risk of victimization and abusiveness	
	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
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	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
115.241 (e)	Screening for risk of victimization and abusiveness	
	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
115.241 (f)	Screening for risk of victimization and abusiveness	
	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
115.241 (g)	Screening for risk of victimization and abusiveness	
	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

115.241 (h)	Screening for risk of victimization and abusiveness	
	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
115.241 (i)	Screening for risk of victimization and abusiveness	
	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
115.242 (a)	Use of screening information	
	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
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	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
115.242 (d)	Use of screening information	
	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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	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
115.251 (a)	Resident reporting	
	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
115.251 (b)	Resident reporting	
	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
115.251 (c)	Resident reporting	
	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
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	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.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.252 (c)	Exhaustion of administrative remedies	
	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.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.252 (d)	Exhaustion of administrative remedies	
	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.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension 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.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.252 (e)	Exhaustion of administrative remedies	
	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.)	na
	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.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na

115.252 (f)	Exhaustion of administrative remedies	
	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.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.252 (g)	Exhaustion of administrative remedies	
	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.)	na
115.253 (a)	Resident access to outside confidential support services	
	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
115.253 (b)	Resident access to outside confidential support services	
	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
115.253 (c)	Resident access to outside confidential support services	
	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
115.254 (a)	Third party reporting	
	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

115.261 (a)	Staff and agency reporting duties	
	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
115.261 (b)	Staff and agency reporting duties	
	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
115.261 (c)	Staff and agency reporting duties	
	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
115.261 (d)	Staff and agency reporting duties	
	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
115.261 (e)	Staff and agency reporting duties	
	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
115.262 (a)	Agency protection duties	
	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
115.263 (a)	Reporting to other confinement facilities	
	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
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	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
115.264 (b)	Staff first responder duties	
	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
115.265 (a)	Coordinated response	
	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
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	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
115.267 (a)	Agency protection against retaliation	
	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
115.267 (b)	Agency protection against retaliation	
	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

115.267 (c)	Agency protection against retaliation	
	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
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	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
115.271 (a)	Criminal and administrative agency investigations	
	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
115.271 (b)	Criminal and administrative agency investigations	
	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

115.271 (c)	Criminal and administrative agency investigations	
	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
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	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
115.271 (f)	Criminal and administrative agency investigations	
	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
115.271 (g)	Criminal and administrative agency investigations	
	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
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	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
115.271 (j)	Criminal and administrative agency investigations	
	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
115.271 (l)	Criminal and administrative agency investigations	
	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
115.272 (a)	Evidentiary standard for administrative investigations	
	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

115.273 (a)	Reporting to residents	
	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
115.273 (b)	Reporting to residents	
	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
115.273 (c)	Reporting to residents	
	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
115.273 (d)	Reporting to residents	
	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
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (c)	Disciplinary sanctions for staff	
	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
115.276 (d)	Disciplinary sanctions for staff	
	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
115.277 (a)	Corrective action for contractors and volunteers	
	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
115.277 (b)	Corrective action for contractors and volunteers	
	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
115.278 (a)	Disciplinary sanctions for residents	
	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
115.278 (b)	Disciplinary sanctions for residents	
	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
115.278 (c)	Disciplinary sanctions for residents	
	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
115.278 (d)	Disciplinary sanctions for residents	
	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?	yes
115.278 (e)	Disciplinary sanctions for residents	
	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

115.278 (f)	Disciplinary sanctions for residents	
	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
115.278 (g)	Disciplinary sanctions for residents	
	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
115.282 (a)	Access to emergency medical and mental health services	
	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
115.282 (b)	Access to emergency medical and mental health services	
	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
115.282 (c)	Access to emergency medical and mental health services	
	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
115.282 (d)	Access to emergency medical and mental health services	
	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
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.286 (a)	Sexual abuse incident reviews	
	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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	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
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	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
115.287 (d)	Data collection	
	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
115.287 (e)	Data collection	
	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
115.287 (f)	Data collection	
	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
115.288 (a)	Data review for corrective action	
	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
115.288 (b)	Data review for corrective action	
	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
115.288 (c)	Data review for corrective action	
	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
115.288 (d)	Data review for corrective action	
	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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403 (f)	Audit contents and findings	
	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