

# PREA Facility Audit Report: Final

**Name of Facility:** Bishop Lewis Work Release

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 12/05/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Darla P. O'Connor	<b>Date of Signature:</b> 12/05/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	O'Connor, Darla
<b>Email:</b>	darla@preaauditing.com
<b>Start Date of On-Site Audit:</b>	10/17/2022
<b>End Date of On-Site Audit:</b>	10/18/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Bishop Lewis Work Release
<b>Facility physical address:</b>	703 8th Avenue, Seattle, Washington - 98104
<b>Facility mailing address:</b>	703 8th Ave, Seattle, West Virginia - 98104

<b>Primary Contact</b>	
<b>Name:</b>	Robert Zarate
<b>Email Address:</b>	rzarate@doc1.wa.gov
<b>Telephone Number:</b>	(206) 515-2256

<b>Facility Director</b>	
<b>Name:</b>	Robert Zarate
<b>Email Address:</b>	703 8th Ave, Seattle, WA 98104
<b>Telephone Number:</b>	2065152256

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Robert Zarate
<b>Email Address:</b>	robert.zarate@doc.wa.gov
<b>Telephone Number:</b>	O: (206) 515-2256

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	69
<b>Current population of facility:</b>	27
<b>Average daily population for the past 12 months:</b>	25
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18 to 90
<b>Facility security levels/resident custody levels:</b>	M11/MIG
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	23
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	16
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Washington Department of Corrections
<b>Governing authority or parent agency (if applicable):</b>	State of Washington
<b>Physical Address:</b>	7345 Linderson Way Southwest, Tumwater, Washington - 98501
<b>Mailing Address:</b>	
<b>Telephone number:</b>	3607258213

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Dr. Cheryl Strange
<b>Email Address:</b>	cheryl.strange@doc.wa.gov
<b>Telephone Number:</b>	360-725-8810

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Michelle Duncan	<b>Email Address:</b>	miduncan@doc1.wa.gov

### **SUMMARY OF AUDIT FINDINGS**

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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:**

5	<ul style="list-style-type: none"> <li>• 115.215 - Limits to cross-gender viewing and searches</li> <li>• 115.231 - Employee training</li> <li>• 115.251 - Resident reporting</li> <li>• 115.264 - Staff first responder duties</li> <li>• 115.265 - Coordinated response</li> </ul>
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#### **Number of standards met:**

36
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#### **Number of standards not met:**

0
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## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-10-17
2. End date of the onsite portion of the audit:	2022-10-18

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Harborview Trauma and Abuse Center Just Detention International Colorado Department of Corrections Washington Coalition Against Domestic Violence

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	69
15. Average daily population for the past 12 months:	27
16. Number of inmate/resident/detainee housing units:	1

<p><b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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## Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

### Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

<p><b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b></p>	<p style="text-align: center;">29</p>
<p><b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b></p>	<p style="text-align: center;">0</p>
<p><b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p style="text-align: center;">0</p>
<p><b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p style="text-align: center;">0</p>
<p><b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b></p>	<p style="text-align: center;">0</p>

<p><b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>12</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>Seven residents from the targeted group of disclosed prior sexual victimization were interviewed.</p>

## **Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit**

<b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	23
<b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	16
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	The facility has not utilized any volunteers since March 2020 due to COVID-19.

## **INTERVIEWS**

### **Inmate/Resident/Detainee Interviews**

#### **Random Inmate/Resident/Detainee Interviews**

<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	16
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<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The Auditor interviewed every resident available at the facility during the on-site audit.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>According to the PREA Auditor Handbook a population of 29, requires five random and five targeted residents to be interviewed. The Auditor interviewed nine random residents..</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>7</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
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<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported zero residents who fell into this targeted category. The Auditor interviewed every available resident during the on-site audit and none reported having a physical disability.</p>
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<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
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<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported zero residents who fell into this targeted category. The Auditor interviewed every available resident during the on-site audit and none reported having a cognitive disability.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported zero residents who fell into this targeted category. The Auditor interviewed every available resident during the on-site audit and none reported being visually impaired.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported zero residents who fell into this targeted category. The Auditor interviewed every available resident during the on-site audit and none reported being hearing impaired.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported zero residents who fell into this targeted category. The Auditor interviewed every available resident during the on-site audit and none reported being LEP.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported zero residents who fell into this targeted category. The Auditor interviewed every available resident during the on-site audit and none reported being lesbian, gay or bisexual.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported zero residents who fell into this targeted category. The Auditor interviewed every available resident during the on-site audit and none reported being transgender or intersex.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported zero residents who fell into this targeted category. The Auditor interviewed every available resident during the on-site audit and none reported sexual abuse.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>7</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported zero residents who fell into the targeted categories. The Auditor interviewed every available resident during the on-site audit and none reported disclosing prior victimization.</p>

<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
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<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility does not have a segregation housing unit.</p>
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<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>The Auditor requested and received a roster of inmates who fell into the targeted categories. The facility reported no residents fell into targeted categories, except disclosed prior victimization.</p>
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## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>8</p>
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<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The Auditor interviewed every available staff member who did not fall into the specialized group.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>11</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>



<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

**80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff

	<input checked="" type="checkbox"/> Intake staff  <input checked="" type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	Classification and Mailroom
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes  <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input checked="" type="checkbox"/> Security/detention  <input type="checkbox"/> Education/programming  <input type="checkbox"/> Medical/dental  <input type="checkbox"/> Food service  <input type="checkbox"/> Maintenance/construction  <input type="checkbox"/> Other

<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>Using the list of specialized staff provided, the Auditor was able to select individuals for interviews. All specialized staff answers were based on the line of questioning on the specific interview protocols for their position and responsibilities.</p> <p>In several instances a single person was responsible for covering multiple, separate protocols, i.e. First responder/Intermediate or higher staff, Intake staff/Monitor for retaliation, Intake staff/Screening for risk of victimization and abusiveness, etc.</p> <p>Eleven individuals were interviewed using eighteen protocols.</p>
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## **SITE REVIEW AND DOCUMENTATION SAMPLING**

### **Site Review**

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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### **Was the site review an active, inquiring process that included the following:**

<p><b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>The facility is an all-male community confinement facility located in Seattle, WA. The facility has a capacity of 69. The first day of the audit there were 29 residents and 23 staff members assigned to the facility. The residents in the facility work and attend programming in the the community. The basement of the facility houses the kitchen area, dining room, property room, staff restroom, the boiler room, laundry, food storage, and file room. The main floor has a conference room, a lobby area, seven offices, a television room, a resident computer room, a restroom, and three bedrooms. The second and third floors consists of a large bathroom, a shower room, and fourteen bedrooms.</p>

## Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

**Personnel and Training Files:**

The PAQ reflects twenty-three facility staff. There was a total of twenty-three record reviews conducted on staff. All records contained the required documentation, i.e., initial criminal history check, administrative adjudication, initial PREA education with acknowledgment form signed, PREA annual training and five-year criminal history check, when applicable.

**Inmate Records:**

There were twenty-nine residents assigned to the facility. Twenty-nine resident records were reviewed. Each record had a signed acknowledgment sheet, had received PREA information and viewed the PREA video. All twenty-nine residents had received PREA information during intake, had their PREA screening within 72 hours of admission, and had comprehensive PREA education within 30-days of intake.

**Sexual Abuse and Sexual Harassment Allegations:**

According to the PAQ, the facility reported zero allegations of sexual abuse and sexual harassment in the past twelve months.

**Investigation Files:**

Information received regarding the allegations of sexual abuse indicate in the past twelve-months there had been a total of zero allegations made.

There were zero inmates transported for forensic examinations in the past twelve months. This was confirmed by the PCM as well as SANE personnel.

The facility staff I encountered were bright and engaging. Their combined demeanors and attitudes displayed a culture that is acutely aware of the significance of sexual safety.

# SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

### 92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

## **Sexual Abuse and Sexual Harassment Investigation Outcomes**

### **Sexual Abuse Investigation Outcomes**

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.



**94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Harassment Investigation Outcomes**

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

**96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

## **Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

### **Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	The facility had zero sexual abuse and sexual harassment allegations in the past twelve months.

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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**Sexual Harassment Investigation Files Selected for Review**

<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
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<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>The facility had zero sexual abuse and sexual harassment allegations in the past twelve months.</p>
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<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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**Inmate-on-inmate sexual harassment investigation files**

<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
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<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>The facility had zero sexual abuse and sexual harassment allegations in the past twelve months.</p>

# SUPPORT STAFF INFORMATION

## DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

## Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

# AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Identify the name of the third-party auditing entity

PREA Auditors of America

## **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.

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Materials Reviewed:</p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (Attachment 1), revised 4/22</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.850 Prison Rape Elimination Act (PREA) Response, revised 1/27/2022</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.860 Prison Rape Elimination Act (PREA) Investigation, revised 04/19/2022</li> <li>• WADOC Agency Organization Chart</li> <li>• Reentry Organization Chart</li> <li>• Facility Work Training Release Organization Chart</li> <li>• PREA Coordinator Position Description</li> </ul> <p>Interview(s)</p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> </ul> <p>On-Site Review Observations</p> <ul style="list-style-type: none"> <li>• PREA audit notices in English and Spanish provided by the lead auditor were posted in communal areas frequented by residents, staff, and the public.</li> <li>• PREA audit posters in English and Spanish identifying multiple methods to report an allegation of sexual abuse or sexual harassment were located at all common areas frequented by residents, staff, and the public.</li> <li>• The facility Training Handbook and PREA pamphlets contained the state agency zero tolerance of sexual abuse and sexual harassment information.</li> </ul> <p>Provision (a)</p> <p>The Pre-Audit Questionnaire (PAQ) indicates the facility has zero-tolerance as it relates to all forms of sexual abuse or sexual harassment in the institution, as well as any contracts over which it has control. The PAQ states the policy outlines how the facility will implement prevention, detection and response to sexual abuse and sexual harassment. It further asserts the policy includes clear definitions of prohibited behaviors and approved sanctions for participation in those behaviors.</p>



WADOC, Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022, p. 2, II, A, states the department has zero tolerance for all forms of sexual misconduct. The Department will impose disciplinary sanctions for such conduct, up to and including dismissal for staff. Incidents of sexual misconduct will be referred for criminal prosecution when appropriate. This policy also requires the agency PREA Coordinator to “develop and implement PREA related policies. A PREA Compliance Manager “will coordinate local PREA compliance.” These two positions, one on the agency level and one on the facility level are tasked with developing, coordinating, tracking the strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

WADOC, Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (Attachment 1), rev. 4/22, provides definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

WADOC, Policy 490.850 Prison Rape Elimination Act (PREA) Response, as well as the WADOC, Policy 490.860 Prison Rape Elimination Act (PREA) Investigation outlines how the facility will implement the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. WADOC, Policy 490.860 Prison Rape Elimination Act (PREA) Investigation identifies sanctions for staff, contractors, and volunteers, as well as the individuals under the Department’s jurisdiction found to have participated in prohibited behaviors. These policies collectively demonstrate the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

WADOC, as well as facility policy and procedures are consistent with the PREA standards.

Provision (b)

WADOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting states the PREA coordinator will develop and coordinate procedures to triage allegations received and identify, monitor, and track incidents of sexual misconduct. This policy also states the Work Release Administrator will assign a PREA compliance manager for each work release facility. The position description for the PREA coordinator outlines objectives to comply with PREA standards, act as the agency liaison with stakeholders, oversee all PREA investigations as well as complete related analysis data and provide related information to management throughout the agency.

WADOC has one PREA coordinator who has the authority to oversee agency efforts to comply with the PREA standards in all its facilities. The PREA coordinator is listed on the agency’s organization chart and reports to the Correctional Programs and Services Administrator. The PREA coordinator reported she has been in this position as of April 19, 2022, and has enough time to manage and oversee the agency efforts to meet compliance with the PREA standards. She coordinates with the facility PREA compliance managers and PREA compliance specialists to ensure they remain informed and of any PREA related issues or updates. She maintains contact with the PREA compliance managers daily through emails, phone calls, and

telecommunications. The PREA Coordinator reports to the Correctional Programs and Services Administrator.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the facility meets every provision of the standard which addresses zero tolerance of sexual abuse and sexual harassment: PREA coordinator. No recommendations or corrective action.

<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 557 376">Materials Reviewed</p> <ul data-bbox="352 445 1437 562" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> </ul> <p data-bbox="280 602 695 638">Interviews with the following:</p> <ul data-bbox="352 703 826 739" style="list-style-type: none"> <li>• Agency Contract Administrator</li> </ul> <p data-bbox="280 779 456 815">Provision (a)</p> <p data-bbox="280 855 1465 1218">The Pre-Audit Questionnaire (PAQ) revealed the WADOC requires all entities who contract with them for the confinement of residents to adopt and adhere to PREA standards. All agency contracts for confinement of residents contain PREA specific language, expectations, and requirements. According to the PAQ, WADOC currently contracts with American Behavior Health Services for housing of individuals under the jurisdiction of the agency. The agency also has compact agreements that have been issued or updated since codification of PREA standards with the states of Iowa and Minnesota. All of the contracts require contractors to adopt and comply with PREA standards.</p> <p data-bbox="280 1258 1481 1456">The interview notes of the Agency Contract Administrator indicate all WADOC custody contracts include verbiage related to the vendors obligation to comply with PREA standards prior to entering into agreement with the agency. The contract administrator pointed out, if the entity is not PREA compliant the contract will not be executed.</p> <p data-bbox="280 1496 1442 1653">There have been three contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies since the last PREA audit. There were no contracts that did not require contractors to adopt and comply with the Federal PREA standards.</p> <p data-bbox="280 1693 1469 2065">The auditor was tasked to review contracts entered into (or renewed) since the last PREA audit. She reviewed American Behavior Health Services contract which is in effect until 6/30/2023, Interstate Corrections Compact with the Iowa DOC which has been in effect since 2015; Interagency Agreement with Department of Social and Health Services which has been in effect since 2015; and a contract with Minnesota DOC which has been in effect since 1982. All contain language regarding PREA compliance and the existence of monitoring responsibilities. The PREA compliance results for the contracts for confinement of residents with other entities are managed by the contract manager in accordance with the verbiage of the contract</p>

that is in place with each entity.

According to documentation provided, all three agencies WADOC has contracts with have had all of their facilities audited for PREA compliance within the past three years. Additionally, WADOC has Interstate Compact Agreements with the State of Iowa and Wisconsin. Both of these state agencies have been audited and found to be compliant in the past three years.

Provision (b)

According to the PAQ, all contracts are monitored by the WADOC. According to the Agency Contract Administrator, the policies and procedures of each contractor are reviewed by WADOC who ensure appropriate adherence to the national standards. Each entity is contractually required to notify the WADOC of any PREA allegation; as well as forward a copy of the allegation, investigation, and findings to the agency PREA Coordinator for review.

Provision (c)

Through the interview process, the contract administrator indicated the agency has not entered into any contracts with private agencies that failed to comply with the PREA standards. This information was verified by the PREA Coordinator.

Conclusion

Based upon the review and analysis of the available evidence, the Auditor has determined the facility meets every provision of the standard which addresses contracting with other entities for the confinement of residents. No recommendations or corrective action.

**115.213 Supervision and monitoring**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Materials Reviewed

- Pre-audit Questionnaire (PAQ) and supporting documents
- Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022
- WADOC Staffing Plan for Reentry Centers Memorandum, dated 4/1/2022
- WADOC Policy 110.100, Prison Management Expectations, revised 10/19/2021
- Memorandum between WA Federation of State Employees and DOC for minimum staffing for Community Corrections Officer and clerical staff, dated May 31, 2002
- Facility Staffing Plan dated April 11, 2022

Interviews with the following:

- PREA Coordinator
- Community Corrections Supervisor (CCS)

Provision (a)

On the PAQ, the facility indicated they have a staffing plan, and the plan addresses each of the thirteen items listed in this provision. In addition, the facility staffing plan indicates it is the policy of the facility to ensure that all relieved posts are staffed at the times specified.

According to the PAQ, staffing plans for WADOC work release facilities were originally created based upon the staffing models used for minimum security camps. Offenders are screened in advance by staff 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.

The PAQ confirms the average daily number of residents during the past 12 months has been twenty-seven. The staffing plan is predicated on the facility capacity of forty-seven.

WADOC Policy 110.100, Prison Management Expectations, revised 10/19/2021 state in part that the Community Corrections Supervisor (CCS) will annually review staffing levels to ensure adequate staffing plans are in place. When a shift has a staffing level of one, the CCS will develop a duty roster to ensure opposite gender staffing availability based on need. The CCS will develop a contingency plan for other instances in which both male and female employee/contract staff are not available.

Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022 requires the CCS to 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.

There is camera coverage throughout their facility. All cameras have been strategically placed to the maximum amount of coverage area. Camera and video surveillance are monitored by trained staff. These cameras enhance the level of safety and security for staff and residents.

The video system is an integral part of the staffing plan. The Auditor monitored the camera system at the facility's control center. The Auditor observed staff and resident movement on the camera systems covering the interior and exterior of the facility. Access to the camera system is restricted to individuals working certain positions.

Provision (b)

WADOC Policy 110.100, Prison Management Expectations, revised 10/19/2021 require an annual review staffing levels to ensure adequate staffing plans are in place.

According to the PAQ the six most common reasons for deviations from the staffing plan are:

1. COVID related matters (infected staff)
2. Vaccination mandate
3. Shortage of male contract staff
4. Programming closed during COVID outbreak times, not related to staffing.
5. Shortage of staff applicants
6. Getting applicants in Downtown Seattle adds to the challenge

Interviews with the PREA Coordinator and Community Corrections Supervisor (CCS) indicated any deviation from the staffing plan is documented. This was confirmed by the Auditor when the staff provided information which documented and justified all deviations from the plan.

Interviews with the PREA Coordinator and Community Corrections Supervisor (CCS) indicated random reviews of the staffing levels, how they affect the resident programming, various classification counts, as well as any changes or modification to the video monitoring system are consistently conducted. Reviews of other concerns, such as the physical plant configuration, internal or external oversight bodies, resident population configuration, and placement of supervisory staff, line-staff needs and any prevalence of substantiated or unsubstantiated incidents of

sexual abuse are also consistently conducted.

Provision (c)

Policy requires the staffing plan review be completed in consultation with the PC and other executive staff at least annually. The Auditor was provided a copy of the Annual Staffing Plan Review. This review discussed the staffing plan, video monitoring and the resources needed to adhere to the staffing pattern.

Policy requires an internal audit of the staffing plan be conducted on an annual basis. This assessment is an extensive review of all areas of the facility to ensure adequate staffing levels exist where residents may be present. Justification for the need for additional staff or modifications to the facility, to include the deployment of video monitoring equipment, is addressed on an annual basis. The annual review of the staffing plan includes facility and department management level staff which include: the PC and other institutional Executive Staff.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility meets the standard regarding Supervision and Monitoring, ensuring that the safety of staff and residents is a priority. No recommendations or corrective action.

<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Materials Reviewed</p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• WADOC Policy 420.325 Searches and Contraband for Work/Training Release, effective 1/8/2020</li> <li>• WADOC Policy 490.700 Transgender, Intersex, and/or Gender Non-conforming Housing and Supervision, effective 3/9/2022</li> <li>• Correctional Worker Core Facilitator Guide: Pat Searches Work Release Academy Curriculum Training Rosters and tracking logs</li> </ul> <p>Observations made during on-site review</p> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• Random Staff</li> <li>• Random Residents</li> </ul> <p>Provision (a)</p> <p>The PAQ reflects the facility does not conduct cross-gender strip or cross gender visual body cavity searches of residents. Consequently, it reports zero cross gender strip or cross gender visual body cavity searches in the past twelve months.</p> <p>According to the PAQ, the facility reports that cross-gender strip searches or visual body cavity searches would only be conducted in an exigent circumstance. Cross-gender strip or cross-gender visual body cavity searches are not conducted at this facility as staff are not trained or authorized to do so.</p> <p>WADOC Policy 420.325 Searches and Contraband for Work/Training Release, effective 1/8/2020, p. 4, E, 2, states strip searches of male offenders require that one of the employees conducting the search be male. If the second person conducting the strip search is female, she positions herself to observe the employee doing the strip search but is not in direct line of sight with the offender. The gender of the searching officers is noted on the strip search log. Female employees will conduct strip searches of females.</p> <p>WADOC Policy 490.700 Transgender, Intersex, and/or Gender Non-conforming Housing and Supervision, effective 3/9/2022, p. 9, IX, outlines the requirements for searches of transgender, intersex, or gender non-conforming residents. The search will be conducted in accordance with the stated preference of the resident unless circumstances do not allow for the preference to be implemented. If unable to</p>



accommodate, the employee will notify the CCS/designee and document the search in the individual's electronic file. The facility reports they have not had to conduct cross-gender strip or visual body cavity searches in the 12 months prior to the submission of the pre-audit questionnaire on 2/17/22.

WADOC Policy 420.325 Searches and Contraband for Work/Training Release, effective 1/8/2020, p. 5, H, requires the Work Release Administrator to approve transport to a designated facility to conduct a body cavity search.

Provision (b)

WADOC Policy 420.325 Searches and Contraband for Work/Training Release, effective 1/8/2020, p. 3, III, B, states pat searches will be conducted by a trained employee of the same gender as the individual being searched, except in emergency situations. If a male employee pat searches a female, a report must be completed in the Incident Management Reporting System (IMRS).

Provision (c)

WADOC Policy 420.325 Searches and Contraband for Work/Training Release, effective 1/8/2020, p. 5, V, requires employees to document all searches including when the search was done, by whom and the results of the search. Strip searches are to be documented as a report in the IMRS. The facility reports there were no cross-gender strip searches or body cavity searches in the past twelve months.

Provision (d)

WADOC Policy 490.800 p. 8, VIII, A, states, "Individuals will be provided the opportunity to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This includes viewing via surveillance systems."

WADOC Policy 490.800, p. 8, VIII, C, states, "An announcement will be made by anyone who does not identify with the facility's gender designation, loud enough and often enough to reasonably be heard by the occupants of a housing unit, including the living area (e.g., where incarcerated individuals sleep), or any common area designated for individuals to disrobe or change their clothing (e.g., bathrooms, showers)." In addition, the facility has signs posted which state opposite gender personnel may be in the area at any given time and that incarcerated individuals are responsible for their own privacy and maintaining proper clothing attire.

Provision (e)

WADOC Policy 490.820, p. 9, VII, C, states, "Employees/contract staff will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it will be determined by health care providers during conversations with the offender, by reviewing medical records, or, if necessary, as part of a broader medical examination conducted in private by a health care practitioner."

Provision (f)

WADOC Policy 490.800, p. 11, D., states, "Employees/contract staff who may conduct pat searches will be trained in cross gender searches and searches of transgender and intersex individuals."

The facilitator guide for pat search training includes instructions for training employees on conducting cross-gender and transgender searches that are in accordance with this standard. New employees receive this training during Correctional Worker Core or Reentry Center Academy.

Training records for twenty-three total staff were reviewed. All twenty-three have attended Core or Academy and received pat search training. All staff present while the Auditor was on-site were interviewed.

All staff reported that they do not conduct unclothed/strip searches, nor do they conduct cross-gender searches. All female staff said they do not search the male residents. All staff interviewed confirmed that opposite gender announcements are routinely made when entering housing units.

Bishop housed 29 residents at the time of the onsite. The Auditor interviewed twelve residents. All residents reported they can dress, shower, and use the restroom without being seen by opposite gender staff. They each confirmed staff routinely announce their presence when entering housing units. The Auditor conducted a complete facility inspection and did not note any concerns with cross gender viewing. The Auditor observed staff knocking on the door and announcing themselves before entering a resident's room.

The facility has a waist high camera mounted in the area of the staff central control. All searches are conducted in this room in front of the camera. All searches are recorded to ensure they are carried out properly and by the appropriate staff.

Conclusion:

Based upon the review and analysis of all the available evidence, combined with the camera system to record all searches, the Auditor has determined the facility exceeds the standard regarding the limits to cross-gender viewing and searches.

<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Materials Reviewed</p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• WADOC 450.500 Language Services for Limited English Proficient Individuals, effective 12/20/2021</li> <li>• WADOC Policy 310.000 Orientation, effective 12/27/2021</li> <li>• WADOC Policy 690.400 Individuals with Disabilities, effective 6/3/2022</li> <li>• Facilitator Guide for offenders with limited intellectual capacity</li> <li>• PREA Materials in Spanish</li> <li>• Contract 03514 Interpreter Services</li> </ul> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• Community Corrections Supervisor</li> <li>• Random Staff</li> </ul> <p>Provision (a)</p> <p>On the PAQ, the facility reported established procedures to provide disabled residents and limited English proficient residents with equal opportunity to participate in and benefit from all aspects of the agency’s effort to prevent, detect and respond to sexual abuse and sexual harassment.</p> <p>According to the PAQ, residents with special needs are typically, but not always, identified prior to their arrival. This facility has worked with the Deaf Servicers Coordinator at MCC at times in the past for assistance with PREA, regular orientation &amp; intake needs as well as had use of their assigned TTY machine. However, there have been no services such as this requested during the past twelve months.</p> <p>The Auditor reviewed written documents, training materials, as well as PREA brochures, which are provided in both English and Spanish to the resident population.</p> <p>WADOC Policy 310.000 Orientation, effective 12/27/2021, outlines orientation including that residents are given information on ADA accommodations. Orientation is provided in Spanish and closed-captioned. The orientation script is also provided in both English and Spanish for individuals to read. This orientation includes information on PREA. The offender handbook is available in English and Spanish.</p>

WADOC Policy 690.400 Individuals with Disabilities, effective 6/3/2022 outlines the process of identifying individuals with disabilities and providing reasonable accommodations.

WADOC Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022, p. 17, 1, states the confidential PREA hotline is available for teletype (TTY) for residents who are deaf or hard of hearing. PREA posters and brochures are provided in English and Spanish, and this was noted during the inspection. The facility provided a list of available sign language interpreters.

WADOC has a Deaf Services Coordinator and a position description for this job was provided to the auditor. A Facilitator Guide for offenders with limited intellectual capacity was also provided. This has cartoon images to help explain the purpose of PREA. Staff review the work release health screening form for each resident during orientation which will give them the information to know if a resident will need assistance.

Provision (b)

WADOC Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022, p. 5, II, A, states, "Professional interpreter or translation services, including sign language, are available to assist individuals in understanding this policy, reporting allegations, and/or participating in investigations of sexual misconduct per DOC 450.500 Language Services for Limited English Proficient Individuals."

WADOC 450.500 Language Services for Limited English Proficient Individuals, effective 12/20/2021, outlines how to access language services. The facility provided interpreter service contract information and a list of available interpreters for a variety of languages. Interpreters are available by phone and in-person. They have not had the need to utilize interpreter services over the last year. The facility maintains a Language Log to document when services are provided. During interviews, staff identified resources for interpreter services.

Provision (c)

On the PAQ, the facility reported in the past twelve months they had not used resident interpreters.

WADOC Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022, p. 5, III, A, 1, states individuals are not authorized to use interpretation/translation services from other individuals, family members, or friends for the purposes of understanding PREA policy, reporting allegations, and/or participating in investigations.

The facility reports no interpreters were utilized in the past 12 months. During the onsite audit, the facility did not have any residents who were limited English proficient or anyone with disabilities.

The Auditor noted both English and Spanish posters and brochures throughout the facility. Staff were aware of the prohibition of using another resident to interpret.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding residents with disabilities and residents who are limited English proficient. No recommendations or corrective action.

<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 557 374">Materials Reviewed</p> <ul data-bbox="352 443 1461 768" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• Form WADOC 03-506 Sexual Misconduct and Institutional Employment/Service Disclosure, revised 3/4/2022</li> <li>• WADOC Policy 810.800 Recruitment, Selection and Promotion, revised 11/1/2017</li> <li>• Personnel record reviews</li> </ul> <p data-bbox="280 810 695 844">Interviews with the following:</p> <ul data-bbox="352 913 791 947" style="list-style-type: none"> <li>• Human Resource Staff (HRS)</li> </ul> <p data-bbox="280 990 456 1023">Provision (a)</p> <p data-bbox="280 1066 1406 1133">The PAQ reflects twenty-three staff within the facility, with zero new hires. They reported sixteen contractors and zero volunteers.</p> <p data-bbox="280 1176 1442 1332">WADOC Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022, p. 6, V, A,1, states, "To the extent permitted by law, the Department will not knowingly hire, promote, or enlist the services of anyone who:</p> <ol data-bbox="280 1375 1461 1823" style="list-style-type: none"> <li>a. Has engaged in sexual misconduct in a Prison, jail, lockup, community confinement facility, juvenile facility or other institution as defined in 42 U.S.C. 1997,</li> <li>b. Has engaged in sexual misconduct with an individual on supervision,</li> <li>c. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or</li> <li>d. Has been civilly or administratively adjudicated to have engaged in the activity described above."</li> </ol> <p data-bbox="280 1865 1414 2067">Each person hired or promoted and each contractor who may have contact with resident's complete form DOC 03-506 Sexual Misconduct and Institutional Employment/Service Disclosure. This form asks the individual to disclose information relevant to this standard. Contractors are required in the contract language to comply with the PREA standards and to certify that they have not</p>

engaged in the acts listed in this subsection.

Contractors complete an online PREA and Sexual Misconduct training at the beginning of service. The course requires them to complete the PREA Disclosure and Training Acknowledgement form 03-523.

Provision (b)

WADOC Policy 490.800, p. 6, V, B, states, "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 the individuals under its jurisdiction."

Form WADOC 03-506 Sexual Misconduct and Institutional Employment/Service Disclosure, revised 3/4/2022, asks applicants/new employees if they have ever engaged in any incident of sexual harassment. The reference check form asks the applicant's reference, "Are you aware of any corrective or disciplinary action, including sexual harassment?" The HR employee interviewed stated the consideration is made by the appointing authority and is dependent on the type of allegation, frequency, recency, etc.

Provision (c)

WADOC Policy 810.800 Recruitment, Selection and Promotion, revised 11/1/2017, requires completion of WADOC 03-506 Sexual Misconduct and Institutional Employment /Service Disclosure and completion of a criminal background check. The disclosure form requires applicants to provide the names and locations of any previous institutions where they worked.

WADOC Policy 810.800 Recruitment, Selection and Promotion, revised 11/1/2017, p. 5, II, A, 2, a, states, "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."

WADOC Policy 810.015, revised 12/24/2021, requires a criminal background check and fingerprinting prior to hire. This check is a Washington State Identification System, Washington Crime Information Center, and National Crime Information Center (NCIC) national database check.

WADOC Policy 810.800 Recruitment, Selection and Promotion, revised 11/1/2017 has an attached hiring checklist to remind the hiring manager to ensure the steps required in this standard are completed.

Provision (d)

On the PAQ, the facility reported there are a total of sixteen contractors who might have contact with residents. The WADOC conducts background checks on each contractor every five years.

WADOC Policy 810.015, revised 12/24/2021, p. 3, II, B, states, "Any contract staff or intern will be fingerprinted if, as part of his/her duties s/he has access to offenders and/or Department criminal records." Fingerprints are processed by the Washington State Patrol.

Provision (e)

WADOC Policy 810.015, p. 3, III, requires a criminal background check at least every five years. Annual criminal background checks are required for all armed employees. In addition, WADOC Policy 810.015, p. 4, IV, requires employees to report all arrests, criminal citations, and court-imposed sanctions that may affect their fitness for duty.

Provision (f)

During the interview with the HRS, it was reported all applicants and employees who may have contact with residents are directly asked about previous misconduct described in paragraph (a) of this section in written applications and self-evaluations or interviews for hiring or promotions. Further, these questions are asked and answered in writing with employee signatures on an annual basis.

During the interview with the HRS, it was reported that a condition of staff employment is that any arrest activity must be reported through the respective employees reporting structure. Additionally, any information on substantiated allegations of sexual abuse or sexual harassment involving a former employee must be provided upon request.

Current employees and contract staff are required to answer the following questions in the electronic Learning Center (LC) as part of annual PREA training:

"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. I have not engaged in sexual abuse in a prison/jail/lockup/community confinement/juvenile or other institution. 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. I have not engaged in any incident of sexual harassment or sexual misconduct not addressed above. I understand that untruthful answers or deliberate omissions may be cause for disciplinary action or termination of services."

WADOC Policy 810.015, p. 4, IV, requires employees to report all arrests, criminal citations, and court-imposed sanctions that may affect their fitness for duty. Training curriculum for the Annual Inservice (AIS) training was provided. The curriculum lists PREA as part of the training, including the annual disclosure form related to this standard.

Provision (g)

WADOC Policy 810.015, p. 4, IV, B, states, "Failure to fully divulge criminal



information on the part of an individual subsequently employed, promoted, or authorized to provide services for the Department may be cause for disciplinary action, up to and including dismissal or termination of services.” The Sexual Misconduct and Institutional Employment/Service Disclosure form which is filled out and signed by applicants’ states, “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 serving as a contract staff or volunteer.”

Provision (h)

During the interview, the HRS confirmed that unless prohibited by law, all information would be provided on substantiated allegations of sexual abuse or sexual harassment involving a former employee would be shared upon request from an institutional employer for whom such employee has applied for work.

WADOC Policy 810.800 states HR has provided results from the Offender Management Network Information PREA database for information on substantiated allegations of sexual misconduct or resignations pending investigation.

The Auditor review 23 employee records. Proof background checks were current was provided to the auditor. Sexual Misconduct and Institutional Employment/Service Disclosure forms were completed by these employees during annual PREA training. An institutional reference check was completed for the employees who transferred from a different facility. Some of the requirements under this standard were not applicable to the employees who have been at the facility for many years, some prior to PREA implementation. All contract staff files contained new hire background checks and/or most recent background check within five years. All contained disclosure forms.

The auditor interviewed an HR employee. she confirmed all the processes reflected in policy. She was well-versed on all the forms new hires need to sign for PREA compliance. She confirmed background checks at hire and every 5 years, sexual misconduct disclosure requirements, institutional reference checks, etc.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding hiring and promotion decisions.

<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 557 374">Materials Reviewed</p> <ul data-bbox="352 443 1437 562" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> </ul> <p data-bbox="280 600 695 633">Interviews with the following:</p> <ul data-bbox="352 703 882 736" style="list-style-type: none"> <li>• Community Corrections Supervisor</li> </ul> <p data-bbox="280 775 456 808">Provision (a)</p> <p data-bbox="280 846 1378 925">The PAQ indicates there has been no substantial expansion or modification to existing facilities since the last DOJ PREA audit conducted March 2019.</p> <p data-bbox="280 963 1465 1373">The Auditor interviewed the Community Corrections Supervisor who reported any construction, renovation or modification would be done with full consideration of all PREA standards. He further reported there are meetings that would be held regarding any building or construction considerations and that safety and cameras, or other technologies would be discussed and considered at such meetings. During these meetings executive staff would meet with all key supervisors and managers to discuss any pertinent issues, such as Data/Reporting issues, Grievances, Disciplinary Reviews, Video Summary Reviews, Use of Force Incidents, Incidents of Sexual Abuse, as well as the analysis of key data such as overtime, leave time, morale, etc.</p> <p data-bbox="280 1411 456 1444">Provision (b)</p> <p data-bbox="280 1482 1465 1561">The PAQ indicates there has been an upgrade to the surveillance system along with additional security cameras placed in previously identified blind spots.</p> <p data-bbox="280 1599 1465 1756">During the interview with the Community Corrections Supervisor, he stated there was ample camera coverage throughout the facility, which is complimented by security mirrors for extra security. During the facility tour the auditor observed the cameras and security mirrors.</p> <p data-bbox="280 1794 1426 1951">Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022, states the department will consider possible effects on its ability to protect individuals from sexual misconduct when:</p> <ul data-bbox="352 2020 904 2054" style="list-style-type: none"> <li>• Designing or acquiring a new facility</li> </ul>

- Planning substantial expansions or modifications of existing facilities
- Installing or updating video monitoring systems, electronic surveillance systems or other monitoring technology.

The Community Corrections Supervisor reported, any project with the potential to affect the monitoring of the residents, will be examined through the lens of PREA standards to ensure compliance. During the on-site the Auditor was able to observe camera placement.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding upgrades to facility and technology. No recommendations or corrective action.

<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Materials Reviewed</p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> </ul> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• Random Staff</li> <li>• SAFE/SANE Staff</li> <li>• PREA Compliance Manager (PCM)</li> </ul> <p>Provision (a)</p> <p>The PAQ indicates 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>The PAQ states administrative investigations are conducted by specially trained WADOC staff. Criminal Investigations are conducted by Seattle Police Department 1519 12th Ave, Seattle, WA 98122 (206) 684-4348. If this agency refuses, the facility can make a referral to the Washington State Patrol.</p> <p>The PAQ indicates the WADOC developed evidence protocols based on the following documents:</p> <ul style="list-style-type: none"> <li>• A National Protocol for Sexual Assault;</li> <li>• Medical Forensic Examinations Adults/Adolescents: and,</li> <li>• Recommendations for Administrators of Prisons, Jails, Community Confinement Facilities for Adapting the US Department of Justice's A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents.</li> <li>• 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.</li> </ul> <p>The PAQ states there were zero investigations initiated during the past twelve months. This was confirmed by the PCM.</p> <p>The Auditor interviewed staff regarding the rules of evidence, and their</p>

understanding of the process should a resident report alleged sexual abuse. Staff were able to articulate the basic preservation of evidence component of both victim and abuser. They were also able to explain their responsibilities up to the point when they transfer responsibility to either investigative or medical staff.

Provision (b)

Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022, Indicates a protocol shall be developmentally appropriate for youth, where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice 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.

Provision (c)

The PAQ indicates the facility is contracted with Harborview Medical Center and UW Medicine for SANE; SAFE & qualified medical practitioner forensic medical examinations. There were zero forensic medical examinations conducted during the past twelve months. The PAQ, indicates all treatment services are provided to the victim without financial cost.

The PAQ reported a directive has been issued to Health Services staff regarding actions to be taken in the event a SAFE/SANE isn't available at a designated facility, however this facility does work with Harborview Medical Center for these purposes in the community.

SAFE/SANE personnel reported the Forensic Program is responsible for conducting all forensic medical examinations for the facility. SANE personnel are available 24/7/365; however, if unforeseen circumstances arise and SANE personnel cannot perform the exam, an ER physician and ER registered nurse with a minimum of two hours of forensic evidence collection training may perform the exam. The exam starts with explanation of the exam and written consent from the patient. From there the SANE will gather demographic information and past medical and surgical history. Details of the assault will be documented in the patient's words in the forensic medical record. After all information is obtained, the SANE will do a head-to-toe assessment, document trauma, and take photographs with the patient's consent. A detailed genital exam will be done with the use of high-resolution digital imaging with the patient's consent. Forensic evidence is collected in conjunction with the head-to-toe assessment and genital assessment. Evidence is packaged and secured while maintaining chain of custody until it can be released to law enforcement. After the exam, the SANE will discuss prophylaxis medication to prevent sexually transmitted infections, including HIV. If the patient is female, the SANE will also discuss emergency contraception options.

The SAFE/SANE representative confirmed the examinations are provided at no cost to the resident and that all forensic services are provided when the resident alleges

sexual abuse, sexual assault, or sexual battery. All forensic examinations consist of an assessment, documentation, and collection of evidence as outline in the Attorney General’s “Adult and Child Sexual Assault Protocols: Initial Forensic Physical Examination.

Provision (d)

The PAQ states WADOC has established offender advocacy support through an interagency agreement with the Department of Commerce, Office of Crime Victim Advocacy (OCVA). Each facility has been partnered with a Community Sexual Assault Program. Specially designated and trained advocates respond to the community health care facility whenever an offender is transported for a forensic medical examination. Bishop Lewis House Reentry Center is partnered with Harborview Medical Center/UW Hospital Sexual Assault Unit. During the COVID-19 response and related access, restrictions to both the facility and local hospitals, advocacy support was temporarily limited to telephone contact. Residents were notified of this temporary process.

Provision (e)

The PAQ reflects that WADOC requires a victim advocate be contacted prior to the offender being transported to the designated community health care facility for a forensic medical exam. The advocate responds to the community health care facility and is present during the forensic medical exam unless the offender declines services to the advocate. Each prison is required to establish procedures for scheduling and conducting investigatory interviews following a forensic medical examination. During the COVID-19 response and related access, restrictions to both the facility and local hospitals, advocacy support was temporarily limited to telephone contact. Residents were notified of this temporary process.

Provision (f)

The PAQ indicates the WADOC is responsible for conducting all administrative investigations related to PREA. 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.” The Seattle Police Department is the primary investigator for a crime committed within Bishop Lewis House Reentry Center. If the local agency refuses to investigate, the facility can make a referral to the Washington State Patrol if the first responder is not available to assist. The WSP Crime Scene Response Unit is available to all local agencies should they request services. WADOC maintains a memorandum of understanding with WSP for conducting of investigations in general. To date, no Department of Justice entity has conducted PREA investigations within WADOC.

Provision (g)

Auditor is not required to audit this provision.

Provision (h)

As reported in Provision (d) victim advocacy services are offered through a partnership with Harborview Medical Center/UW Hospital Sexual Assault Unit.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding evidence protocol and forensic medical examinations. No recommendations or corrective action.

<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Materials Reviewed</p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• WADOC Policy 490.860, PREA Investigation, revised 11/24/22</li> <li>• WADOC Policy 490.850 Prison Rape Elimination Act (PREA) Response, revised 1/27/2022</li> <li>• WADOC Public Website <a href="https://www.doc.wa.gov/corrections/prea/resources.htm">https://www.doc.wa.gov/corrections/prea/resources.htm</a></li> <li>• MOU between WADOC and WA State Patrol</li> </ul> <p>Interviews with:</p> <ul style="list-style-type: none"> <li>• Random Staff</li> <li>• Investigative Staff</li> </ul> <p>Provision (a)</p> <p>The PAQ indicates 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>Policy 490.860, PREA Investigation, revised 11/24/22, p. 2, 1, requires the Department to investigate all allegations of sexual misconduct involving residents thoroughly, promptly, and objectively under the jurisdiction or authority of the Department. The policy goes on to state</p> <p>Investigations will be completed 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</p> <p>The Department may discipline and refer for prosecution, when appropriate, persons determined to be perpetrators of sexual misconduct. Investigations involving represented employees will be conducted per the provisions of the applicable collective bargaining agreement</p> <p>All allegations that appear to be criminal in nature will be referred to law enforcement for investigation by the Appointing Authority/designee. Referrals may be made using DOC 03.505 Law Enforcement Referral of PREA allegation.</p> <p>Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting state</p>



each superintendent or designee will meet at least annually with local enforcement officials to:

- Review investigation requirements detailed in Federal PREA standards
- Establish procedures for conducting criminal investigations related to PREA allegations
- Establish points of contact and agree upon investigatory update procedures
- Meetings with law enforcement will be documented in meeting minutes

When there is a reported PREA incident, regardless of how the information is received, the WADOC staff on duty completes an incident report on the Incident Report Management System (IRMA). The IRMS is monitored by WADOC headquarters staff. 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. All allegations that rise to the level of a PREA allegation, resulting in the initiation of an investigation are returned to the applicable Appointing Authority for investigation.

WADOC is responsible for conducting all administrative investigations related to PREA. WADOC staff do not have law enforcement powers or certification and, as such, are not authorized to conduct any type of criminal investigation. The Seattle Police Department (SPD) is the primary investigative agency for criminal investigations. If they decline to investigate, the facility can make a referral to the Washington State Patrol (WSP). WADOC maintains an agreement with WSP for assistance as needed or requested.

According to the PREA Coordinator, this process is tracked very closely and any delayed investigations are researched by the PREA Unit. During a review of the Washington Department of Corrections website, the PREA policies and investigation protocols were located using the search tool in "Policies".

WADOC staff are not sworn peace officers, therefore cannot conduct criminal investigations. If at any point during the administrative investigation, it appears a crime was committed, the case is referred to the SPD for criminal investigation. Bishop Lewis had zero PREA investigations during the past twelve months.

#### Provision (b)

The PAQ reveals the Seattle Police Department - East Precinct is the primary investigative agency for criminal investigations. If they decline to investigate, the facility can make a referral to Washington State Patrol. WADOC maintains an agreement with WSP for assistance as needed. Additionally, the Superintendent/ Work Training Release Supervisor meets with law enforcement officials annually to discuss investigation processes and review procedures. The facility had zero referrals to law enforcement during the past twelve months.

All staff interviewed knew their responsibility to report any suspicion, or knowledge of an allegation of sexual abuse and sexual harassment. Each reported they were

required to make such a report immediately after becoming aware of it.

Through the interview process, staff indicated all allegations are investigated.

Provision (c)

The PAQ reflects law enforcement referrals are processed through the WADOC Chain of command & records are documented via that process.

Policy 490.860, PREA Investigation, revised 11/24/22, p. 3, a, 3, states all allegations that appear to be criminal in nature will be referred to law enforcement for investigation by the Appointing Authority/designee. Referrals may be made using DOC 03.505 Law Enforcement Referral of PREA allegation.

The MOU between WADOC and WA State Patrol identify the process in which a criminal investigation will be referred to law enforcement.

The WADOC public website provides FAQs describing responsibilities of both WADOC who conducts administrative investigations and the law enforcement entity that conducts criminal investigations. The Investigation process is also articulated on the website.

Provision (d)

Auditor is not required to audit this provision

Provision (e)

Auditor is not required to audit this provision

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the facility meets every provision of the standard which addresses policies to ensure referral of allegations for investigations. No recommendations or corrective action.

<b>115.231</b>	<b>Employee training</b>
	<p data-bbox="280 188 1037 224"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p data-bbox="280 264 579 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 555 376">Materials Reviewed</p> <ul data-bbox="352 443 1436 728" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• Facility Staff Training Records</li> <li>• Samples of Signed DOC 03-483 PREA Training Acknowledgement forms</li> <li>• Prison Rape Elimination Act (PREA) Training Curriculum</li> <li>• Prison Rape Elimination Act (PREA) 102 Facilitator Guide</li> </ul> <p data-bbox="280 768 695 804">Interviews with the following:</p> <ul data-bbox="352 871 582 907" style="list-style-type: none"> <li>• Random Staff</li> </ul> <p data-bbox="280 947 456 983">Provision (a)</p> <p data-bbox="280 1014 1461 1176">The POA reflects the general PREA training curriculum includes but is not limited to all elements required by this standard. Initial training for new employees is provided through the Learning Center (LC). Annual PREA training is provided in the classroom or through LC.</p> <p data-bbox="280 1216 1469 1377">WADOC Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022, p. 10, X, B, requires all new employees, contract staff and volunteers to receive initial PREA training upon hire/assignment, followed by annual refresher training. Training consisted of</p> <ol data-bbox="320 1444 1476 2063" style="list-style-type: none"> <li>1. Its zero-tolerance policy for sexual abuse and sexual assault harassment</li> <li>2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures</li> <li>3. Resident’s right to be free from sexual abuse and sexual harassment</li> <li>4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment</li> <li>5. The dynamics of sexual abuse and sexual harassment in confinement</li> <li>6. The common reactions of sexual abuse and sexual harassment victims</li> <li>7. How to detect and respond to signs of threatened and actual sexual abuse</li> <li>8. How to avoid inappropriate relationships with residents</li> <li>9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents and</li> <li>10. How to comply with relevant laws related to mandatory reporting of sexual</li> </ol>

abuse to outside authorities.

Through the interview process, staff reported they had completed the initial training at the academy and have received refresher training on an annual basis. They were all able to articulate the elements of the training objectives. The Auditor reviewed the training records of all staff and confirmed their PREA initial and refresher trainings were current.

Provision (b)

The PAQ reflected initial and annual PREA training curriculum includes information applicable to both male and female residents. 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 residents to a facility that houses only female residents, or vice versa.

Provision (c)

The PAQ indicated WADOC utilizes refresher training emails each year due to annual training spanning through a whole year (July 1 - June 30) 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. Email reminders are sent to staff for all Learning Center training requirements which includes PREA training.

WADOC has determined that the strongest strategy is to require this training prior to assignment for new hires and every year thereafter. By using this approach, the agency has exceeded the requirement for refresher training every two years.

The Auditor reviewed all staff training records. The electronic tracking tool for refresher training utilized by WADOC is the Learning Management System (LMS). A review of the LMS also showed every staff person assigned to the facility completed their PREA initial and refresher trainings for the annual cycle.

Provision (d)

According to the PAQ, WADOC requires full PREA training be completed every year.

The PAQ indicates when completing the WADOC annual training:

- For in-class training venues, an acknowledgment form is provided in the classroom that students sign acknowledging they understand the training provided.
- For training completed through LC, the system includes an acknowledgment

that the participant understands the training completed. The module with this acknowledgment is assigned to the student following completion of the training module.

The agency PREA Coordinator receives a daily report from the Training and Development Unit including information when any employee answers false to the statement "By answering true to this question, I verify that I have viewed and understand all sections of the PREA training course". The PREA Coordinator then works with the appropriate Appointing Authority to resolve the response and any questions or concerns of the staff student who is then reassigned the acknowledgment module to confirm an understanding of the training. Examples of these daily reports are available upon request.

WADOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting, revised 4/19/2022, p. 11, 2, requires staff to acknowledge their understanding of the PREA training. Online training acknowledgment is included in the electronic course. For in-person training, acknowledgment is documented on DOC 03-483 PREA Training Acknowledgment or DOC 03-523 PREA disclosure and Training Acknowledgement for Volunteers. The Auditor reviewed all staff signed PREA training acknowledgment forms. Online training acknowledgement is tracked in the Learning Management System (LMS). The LMS confirmed all staff are current and have completed their annual PREA training.

Conclusion:

Based upon the review and analysis of the available evidence, combined with the fact the WADOC requires full PREA training each year, the Auditor has determined that the facility exceeds the standard which addresses policies regarding employee training. No recommendations or corrective action.

<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Materials Reviewed</p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• WADOC Policy 530.100 Volunteer Program, revised 3/22/2022</li> <li>• Facilitator Guide for Prison Rape Elimination Act (PREA) Annual In Service (AIS) training</li> <li>• WADOC training link for volunteers/religious contractors <a href="https://doc.wa.gov/corrections/programs/volunteer.htm#training">https://doc.wa.gov/corrections/programs/volunteer.htm#training</a></li> <li>• Prison Rape Elimination Act (PREA) pamphlet for Staff, Volunteers, and Contractors</li> <li>• Sample of random DOC 03-523 PREA Acknowledgement for Volunteers</li> <li>• Sample of training records for TTH contract staff</li> </ul> <p>Interview with the following:</p> <ul style="list-style-type: none"> <li>• Volunteers</li> <li>• Contractors</li> </ul> <p>Provision (a)</p> <p>The PAQ indicates there have been no volunteers in the facility since March 2020 due to COVID restrictions. Contractors that have worked in the facility have had background checks per protocol if in the facility for any length of time that would have contact with residents.</p> <p>The PAQ reflects 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. There have been no volunteers at the facility since March 2020 due to COVID protocols.</p> <p>WADOC Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022, p. 10, X, B, requires all new employees, contract staff and volunteers to receive initial PREA training upon hire/assignment, followed by annual refresher training. Training consisted of</p> <ol style="list-style-type: none"> <li>(1) Its zero-tolerance policy for sexual abuse and sexual assault harassment</li> <li>(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures</li> </ol>

- (3) Resident's right to be free from sexual abuse and sexual harassment
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment
- (5) the dynamics of sexual abuse and sexual harassment in confinement
- (6) The common reactions of sexual abuse and sexual harassment victims
- (7) How to detect and respond to signs of threatened and actual sexual abuse
- (8) How to avoid inappropriate relationships with residents
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

WADOC Policy 530.100 Volunteer Program, revised 3/22/2022, p. 5, III, states completion of mandatory volunteer orientation training is required before beginning services. All training requires approval from the Headquarters Correctional Program Administrator and will be provided by authorized employees or volunteers trained in the curriculum. Training will include Prison Rape Elimination Act (PREA).

All sixteen contractors completed PREA training regarding sexual abuse and sexual harassment prevention, detection, and response. They received in person training and online video training. They had also receives policy and procedural updates to PREA at the trainings. The Auditor reviewed the training records of all staff, direct hire and contracted, staff. All had completed their PREA initial and refresher trainings were current.

#### Provision (b)

The PAQ states WADOC requires all contractors with regular contact with residents to complete the same training provided to employees. The agency allows for vendors and service providers who have limited, unescorted contact with residents to complete form 03-478, PREA Acknowledgement, and are provided with the PREA brochure for staff, contractors and volunteers rather than completing annual training. This typically includes individuals filling vending machines or repairing office equipment, cleaning kitchen equipment, delivering supplies, or performing short-term services in maintenance. Additionally, identified contractors, such as those providing language interpreter services, complete the web-based training identified in 115.32 (a) - 1. All volunteers complete the web-based training regardless of level of service provided.

Through the interview process staff indicated there were zero volunteers since the start of COVID. This was confirmed by the staff training list where only contractors and full time WADOC staff were listed.

Provision (c)

The PAQ states all volunteers complete training understanding acknowledgments in the web-based training required. All contractors complete training understanding acknowledgments either in-person (form 03-483) or in the on-line training, whichever is completed.

Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022, p. 11, 2, requires staff to acknowledge their understanding of the PREA training. For online training, acknowledgment will be included in the electronic course. For in-person training, acknowledgment will be documented on DOC 03-483 PREA Training Acknowledgment or DOC 03-523 PREA disclosure and Training Acknowledgement for Volunteers.

The Auditor reviewed the training records of all facility, direct hire and contract, staff. All had completed their PREA initial and refresher trainings were current. The Auditor reviewed the signed acknowledgment forms (03-483 PREA Training Acknowledgement) for PREA training on-line through LMS.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the facility meets every provision of the standard which addresses policies regarding volunteer and contractor training. No recommendations or corrective action.



115.233

**Resident education**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Materials Reviewed

- Pre-audit Questionnaire (PAQ) and supporting documents
- Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022
- 310.000 Orientation, revised 12/27/2021
- Intake records of residents
- Record of residents receiving PREA information at intake
- Statewide Resident Orientation Handbook with PREA information (pages 10-15)
- PREA posters (English and Spanish) listing the PREA hotline number
- Resident education material
- Random 21-992 Prison Orientation Checklist
- PREA brochure in Spanish
- PREA posters in Spanish

Interviews of the following:

- Intake Staff
- Random Residents

Provision (a)

The PAQ reveals all residents arriving at the facility are provided information on arrival in the form of a brochure. PREA reporting information as well as information regarding victim advocacy support is provided in the form of posters in the intake area and each living unit. A Statewide Offender Handbook with PREA reporting information, is provided to all residents upon their arrival to the Reception and Diagnostic Center at Washington Correction Center (WCC) as all new residents enter WCC for classification and placement.

The PAQ indicated seventy-five residents received information on PREA and the zero-tolerance policy at intake.

The facility specific handbook has PREA information beginning on page 7. PREA Posters hung outside of intake area & throughout the facility.

WADCO Policy 310.000 Orientation, revised 12/27/2021, p. 2, 1, A, states all newly received incarcerated individuals will participate in a program of interviews, testing, and other activities related to the admission process at the receiving facility per DOC 310.150 Reception, Initial Classification, and Custody Facility Plan.

Initial reception and orientation is completed within 4 weeks of admission to the

facility unless medical, mental health, or behavioral issues prevent completion of this process. Incarcerated individuals arriving at or transferred to a Work -Training Release or prison, including transfers between an Intensive Management Unit (IMU) will receive an orientation to the new facility. Work - Training Release orientation will be conducted within 48 hours of admission. Individuals in Work - Training Release will be notified of all appropriate policies and procedures that affect them. Employees will document orientation in the incarcerated individual's electronic file and the individual will acknowledge receipt of orientation and the Statewide Resident Orientation Handbook/facility specific handbook by signing the DOC 05-512 Work - Training Release Orientation Checklist in Work - Training Release.

WADOC Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022, p. 15, XII, B, state 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. Information will be presented in a manner allowing individuals to ask questions of the staff member facilitating the orientation. If an orientation video is presented in-transit, individuals will be provided an opportunity to ask questions of the facilitator during the onsite facility orientation.

Through the interview process residents reported they received PREA training on the same day they arrived. They received a folder with the information about the rules, a resident handbook, how to contact staff, phone numbers to points of contacts and sign paperwork.

Provision (b)

Through the interview process, intake staff reported residents receive information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The information is in the form of a resident handbook, a PREA policy pamphlet, through an in-person orientation, a PREA video and through a work release video. They each get a folder with this information and then staff go through the folder contents with the resident.

The PAQ indicates zero residents transferred from a different community confinement facility during the past 12 months.

The PAQ indicates residents complete a full facility orientation within 24 hours of arrival including a video presentation on PREA. In addition, each resident is provided with a facility handbook that details zero tolerance, reporting, agency response and retaliation monitoring.

Provision (c)

The PAQ indicated resident PREA education is available in formats accessible to all residents, including those who are Limited English Proficient (LEP), deaf, visually impaired, otherwise disabled or limited in their reading skills.

The PAQ states residents transferring between Prison facilities are provided PREA

orientation via a video while in transit or within a short period of time after arrival. This video is closed-captioned for offenders who are deaf or hearing impaired. The video is available in Spanish and is also closed-captioned in Spanish. A script of the video is also maintained in both English and Spanish for use as needed (e.g., forwarding to a translator for offenders speaking languages other than English and Spanish, etc.).

On the PAQ the facility relates facility specific information related to matters in this category would be facilitated depending on the need. Given that this is not an ADA facility, individuals who could not physically manage the stairs would be placed in a more appropriate facility.

The facility reports there were no instances where orientation had to be provided to a resident who had limited reading skills during this documentation period.

There were no instances where orientation had to be provided in a language other than English in the past twelve months.

The Auditor reviewed PREA brochures in English and Spanish, the PREA video can be watched with subtitles or closed captioned. Work Release information is in English and Spanish. End Silence Facilitators Guide communicates through pictures. PREA posters in English and Spanish are displayed in all common areas accessible to residents, staff and public. The PREA video also comes in transcript for English or Spanish.

#### Provision (d)

Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022 , p. 5, III, A, states professional interpreter or translation services, including sign language are available to assist individuals in understanding this policy, reporting allegations, and participating in investigations of sexual misconduct per DOC 450.500 language services for Limited English Proficient Individuals. The Deaf Services Coordinator is authorized to provide the same professional interpreter/translation service for sign language as contract interpreters with regard to assisting individuals in understanding this policy, reporting allegations and/or participating in investigations of sexual misconduct.

Through the PAQ the facility reported with the exception of the Deaf Services Coordinator, staff interpreters will only be used for these purposes in exigent circumstances. Americans with Disabilities Act (ADA) accommodations will be provided per DOC 690.400 Offenders with Disabilities...

Through the interview process, the intake staff stated the need to provide targeted orientation will be determined on a case-by-case basis, taking into consideration:

- Reading comprehension levels
- Mental health evaluation
- Cognitive abilities

- Interactions with staff
- Language barriers other than Spanish.

Provision (e)

The PAQ reveals when a resident completes orientation, they sign DOC 21-992 Prison Orientation Checklist which is scanned into OnBase (an electronic document warehouse). In addition, documentation of orientation completion is entered as a certificate in the Offender Management Network Information (OMNI) system. The Auditor reviewed PREA materials in English and Spanish, as well as work release information in English and Spanish. PREA posters in English and Spanish are displayed in all common areas accessible to residents, staff, and visitors. The PREA information was provided through a resident handbook, English and Spanish posters, English and Spanish brochures, and English and Spanish pamphlet. There was a Q&A session after the PREA video was watched. Discussions with residents indicated that the PREA video can be watched on the closed-circuit TV channel at the facility as it plays on a regular basis

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets the standards for resident education. No recommendations or correction action.

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 555 374">Materials Reviewed</p> <ul data-bbox="352 443 1437 562" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> </ul> <p data-bbox="280 600 695 633">Interviews with the following:</p> <ul data-bbox="352 703 647 736" style="list-style-type: none"> <li>• Investigative Staff</li> </ul> <p data-bbox="280 775 456 808">Provision (a)</p> <p data-bbox="280 846 1458 965">The PAQ states the WADOC has established specialized investigator training that provides information regarding the conduct of all PREA-related investigations. This includes but is not limited to:</p> <ul data-bbox="352 1034 1134 1193" style="list-style-type: none"> <li>• how to conduct an investigation in confined settings;</li> <li>• techniques for interviewing sexual abuse victims;</li> <li>• the proper use of Miranda and Garrity Warnings; and</li> <li>• evidence collection.</li> </ul> <p data-bbox="280 1232 1474 1476">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. 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.</p> <p data-bbox="280 1514 1458 1673">On the PAQ the facility reported that policy requires that investigators be trained in conducting sexual abuse investigations in confinement settings. The auditor has reviewed the training curriculum for the investigator course and found that all required subject matter was addressed.</p> <p data-bbox="280 1711 1453 1995">WADOC is responsible for conducting all administrative investigations related to PREA. WADOC staff do not have law enforcement powers or certification and, as such, are not authorized to conduct any type of criminal investigation. Washington Administrative Code (WAC) 139-05-240 outlines the requirements of the basic law enforcement academy and WAC 139-05-250 outlines the basic law enforcement curriculum. WAC 139-25-110 outlines the career-level certification for law enforcement and corrections personnel.</p> <p data-bbox="280 2033 456 2067">Provision (b)</p>

The Auditor reviewed the training curriculum for the investigator course and found that all required components were included. The investigator indicated that the specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the documentation required to substantiate a case for administrative action or referral for prosecution.

Provision (c)

According to the PAQ, training transcripts are maintained for all individuals who have completed official Department training.

According to the PAQ, the agency maintains documentation showing that investigators have completed the required training. The agency currently employs 568 investigators who have completed the required investigator training.

Provision (d)

Not Applicable

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the facility meets every provision of the standard which addresses policies regarding specialized training: investigations. No recommendations or corrective action

<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 557 374">Materials Reviewed</p> <ul data-bbox="352 443 1437 562" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> </ul> <p data-bbox="280 600 639 633">Interviewed the following</p> <ul data-bbox="352 703 882 736" style="list-style-type: none"> <li>• Community Corrections Supervisor</li> </ul> <p data-bbox="280 775 456 808">Provision (a)</p> <p data-bbox="280 846 1481 1256">The PAQ reports, all Health Services employees, including contractors, are required to complete both PREA for Health Services and annual general PREA training, except for medical records, clerical, the Dietary Services Manager, and the Psychologist assigned exclusively to sex offender treatment programming, as these individuals do not have regular, private contact with offenders. This was changed for the Psychologist assigned exclusively to sex offender treatment program and is pending a formal policy revision. Work Release does not have health services staff on site and therefore employs no health services staff. As a result no medical or mental health staff could be interviewed. The Community Corrections Supervisor corroborated this information.</p> <p data-bbox="280 1294 456 1328">Provision (b)</p> <p data-bbox="280 1366 1453 1444">The PAQ indicates agency policy requires that all forensic medical examinations be conducted at a health care facility in the community.</p> <p data-bbox="280 1482 1461 1601">According to the PAQ, work release does not have health services staff on site and therefore employs no health services staff. As a result, no medical or mental health staff could be interviewed.</p> <p data-bbox="280 1639 456 1673">Provision (c)</p> <p data-bbox="280 1711 1442 1868">According to the PAQ, WADOC maintains an official training transcript for all individuals who have completed formal training within the agency. Medical and mental health interns and volunteers are required to complete web based general PREA training and review a Health Services PowerPoint presentation</p> <p data-bbox="280 1906 1461 2024">According to the PAQ, work release does not have health services staff on site and therefore employs no health services staff. As a result, no medical or mental health staff could be interviewed.</p>

Provision (d)

According to the PAQ, medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.23.

According to the PAQ, work release does not have health services staff on site and therefore employs no health services staff. As a result, no medical or mental health staff could be interviewed.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the facility meets the standard which addresses policies regarding specialized training: medical and mental health care. No recommendations or corrective action.



115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 557 374">Materials Reviewed</p> <ul data-bbox="352 445 1437 562" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> </ul> <p data-bbox="280 602 639 636">Interviewed the following</p> <ul data-bbox="352 703 882 860" style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Community Corrections Supervisor</li> <li>• Staff</li> <li>• Residents</li> </ul> <p data-bbox="280 902 456 936">Provision (a)</p> <p data-bbox="280 976 1393 1048">The PAQ reports, all offenders assigned to WADOC are required to be screened within 72 hours of arrival or transfer between facilities.</p> <p data-bbox="280 1088 1442 1160">Through the interview process, residents indicated they had been asked the PREA screening questions on the day they arrived or the following day.</p> <p data-bbox="280 1202 456 1236">Provision (b)</p> <p data-bbox="280 1276 1453 1473">According to the PAQ, there were seventy-two residents that entered the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility.</p> <p data-bbox="280 1514 1474 1630">The PAQ states during the past twelve months, seventy-five residents were received at the facility. Seventy-two residents were at the facility for 72 hours or more. Assessments were completed within the 72 hours for seventy-five residents.</p> <p data-bbox="280 1671 456 1704">Provision (c)</p> <p data-bbox="280 1744 1469 1901">Per the PAQ, risk assessments are completed in the Offender Management Network Information (OMNI) system. In the event the system is unavailable, a paper version of the risk assessment can be used and entered the electronic system as soon as possible.</p> <p data-bbox="280 1942 1134 1975">This was confirmed through the interview process with staff.</p> <p data-bbox="280 2016 456 2049">Provision (d)</p>

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

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

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

Provision (e)

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

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

Provision (f)

According to the PAQ, all residents are required to be rescreened between days 21 and 30 calendar days after arrival at the facility. This was confirmed through the interview process with staff.

The PAQ reflects seventy-two residents entered the facility within the past twelve months whose length of stay in the facility was for 30 days or more.

Provision (g)

According to the PAQ, policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. This was confirmed through interviews with staff.

Provision (h)

The PAQ indicates WADOC prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the following questions:

1. whether or not the resident has a mental, physical, or developmental disability;
2. whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
3. whether or not the resident has previously experienced sexual victimization; and
4. the resident's own perception of vulnerability.

This was confirmed through the interview process with staff.

Provision (i)

The PREA Coordinator stated WADOC allows classification staff and management staff access to the information gathered through PREA Risk Screening. If other need the information, the PREA Coordinator reviews and determines if approval should be granted. If approved, the staff will have “view only” access. All staff have access to the risk screening identifier of “potential victim” or “potential predator”. This information was echoed by the Community Corrections Supervisor.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard which addresses Screening for Risk of Sexual. Victimization and Abusiveness. No recommendations or corrective action.

<b>115.242</b>	<b>Use of screening information</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 557 374">Materials Reviewed</p> <ul data-bbox="352 443 1469 685" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• WADOC 490.820, PREA Assessments and Assignments, revised 3/9/2022</li> <li>• WADOC Policy 490.700 Transgender Intersex, and/or Gender Nonconforming Housing and Supervision, revised 3/9/2022</li> </ul> <p data-bbox="280 725 695 759">Interviews with the following:</p> <ul data-bbox="352 828 639 943" style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Staff</li> <li>• Residents</li> </ul> <p data-bbox="280 985 456 1019">Provision (a)</p> <p data-bbox="280 1059 1430 1216">The PAQ reflects the facility uses information from the risk screening required by 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p data-bbox="280 1256 1461 1370">WADOC 490.820, PREA Assessments and Assignments, revised 3/9/2022, p. 7, V, A, states PRA information will be reviewed when making job and programming assignments per DOC 300.380 Classification and Custody Facility Plan Review.</p> <p data-bbox="280 1411 1481 1485">WADOC 490.820, PREA Assessments and Assignments, revised 3/9/2022, pp. 7-8, VI, A-D, states the following with regard to housing assignments</p> <p data-bbox="280 1525 1437 1639">A. Before placing the offender in a multi-person cell/room, employees responsible for making housing assignments will review the PRA identifier to ensure the compatibility of cell/roommates.</p> <ol data-bbox="341 1711 1453 1951" style="list-style-type: none"> <li>1. For offenders who have not had a PRA, either at the sending facility or on a prior incarceration, a mental health employee/contract staff will review the completed DOC 13-349 Intersystem/Restrictive Housing Mental Health Screening for information impacting the offender's housing assignment.</li> <li>2. Employees will document the review in a PREA Housing chrono entry for each cell occupant.</li> </ol> <p data-bbox="280 1993 1453 2067">B. Housing compatibility reviews and related PREA Housing chrono entries are not required for offenders being placed in dedicated single-person cells (e.g., Intensive</p>

Management Unit, segregation, mental health units) unless more than one offender is placed in the cell.

C. If an offender is transferring between facilities, housing reviews can be completed in advance of the offender's arrival as long as a review is done to ensure the offenders assigned to the designated cell have not changed before the arriving offender is placed in the cell.

D. An offender who scores at potential risk for sexual victimization will not be housed in the same cell/room as an offender who scores at potential risk for sexual predation or as a dual identifier.

1. An offender who scores as a dual identifier can only be housed in the same cell/room with an offender who scores as no risk identified.
2. Facilities with dormitory/open housing will establish procedures for appropriate bed assignments for at risk offenders.

WADOC 300.380, Classification and Custody Facility Plan Review, revised 10/21/2021, p. 4. D, requires that committee members will review each offender on the transfer manifest before s/he arrives at the receiving facility. The screening will include, at a minimum:

- Work Programs
- Needs evaluation information
- Safety/Security concerns that may impact housing or programming
- History of predatory violence and/or predatory sexual offenses
- History of medical or mental health conditions that affect housing or programming or require immediate referral for medical or mental health services
- Prison Rape Elimination Assessment (PREA) information per DOC 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments.

Through the interview process intake staff reported that information from the risk screening is utilized to assure safe housing. The facility does not place potential victims in the same room as potential predators.

This facility has not had any identified transgender, intersex or gender non-confirming individuals during the previous twelve months. Consequently, there were zero residents to interview with regard to this provision.

Provision (b)

According to the PAQ, within WADOC, all classification, programming, job, and housing assignments are made on the risk-based information obtained for each individual offender/resident. This is documented via the information provided with 115.42 (a).

This facility has not had any identified transgender, intersex or gender non-

confirming individuals during the previous twelve months. However, they would be housed on the 1st floor in order to have access to single person bathroom and shower.

Provision (c)

According to the 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 resident's health and safety. The housing review process also considers 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 resident or when a change in housing assignments is indicated.

WADOC Policy 490.700 Transgender Intersex, and/or Gender Non-conforming Housing and Supervision, revised 3/9/2022, p. 3, C, states the PREA Coordinator will maintain a record of transgender, intersex, and/or gender non-conforming individuals in a secure imaging system.

WADOC Policy 490.700 Transgender Intersex, and/or Gender Non-conforming Housing and Supervision, revised 3/9/2022, p. 3, III, A, states DOC 02-420 Preferences Request will be completed if an individual identifies as transgender, intersex, and/or gender nonconforming.

WADOC Policy 490.700 Transgender Intersex, and/or Gender Non-conforming Housing and Supervision, revised 3/9/2022, p. 3, III, B, 1, states if the arriving individual does not have a PREA risk assessment (PRA) and DOC 02-384 Housing Protocol for Transgender, Intersex, and Gender Non-Conforming Individuals on file, the individual will be evaluated by appropriate personnel and temporarily assigned to the least restrictive housing pending final outcome of the Multidisciplinary Team (MDT).

This facility has not had any identified transgender, intersex or gender non-confirming individuals during the previous twelve months. Consequently, there were zero residents to interview with regard to this provision.

Provision (d)

WADOC Policy 490.700 Transgender Intersex, and/or Gender Nonconforming Housing and Supervision, revised 3/9/2022, p. 7, E-F, states the facility Multi-Disciplinary Team (MDT) will reassess placement and programming assignments every 6 months using DOC 02.385 Housing Review for Transgender, Intersex, and Gender Non-Conforming Individuals to review any threats to the individual's safety.

The PREA coordinator reported, transgender or intersex residents' views with respect to his or her own safety are given serious consideration in placement and

programming assignments at WADOC.

The Auditor reviewed the PRA Assessment and one of the questions asked is “Do you feel at risk of being sexually abuse”?

Throughout the interview process no resident identified as LGBTI; nor did a resident report feeling unsafe.

This facility has not had any identified transgender, intersex or gender non-confirming individuals during the previous twelve months. Consequently, there were zero residents to interview with regard to this provision.

Provision (e)

WADOC Policy 490.700 Transgender Intersex, and/or Gender Nonconforming Housing and Supervision, revised 3/9/2022, p. 8, VII, A, 1, states Transgender, intersex and/or non-binary individuals may shower separately if requested by the individual or deemed necessary due to safety and security concerns. Facilities will develop local procedures to allow transgender, intersex, and/or non-binary individuals the opportunity to shower and dress/undress separately from other individuals. This may include individual shower stalls, separate shower times, or other procedures based on facility design.

This facility has not had any identified transgender, intersex or gender non-confirming individuals during the previous twelve months. Consequently, there were zero residents to interview with regard to this provision.

Provision (f)

The facility does not have a dedicated housing area for the assignment of only lesbian, gay, bisexual, transgender, or intersex (LGBTI) offenders. The agency is also not under any related consent decree, legal settlement or legal judgement. Housing and program / job assignments are made based on PREA Risk Assessment identifiers and programming needs.

WADOC memorandum, dated August 29, 2019, authored by the Assistant Secretary of Prisons, directs the Superintendents to ensure that LBGTI offenders are not grouped together in a facility based solely on this status

This facility has not had any identified transgender, intersex or gender non-confirming individuals during the previous twelve months. Consequently, there were zero residents to interview with regard to this provision.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the facility meets every provision of the standard requiring the use of screening information. No recommendation or corrective action.

<b>115.251</b>	<b>Resident reporting</b>
	<p data-bbox="280 188 1038 221"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 557 374">Materials Reviewed</p> <ul data-bbox="352 445 1437 645" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• WADOC, Contract #K10506, Amendment #4, between WADOC and the Colorado Department of Corrections, effective until March 2024</li> </ul> <p data-bbox="280 685 695 719">Interviews with the following:</p> <ul data-bbox="352 786 528 860" style="list-style-type: none"> <li>• Staff</li> <li>• Residents</li> </ul> <p data-bbox="280 902 456 936">Provision (a)</p> <p data-bbox="280 976 1477 1346">The PAQ indicates 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. Handbooks table of contents identifies PREA/ Sexual Harassment beginning on page #7.</p> <p data-bbox="280 1386 1461 1581">WADOC Policy DOC 490.850, Prison Rape Elimination Act Response, pp. 2-3, I, A., states staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a Department facility.</p> <p data-bbox="280 1621 1469 1816">The Auditor reviewed forms of reporting. The information on how to report is posted in various locations, in different formats throughout the facility. The PREA hotline number is posted on the wall in all housing units and program areas. Residents are provide with cell phones. Additionally, the Office of Victim Advocacy posters were located throughout the facility.</p> <p data-bbox="280 1856 1469 2051">Of the staff interviewed, all indicated they would accept a report or allegation from the resident. Each also reported residents can report several different ways which includes telling a staff member, calling the PREA telephone number posted throughout the facility, or telling a family member. Staff interviewed stated residents can privately report sexual abuse or sexual harassment as well, by writing</p>



the PREA Coordinator.

Of the residents interviewed, all reported they were aware of multiple ways to report incidents of sexual abuse or sexual harassment. These included using the hotline number, contacting the PCM, have family member contact the facility, contacting a staff member, and "writing to the address on the poster." Most indicated they would tell a staff member first.

During the on-site portion of the audit, the Auditor observed numerous different PREA posters in both English and Spanish throughout the facility. These posters were observed in each housing unit, common areas, main hallways, day room, dining room, etc.

#### Provision (b)

According to the PAQ, the residents are able to send allegation information anonymously and confidentially to the Colorado Department of Corrections, which serves as the agency's external reporting entity. This is done via DOC 21-379 Report of Prison Rape Elimination Act (PREA) Allegation form which is available in offender accessible areas of the facility along with pre-addressed envelopes.

WADOC, Contract #K10506, Amendment #4, between WADOC and the Colorado Department of Corrections, which is effective until March 2024, establishes the agency's external reporting entity.

Of the residents interviewed, most reported being familiar with an outside agency and said the address was posted throughout the facility.

#### Provision (c)

WADOC Policy 490.850 Prison Rape Elimination Act (PREA) Response, pp. 2-3, I, A, states staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a department facility. This also include related retaliation and knowledge of staff actions or neglect that may have contributed to an incident.

Of the residents interviewed, each indicated they were aware of the ability to make reports of sexual abuse or sexual harassment in person and in writing. They also were familiar with the fact they could report without giving their name.

#### Provision (d)

The facility PREA brochure states staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately to the work release/residential program administrator/duty officer (work release) or the appropriate appointing authority/duty officer. Any knowledge of retaliation must be reported in the same manner.

Through interviews with the staff, several methods for staff to privately report

sexual abuse of residents were identified. All staff indicated they may choose to make a private report to the facility PCM or PREA Coordinator.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the facility meets every provision of the standard relative to resident reporting. No recommendation or corrective action.

<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 555 374">Materials Reviewed</p> <ul data-bbox="352 445 1437 685" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• WADOC 550.100 Offender Grievance Program, revised 3/18/2013</li> <li>• Memorandum dated December 20, 2016, signed by the Secretary of Washington Department of Corrections</li> </ul> <p data-bbox="280 725 695 759">Interviews with the following:</p> <ul data-bbox="352 831 528 902" style="list-style-type: none"> <li>• Staff</li> <li>• Residents</li> </ul> <p data-bbox="280 943 456 976">Provision (a)</p> <p data-bbox="280 1016 1445 1216">The PAQ indicates, WADOC has formal procedures in place to address resident resolution requests as documented in agency policy 550.100, Resolution Program, which states grievances alleging sexual misconduct will be forwarded to the PREA coordinator per DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting and will not be reviewed through the grievance process</p> <p data-bbox="280 1256 1425 1373">Memorandum dated December 20, 2016, signed by the Secretary of Washington department of Corrections, states that WADOC does not process PREA-related allegations through the resident grievance process.</p> <p data-bbox="280 1413 1445 1570">Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022, pp. 17-18, 3, d, states grievances, including emergency complaints, per DOC 550.100 Offender Grievance Program and the Offender Grievance Program Manual</p> <ol data-bbox="341 1641 1461 2045" style="list-style-type: none"> <li>1. Copies of grievances alleging sexual misconduct will be forwarded immediately to the applicable authority per the Prison Rape Elimination Act (PREA) Response</li> <li>2. Individuals are not required to use the informal resolution process before submitting a resolution request containing PREA related information.</li> <li>3. The individual will be notified via the grievance response that the allegation was forwarded for review for a possible PREA investigation</li> <li>4. The PREA coordinator/designee will notify the appropriate grievance staff of the determination on whether the allegation meets the definition of sexual misconduct</li> </ol>

a. If the allegation does not, the individual may refile the grievance per DOC 550.100 Offender Grievance program.

The Auditor reviewed the Resident Handbook. The handbook informs residents how to report allegations of sexual abuse. Each resident receives a handbook at the time of admission.

Through formal interviews with residents, it was reported they could file a grievance to report an allegation of sexual abuse. The Auditor asked each resident interviewed if he could file a grievance alleging an imminent risk of sexual abuse. The residents were familiar with the grievance process and no resident interviewed had used the process. Most residents stated they would immediately notify a staff member as that is the quickest way to report. Some residents stated they might use the hotline number. Each resident was asked if he was required to give his name when alleging sexual abuse. All residents were aware they could submit an allegation anonymously.

Provision (b)

WADOC 550.100 Offender Grievance Program, revised 3/18/2013, explains that complaints and grievances alleging any form of sexual assault, sexual abuse, and/or staff sexual misconduct will be immediately processed per Prison Rape Elimination Act (PREA) Policy. Complaints and grievances investigated as PREA will not be investigated through the Offender Grievance Program. From the standpoint of the Offender Grievance Program, once a PREA complaint is reported as PREA, the complaint/grievance is considered informally resolved. If the PREA unit determines an issue is not PREA, the resident may pursue it through the Offender Grievance Program.

According to the PAQ, residents are not required to use an informal process (grievance or otherwise) to attempt to resolve an alleged incident of sexual abuse or sexual harassment. This information is contained in the Resolution Program Manual available to all residents.

Provision (c)

According to the PAQ, facilities are required to provide conveniently located resolution request boxes for residents to submit complaints. Resolution staff members maintain the only keys to resolution boxes. When resolution boxes are not available, residents may request envelopes for their resolution requests.

According to the PAQ, Resolution Requests alleging any form of sexual assault, sexual abuse, and/or staff sexual misconduct are processed in accordance with DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting.

WADOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting state individuals may report PREA allegations anonymously, through a third party, calling the confidential PREA hotline, in writing to the PREA coordinator, through a grievance, or to an outside agency via grievance/medical envelope.

If a resident files a grievance alleging sexual misconduct, a copy of the grievance is forwarded to the WADOC PREA unit. If it determined the allegation in the grievance does not rise to the level of PREA, the resident may proceed through the grievance process. If the issue is determined to be PREA related, the case is referred to the Appointing Authority who assigns the case to an investigator. From this point forward the allegation is pursued like any other PREA investigation. This process requires the allegation to be investigated by a PREA trained investigator and the Appointing Authority make the final decision. Additionally, since PREA allegations are removed from the grievance process, residents are not required to exhaust administrative remedies before attempting to resolve the issue through litigation. This information is available to the resident in the grievance policy handbook and the resident handbook

Provision (d)

The PAQ indicates there were no PREA complaints documented via the use of the Resolution Request Program during the past twelve months.

The PAQ indicates any resolution request containing a PREA allegation is removed from the formal resolution process. Therefore, the resident's resolution request is promptly responded to and no resolution request response is extended beyond established timeframes.

Provision (e)

The PAQ states the agency provides third-party assistance through the Resolution Coordinator.

There were zero grievances filed for PREA related allegations in the past twelve months.

This provision is addressed in the above provisions.

Provision (f)

The PAQ specifies the Resolution Program Manual is authorized by agency policy 550.100, Resolution Program as noted in the reference section of the policy. Page 10-11 in the manual details applicable timeframes and provides specifications regarding the resolution program.

Through the interview process with staff, the Auditor confirmed staff were aware that residents could submit grievances alleging a risk of imminent sexual abuse or to report an allegation of sexual abuse. Facility staff understood the procedures for submitting these emergency grievances alleging a risk of imminent sexual abuse. Staff were also aware of the time limits in response to an emergency grievance alleging an imminent risk of sexual abuse.

Provision (g)

Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape

Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022, indicates a report of sexual abuse made in good faith will not constitute providing false information even if there is insufficient evidence to substantiate the allegation.

Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding exhaustion of administrative remedies. No recommendations or corrective action.

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 555 376">Materials Reviewed</p> <ul data-bbox="352 445 1465 645" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• Interagency agreement between WADOC and the Department of Commerce Office of Crime Victim Advocacy, effective through June 30, 2023</li> </ul> <p data-bbox="280 685 695 721">Interviews with the following:</p> <ul data-bbox="352 790 863 864" style="list-style-type: none"> <li>• Residents</li> <li>• PREA Compliance Manager (PCM)</li> </ul> <p data-bbox="280 904 456 940">Provision (a)</p> <p data-bbox="280 981 1477 1554">The PAQ reflects the facility has established a partnership with Harborview Abuse &amp; Trauma Center Sexual Assault Program. WADOC has entered into a partnership with the Office of Crime Victim Advocacy (OCVA) to provide support services to all residents under the jurisdiction of the department. This is coordinated centrally, with residents 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 resident. The community-based advocate can plan for the resident to call the line at designated times to speak with the advocate, or the advocate can plan with the facility, on a case-by-case basis, to provide on-site support to the resident. 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. Residents were notified of this temporary process.</p> <p data-bbox="280 1594 1465 1957">The PAQ states information regarding advocacy support services is provided to residents via posters and brochures. Further, residents are provided with initial support services via telephone access. This is coordinated centrally, with residents 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 resident. The community-based advocate can plan for the resident to call the line at designated times to speak with the advocate, or the advocate can plan with the facility, on a case-by-case basis, to provide on-site support to the resident.</p> <p data-bbox="280 1998 1449 2072">Interagency agreement between WADOC and the Department of Commerce Office of Crime Victim Advocacy, effective through June 30, 2023, establishes access to</p>

outside victim advocates for emotional support services related to sexual abuse. The information regarding advocacy support services is provided to residents via posters and brochures.

Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022, p. 4, 9, states the PREA coordinator must maintain a memorandum of understanding for external victim advocacy services. Individuals will have toll-free access to Sexual Assault Support and Information Line operated by the Office of Crime victims Advocacy (OCVA)

The Auditor observed the victim advocacy number posted in readily accessible places throughout the facility.

Provision (b)

According to the PAQ, residents are informed via posted mechanisms that calls to advocates do not require an IPIN and are not recorded or monitored.

The Auditor reviewed services provided by OCVA and found them to be confidential and not associated with the WADOC. Appointments for outside victims' services are coordinated with the facility for scheduling.

Residents reported believing conversations with victim advocates would be confidential and private.

Provision (c)

According to the PAQ, WADOC has entered into a partnership with the Office of Crime Victim Advocacy (OCVA) to provide support services to all residents under the jurisdiction of the department. The Interagency agreement between WADOC and the Department of Commerce Office of Crime Victim Advocacy, effective through June 30, 2023 confirms this relationship.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets the standard regarding resident access to outside confidential support services. No recommendations or corrective action.



<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Materials Reviewed</p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• <a href="http://www.doc.wa.gov/corrections/prea/resources.htm#reports">http://www.doc.wa.gov/corrections/prea/resources.htm#reports</a>.</li> </ul> <p>Provision (a)</p> <p>On the PAQ, the facility reported visitors, resident 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 <a href="mailto:DOCPREA@doc.wa.gov">DOCPREA@doc.wa.gov</a>. This information is posted in all common areas of the of Bishop Lewis House Reentry Center to include all floors, visible to residents, staff &amp; visitors of the facility. Additionally the facility report information regarding reporting, the investigative process, and frequently asked questions is available on the agency's public website. This information is accessible at <a href="http://www.doc.wa.gov/corrections/prea/resources.htm#reports">http://www.doc.wa.gov/corrections/prea/resources.htm#reports</a>.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets the standard regarding third party reporting. No recommendations or corrective action.</p>

<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 555 374">Materials Reviewed</p> <ul data-bbox="352 443 1437 808" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• WADOC Policy 490.850 Prison Rape Elimination Act (PREA), Response, revised 1/27/2022</li> <li>• WADOC interagency agreement #K10912 with Washington State Department of Social and Health Services, Adult Protective Services.</li> <li>• WADOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation, revised 11/24/2022</li> </ul> <p data-bbox="280 853 695 887">Interviews with the following:</p> <ul data-bbox="352 954 770 1028" style="list-style-type: none"> <li>• Staff</li> <li>• PREA Compliance Manager</li> </ul> <p data-bbox="280 1072 456 1106">Provision (a)</p> <p data-bbox="280 1144 1347 1218">According to the PAQ, agency policy requires all staff to immediately report incidents and allegations via processes established in policy.</p> <p data-bbox="280 1256 1465 1496">WADOC Policy 490.850 Prison Rape Elimination Act (PREA), Response, revised 1/27/2022, p. 2, I, A, states agency policy requires all staff to immediately report incidents and allegations via processes established in policy. Additionally, agency policy requires all staff to immediately report any indications of retaliation. Finally agency policy requires all staff to immediately report any staff actions or neglect that may have contributed to an incident.</p> <p data-bbox="280 1541 456 1574">Provision (b)</p> <p data-bbox="280 1612 1465 1767">The PAQ indicates 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.</p> <p data-bbox="280 1805 1481 1960">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 per the PREA Reporting Process attachment to agency policy 490.850.</p> <p data-bbox="280 2004 1406 2038">WADOC Policy 490.850, p. 4, II, outlines the PREA Response Plan for the facility.</p>

Provision (c)

WADOC Policy 490.850 Prison Rape Elimination Act (PREA), Response, revised 1/27/2022, p. 3, B, 1, a-b, states residents will be informed of requirements of mandatory reporting at reception, and information will be posted in Health Services where residents can see it. Health services providers must inform of the duty to report before providing treatment when a resident; Displays signs/symptoms of sexual misconduct that are identified or observed in the course of an appointment or examination or discloses to a medical or mental health provider sexual misconduct that occurred while in any correctional setting.

The facility does not have medical staff on-site. Residents are treated in the community.

Provision (d)

The facility does not house residents under the age of 18.

WADOC interagency agreement #K10912 with Washington State Department of Social and Health Services, Adult Protective Services indicates 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 service agency under applicable mandatory reporting laws.

Provision (e)

WADOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation, revised 11/24/2022, p. 3, A, states the PREA coordinator/designee will review all allegations, determine which allegations fall within the definition of sexual misconduct, and forward those allegations to the appropriate appointing authority for investigation. The facility staff echoed this policy.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets the standard regarding staff and agency reporting duties. No recommendations or corrective action.

<b>115.262</b>	<b>Agency protection duties</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 557 374">Materials Reviewed</p> <ul data-bbox="352 445 1437 562" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> </ul> <p data-bbox="280 602 695 636">Interviews with the following:</p> <ul data-bbox="352 703 882 775" style="list-style-type: none"> <li>• Community Corrections Supervisor</li> <li>• Staff</li> </ul> <p data-bbox="280 817 456 851">Provision (a)</p> <p data-bbox="280 891 1461 1173">According to the PAQ, when an offender is assessed as a potential victim according to a PREA Risk Assessment (PRA), or identifies as transgender or intersex, a monitoring plan is developed. This plan is individualized based on the needs and identified risk for the offender. Additionally, whenever any 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.</p> <p data-bbox="280 1214 1453 1496">According to the PAQ 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.</p> <p data-bbox="280 1536 1461 1693">According to the PAQ, there were no monitoring plans identified for transgender, intersex offenders during this review period. There were no Incident reports (IMRS) in response showing any reassignments of staff or residents due to PREA related matters during this audit documentation period.</p> <p data-bbox="280 1733 1406 1850">During the previous twelve months, there was not a time when the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse:</p> <p data-bbox="280 1890 1461 2047">The Auditor interviewed the Community Corrections Supervisor, who stated he would take immediate action to protect the victim (resident). The resident might be moved to another area of the facility or to another facility all together, depending on what was needed to protect the victim.</p>

During random staff interviews, all staff reported if they received an allegation from a resident, they would immediately separate the victim and the perpetrator, safeguard the victim, contact their supervisor, and preserve evidence.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets the standard regarding agency protection duties. No recommendations or corrective action is required.

<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 555 374">Materials Reviewed</p> <ul data-bbox="352 443 1437 645" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• WADOC Policy 490.850, Prison Rape Elimination Act (PREA), Response, revised 1/27/2022</li> </ul> <p data-bbox="280 685 695 719">Interviews with the following:</p> <ul data-bbox="352 786 879 819" style="list-style-type: none"> <li>• Community Corrections Supervisor</li> </ul> <p data-bbox="280 860 456 893">Provision (a)</p> <p data-bbox="280 934 1469 1090">The PAQ reflects that in the past twelve months, the facility received zero allegations that a resident was abused while confined at another facility. Further the PAQ reflects that in the past twelve months the facility received zero allegations of sexual abuse from other facilities.</p> <p data-bbox="280 1131 1469 1288">The PAQ indicates 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="280 1328 456 1361">Provision (b)</p> <p data-bbox="280 1402 1453 1559">Washington Department of Corrections, (WADOC) Policy 490.850, Prison Rape Elimination Act (PREA), Response, revised 1/27/2022, p. 8, 7, D, states 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> <ul data-bbox="352 1626 1326 1704" style="list-style-type: none"> <li>• occurred in another department location or another jurisdiction</li> <li>• Involved a staff who reports through another Appointing Authority.</li> </ul> <p data-bbox="280 1744 456 1778">Provision (c)</p> <p data-bbox="280 1818 1469 1975">The PAQ reflects that there were no applicable cases identified for this facility during this audit documentation period in which an allegation was received by the facility about another facility or jurisdiction. However, all notification to outside jurisdictions are documented as required.</p> <p data-bbox="280 2016 456 2049">Provision (d)</p>

The PAQ reflects all allegations, regardless of the source, are processed through the triage system outlined in agency policy. If the allegation is determined to fall within PREA definitions, it is formally investigated.

In the past 12 months, the facility received zero allegations of sexual abuse from other facilities

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets the standard regarding reporting to other confinement agencies. No recommendations or corrective action.

<b>115.264</b>	<b>Staff first responder duties</b>
	<p data-bbox="280 188 1038 221"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 555 374">Materials Reviewed</p> <ul data-bbox="352 443 1437 645" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• WADOC Policy 490.850, Prison Rape Elimination Act (PREA), Response, revised 1/27/2022</li> </ul> <p data-bbox="280 685 695 719">Interviews with the following:</p> <ul data-bbox="352 786 879 864" style="list-style-type: none"> <li>• Community Corrections Supervisor</li> <li>• Staff</li> </ul> <p data-bbox="280 904 456 938">Provision (a)</p> <p data-bbox="280 978 1461 1180">According to the PAQ, 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="280 1220 1469 1296">On the PAQ, the facility indicated they had zero allegations for alleged sexual abuse and harassment in the past 12-months.</p> <p data-bbox="280 1337 1477 1538">Through the interview process, the facility staff was able to articulate to the Auditor, step-by-step how to respond to a PREA incident. All staff were aware of the mandate to separate the perpetrator from the victim, preserve physical evidence, as well as the area the incident occurred, seek medical aid, as needed, and report the incident.</p> <p data-bbox="280 1579 1461 1733">During the interview process, staff indicated they were trained in the PREA process through annual in-service training, on the job training, and staff meetings. Each staff member interviewed had a PREA Pocket Guide that outlined their responsibilities and the actions necessary to address a PREA incident.</p> <p data-bbox="280 1774 1477 1975">Non-custody staff who were interviewed, stated they would notify custody staff, separate the victim and the perpetrator, direct the victim and the perpetrator not to do anything to destroy evidence and keep the scene secure until custody staff arrived. They all verbalized the importance of, as well as their understanding of the need for confidentiality in all cases.</p> <p data-bbox="280 2016 1418 2092">During the interview process the Community Corrections Supervisor reported all staff are trained in emergency response procedures to include isolation and</p>



containment of emergency situations. Any actions beyond the initial containment of emergency incidents are managed under the direction of the Shift Commander, Duty Officer, or Appointing Authority. If an offender reports an allegation of offender-on-offender sexual assault or abuse and/or staff sexual misconduct, regardless of to whom the report was made, incident driven actions are taken to ensure the safety of the alleged victim.

Provision (b)

According to the PAQ, all staff are required to confidentially deliver information about an allegation or incident of sexual misconduct directly and immediately to the Reentry Centers: Appointing Authority/Duty Officer

WADOC Policy 490.850, Prison Rape Elimination Act (PREA), Response, revised 1/27/2022, p. 4, III, A, states in part all staff are required to confidentially deliver information about an allegation or incident of sexual misconduct directly and immediately to the Reentry Centers: Appointing Authority/Duty Officer

Conclusion:

Based upon the review and analysis of all the available evidence, combined with the utilization of the PREA Pocket Guide, the Auditor has determined the facility exceeds the standard regarding staff first responder duties. No recommendations or corrective action.

<b>115.265</b>	<b>Coordinated response</b>
	<p data-bbox="280 188 1037 224"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p data-bbox="280 264 579 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 555 376">Materials Reviewed</p> <ul data-bbox="352 445 1436 602" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• PREA Response Plan Book, updated July 2022.</li> </ul> <p data-bbox="280 642 695 678">Interviews with the following:</p> <ul data-bbox="352 748 879 815" style="list-style-type: none"> <li>• Community Corrections Supervisor</li> <li>• Staff</li> </ul> <p data-bbox="280 862 456 898">Provision (a)</p> <p data-bbox="280 934 1273 969">The PAQ, indicates the facility does have a coordinated response plan.</p> <p data-bbox="280 1005 1453 1081">The facility has a PREA Response Plan, which was updated July 2022. The response plan book is kept in four locations in the facility:</p> <ul data-bbox="352 1151 751 1308" style="list-style-type: none"> <li>• Front Desk Binder Shelf</li> <li>• PREA cabinet</li> <li>• Contractor Director Office</li> <li>• CCS Office</li> </ul> <p data-bbox="280 1346 1469 1503">The Auditor reviewed the PREA Response Plan book while on-site. The book is impressive and is laid out in such a manner that anything PREA related is easy to find and implement. The books are stored and maintained throughout the facility so by which one is always available and close.</p> <p data-bbox="280 1543 1474 1789">During interviews with specialized staff members the Auditor asked questions regarding their duties in response to an alleged sexual abuse incident. Each individual was able to articulate their required response actions following an alleged sexual abuse incident. Specialized staff interviewed by the Auditor understand and make appropriate response efforts to an alleged sexual abuse incident and staff have been appropriately trained to respond to such incidents.</p> <p data-bbox="280 1827 1469 2029">The Community Corrections Supervisor confirmed the coordinated response has been identified in the policies listed above. He indicated each item breaks down what the various responsibilities are for the respective staff members and positions. Training is provided routinely through annual in-service training, monthly staff meetings and on the job training.</p>

Conclusion:

Based upon the review and analysis of all the available evidence, combined with the PREA Response Plan Book, the Auditor has determined the facility exceeds the standard regarding coordinated response. No recommendations or corrective action.

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Materials Reviewed</p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• Collective Bargaining Agreement between the State of Washington and the Washington Federation of State Employees, effective through June 30, 2023.</li> </ul> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• Human Resources</li> <li>• Staff</li> </ul> <p>Provision (a)</p> <p>The PAQ states the agency 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 Collective Bargaining Agreement between the State of Washington and the Washington Federation of State Employees, effective through June 30, 2023 does not limit 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.</p> <p>Provision (b)</p> <p>Auditor is not required to audit this provision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding preservation of ability to protect residents from contact with abusers. No recommendations or corrective action.</p>

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 555 374">Materials Reviewed</p> <ul data-bbox="352 445 1437 685" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• WADOC Policy 490.860, Prison Rape Elimination Act (PREA), Investigation, revised 4/19/2022</li> <li>• WADOC Form DOC 03-503</li> </ul> <p data-bbox="280 725 695 759">Interviews with the following:</p> <ul data-bbox="352 831 954 904" style="list-style-type: none"> <li>• Staff in Charge of Monitoring Retaliation</li> <li>• Community Corrections Supervisor</li> </ul> <p data-bbox="280 945 456 978">Provision (a)</p> <p data-bbox="280 1019 1477 1301">The PAQ indicates any individual who participates as a witness in a PREA investigation is provided with DOC 03-484 Interview Acknowledgement form. WADOC Form DOC 03-484 states “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="280 1341 1449 1453">The facility had zero PREA allegations in the past twelve months. Therefore, there were zero reports of retaliation for reporting or participating in the investigation of PREA-related allegation.</p> <p data-bbox="280 1494 1477 1653">WADOC Policy 490.860, Prison Rape Elimination Act (PREA), Investigation, revised 4/19/2022, p. 6, II, A, states 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:</p> <ul data-bbox="352 1724 1139 1839" style="list-style-type: none"> <li>• Engaged in retaliation</li> <li>• Failed to report such activities</li> <li>• Failed to take immediate steps to prevent retaliation.</li> </ul> <p data-bbox="280 1879 1262 1912">The individual in charge of retaliation monitoring is a CCO2 or higher.</p> <p data-bbox="280 1953 456 1986">Provision (b)</p> <p data-bbox="280 2027 1477 2060">WADOC Policy 490.860, Prison Rape Elimination Act (PREA), Investigation, revised 4/</p>

19/2022

In the interview with the Community Corrections Supervisor, the Auditor was informed there are multiple measures used to protect residents and staff from retaliation. These measures include, but are not limited to, considering and monitoring if the resident is being given changes in housing assignments, work assignments or an increase in disciplinary reports. The monitoring of staff includes watching for negative performance reviews or work reassignments. The staff in charge of monitoring retaliation echoed these comments.

Provision (c)

According to the PAQ, the facility generally monitors for retaliation for a period of 90-days, unless further monitoring is needed. The PAQ also indicated, the facility did not have any instances of retaliation in the past twelve months. Further, monitoring begins when the investigation is initiated and continues for 90 days. Monitoring activities may be discontinued if the allegation is determined to be unfounded or the resident is released from incarceration. The Appointing Authority may extend monitoring beyond 90 days if deemed necessary.

WADOC Policy 490.860, Prison Rape Elimination Act (PREA), Investigation, revised 4/19/2022, p. 7, C, 4, states retaliation monitoring will continue for 90 days, or longer.

In the interview with the Community Corrections Supervisor, the Auditor was told that retaliation is not tolerated at the facility. He emphasizes to staff and residents that they are to speak about PREA issues honestly without fear of retaliation. He stressed that if retaliation does occur, there would be prompt action taken against the individual responsible for the retaliation. The individual would be investigated and disciplined, if applicable. These sentiments were echoed by the staff in charge of monitoring retaliation.

Provision (d)

WADOC Policy 490.860, Prison Rape Elimination Act (PREA), Investigation, revised 4/19/2022, 0. 7, C, 1, a-c states indicators of retaliation may include, but are not limited to:

- Disciplinary reports
- Housing/program changed and reassignments
- Negative performance reviews

Provision (e)

WADOC Policy 490.860, Prison Rape Elimination Act (PREA), Investigation, revised 4/19/2022, p. 7, C, 4, a, states retaliation monitoring will be documented on WADOC 03-503 PREA Monthly Retaliation Monitoring Report. All monitoring activity, including status checks are documented on this form.

Provision (f)

The Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets the standard regarding agency protection against retaliation. No recommendations or corrective action.

<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 555 374">Materials Reviewed</p> <ul data-bbox="352 443 1437 600" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• WADOC Policy 490.860, PREA, Investigation, revised 4/19/2022</li> </ul> <p data-bbox="280 642 695 676">Interviews with the following:</p> <ul data-bbox="352 745 863 819" style="list-style-type: none"> <li>• PREA Coordinator (PC)</li> <li>• PREA Compliance Manager (PCM)</li> </ul> <p data-bbox="280 862 456 896">Provision (a)</p> <p data-bbox="280 938 1465 1048">According to the PAQ, the facility has a policy related to criminal and administrative agency investigations. In the past twelve months there were zero cases referred to law enforcement during the audit review period.</p> <p data-bbox="280 1090 1457 1373">WADOC 490.860, PREA Investigation, revised 4/19/2022, p. 2, POLICY, I., states the Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving individuals under the jurisdiction or authority of the Department. Investigations will be completed 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. Allegations may be referred to law enforcement agencies for criminal investigation.</p> <p data-bbox="280 1415 1430 1572">Through the interview process the investigator indicated investigations begin immediately following notification of the incident. The same protocols are used regardless of how the incident is reported, whether it is in person, telephonically, third party, by mail or anonymously.</p> <p data-bbox="280 1615 456 1648">Provision (b)</p> <p data-bbox="280 1691 1422 1765">WADOC 490.800, PREA Prevention and Reporting, revised 4/19/2022, states that PREA investigators will be trained in:</p> <ol data-bbox="341 1830 1414 2067" style="list-style-type: none"> <li>1. crime scene management/investigation, including evidence collection in Prisons and Work Releases.</li> <li>2. confidentiality of all investigation information.</li> <li>3. Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process.</li> <li>4. crisis intervention.</li> </ol>



5. investigating sexual misconduct.
6. techniques for interviewing sexual misconduct victim; and
7. criteria and evidence required to substantiate administrative action or prosecution referral.

The Auditor reviewed the PREA Workplace Investigations Training Participants Roster and confirmed the investigative staff had completed training as required by this standard.

Investigative staff confirmed attendance at these training sessions. The Auditor reviewed the investigators training records and verified attendance and participation in all mandated training.

#### Provision (c)

Investigative staff indicated all investigations follow practically the same investigative format. The victim is interviewed first, then any witnesses, leaving the perpetrator for last. It varies slightly if it is an alleged Sexual Harassment rather than an alleged Sexual Assault or Sexual Abuse. If it is an alleged Sexual Assault or Sexual Abuse incident, he will go to the dedicated SAFE/SANE location where the victim is being seen. Except in the cases where the SAFE/SANE team collect the evidence, the investigator collects and secures all evidence. He was trained in evidence collection. The Auditor reviewed training records, which confirmed this training.

#### Provision (d)

During the interview process, the investigator reported when the quality of evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

#### Provision (e)

WADOC 400.360, PREA Polygraph Testing, revised 1/25/2021, p. 2, POLICY, IV, states individuals who are alleged victims, reporters, or witnesses in a PREA investigation will not be asked or required to submit to a polygraph test regarding the alleged misconduct under investigation.

The investigative staff reported credibility of anyone involved in the investigation is determined through the investigative process. Everyone is treated as credible and truthful unless the investigation proves otherwise. A polygraph is not used in the investigative process of PREA cases

#### Provision (f)

During the interview, the investigative staff reported in administrative investigations the evidence is followed as the investigation unfolds. In following the evidence, an attempt is made to determine if staff actions or failure to act contributed to the

allegation. All findings are summarized in the investigative report.

Provision (g)

When asked about handling criminal investigation, the investigative staff reported he thoroughly documented all steps of the process, including investigative steps, interviews, facts, and findings, up until the point he determines it is criminal in nature. When he determines that the incident rises to the level of criminal prosecution, he will provide an affidavit to the Prosecutor who will determine if charges will be filed

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 investigation, and 2) relevant licensing bodies.

According to the PAQ, in the past twelve months there has been zero substantiated allegations of conduct that appear to be criminal that were referred for prosecution.

Provision (h)

According to the PAQ, substantiated allegations of conduct that appear to be criminal are referred for prosecution. Any PREA allegation that appears to be criminal in nature is referred to local law enforcement or the Washington State Patrol for criminal investigation. Subsequent referrals for prosecution are made by the responding law enforcement agency. Prosecutors are consulted prior to any compelled interviews associated with these investigations. Referrals are noted in the administrative investigation report and associated documentation is included in the report packet. Criminal investigations are documented in written reports which are included with applicable administrative investigation reports. There were zero substantiated allegations of conduct that appear to be criminal that were referred for prosecution in the past twelve months.

Provision (i)

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

Records retention systems were established as follows:

1. the Appointing Authority/designee maintains all hard copy investigation reports for a period of five years; and
2. the PREA Coordinator/designee maintains electronic versions of all investigations for a period of 50 years

Prior to destruction of electronic records, the investigation record is reviewed to ensure the accused has been released from incarceration or Department employment for a minimum of 5 years. If not, the records are retained until this

requirement is met.

Provision (j)

Through the interview process, the investigator stated that the departure of the alleged abuser or victim from the employment or control of the facility or agency would not cause them to terminate the investigation. The investigation would continue to its completion.

Provision (k)

The Auditor is not required to audit this provision.

Provision (l)

Through the interview process, the PC stated, the PREA Triage Unit generates and send monthly reports to the Appointing Authority. These reports highlight areas of concern and those investigations that have been open for more than 90 days. The Appointing Authority is expected to follow-up on the status. These same reports are shared with the Deputy Directors.

The PCM indicated that when a police officer responds to an allegation of sexual abuse, they provide a business card with the case number written on it. The assigned detective reaches out and is the liaison for continued information regarding the investigation.

During the interview, the investigator confirmed that if a principle (victim or abuser) is released or terminated from the agency, it in no way alters the investigation. The investigation continues to its natural end regardless of the employment or residence of the individuals involved.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the facility meets every provision of the standard regarding criminal and administrative agency investigations. No recommendation or corrective action.

<b>115.272</b>	<p data-bbox="277 107 1265 147"><b>Evidentiary standard for administrative investigations</b></p> <p data-bbox="277 185 1007 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="277 259 580 293"><b>Auditor Discussion</b></p> <p data-bbox="277 338 557 371">Materials Reviewed</p> <ul data-bbox="352 443 1437 600" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• PREAS Coordinator Memorandum, PREA Standards 115.22 (c), undated</li> </ul> <p data-bbox="277 640 697 674">Interviews with the following:</p> <ul data-bbox="352 741 705 775" style="list-style-type: none"> <li>• PREA Coordinator (PC)</li> </ul> <p data-bbox="277 815 456 848">Provision (a)</p> <p data-bbox="277 889 1414 1003">According to the PAQ the agency imposes a standard no higher than the of a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="277 1043 1394 1158">Through the interview process, the investigator indicated, that the standard of evidence required to substantiate an allegation of sexual abuse or sexual harassment is a preponderance of evidence.</p> <p data-bbox="277 1198 1474 1312">The Auditor reviewed the training curriculum for appointing authorities. it addresses the preponderance of evidence standard and explains it. Since there had been no allegations in the past twelve months there were zero investigations to review.</p> <p data-bbox="277 1352 1374 1422">The PC Memorandum, PREA Standards 115.22 (c), undated, explains how the investigatory process works within the WADOC.</p> <p data-bbox="277 1462 445 1496">Conclusion:</p> <p data-bbox="277 1536 1433 1650">Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets the standard regarding evidentiary standard for administrative investigations. No recommendations or corrective action.</p>
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<b>115.273</b>	<b>Reporting to residents</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 557 374">Materials Reviewed</p> <ul data-bbox="352 443 1437 562" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> </ul> <p data-bbox="280 600 695 633">Interviews with the following:</p> <ul data-bbox="352 703 703 736" style="list-style-type: none"> <li>• PREA Coordinator (PC)</li> </ul> <p data-bbox="280 775 456 808">Provision (a)</p> <p data-bbox="280 846 1469 1010">According to the PAQ, WADOC 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.</p> <p data-bbox="280 1048 1469 1245">There were no identified investigations opened during the previous twelve months. Likewise, no cases were referred to Law Enforcement or required forensic exams during the past twelve months. There were no criminal and/or administrative investigations of alleged sexual abuse that were completed by the agency/facility in the past 12 months.</p> <p data-bbox="280 1283 1461 1615">During the interview process the PC indicated any resident who alleges that he suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. 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.</p> <p data-bbox="280 1653 456 1686">Provision (b)</p> <p data-bbox="280 1724 1469 1962">According to the PAQ, upon completion of a criminal investigation, a copy of the law enforcement investigation is requested and attached to the final administrative PREA investigation. Referrals are noted in the administrative investigation report and associated documentation is included in the report packet. Administrative findings are documented on the investigative finding sheet along with documentation of notification to the alleged victim.</p> <p data-bbox="280 2000 1406 2078">During the past twelve months, there have been no investigations of alleged resident sexual abuse in the facility that were completed by an outside agency.</p>

There were no Law Enforcement investigations completed during this audit documentation period and therefore no reports.

Provision (c)

According to the PAQ, Washington State Department of Corrections (WADOC) policy requires that the named offender (victim) be notified in writing. This obligation remains in effect until the individual is no longer under WADOC jurisdiction. This is confirmed in WADOC Policy 490.860 PREA Investigation, revised 4/19/2022, pp. 11-12, VIII, A-B.

Provision (d)

According to the PAQ, due to the movement of individuals between facilities and to community release, the master tracking document regarding applicable resident-on-resident on-going notifications is maintained by the HQ PREA Unit. Copies of notifications made are maintained in agency electronic case records and are provided to the applicable appointing authority for inclusion in the local hardcopy investigation folder. During this audit period, there have been no resident allegations that they were sexually abused by another resident in an agency facility. As such, no notifications have been made.

WADOC Policy 490.860 PREA Investigation, revised 4/19/2022, pp. 11-12, VIII, A-B explains how and when notifications are to be made, when allegations do occur.

Provision (d)

According to the PAQ, there were zero allegation in the past twelve months and therefore zero notifications.

WADOC Policy 490.860 PREA Investigation, revised 4/19/2022, pp. 11-12, VIII, A-B explains how and when notifications are to be made, when allegations do occur.

Provision (e)

According to the PAQ, there were zero allegation in the past twelve months and therefore zero notifications to be documented.

WADOC Policy 490.860 PREA Investigation, revised 4/19/2022, pp. 11-12, VIII, A-B explains how and when notifications are to be made, including documentation, when allegations do occur.

Provision (f)

The Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets the standard regarding reporting to residents. No recommendations or corrective action.

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Materials Reviewed</p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• WADOC Policy 490.850, PREA Response, revised 1/27/2022</li> <li>• WADOC Policy 630.500, Mental Health Services, revised 3/18/2022</li> <li>• Revised Code of Washington (RCW) Section 72.09.225, Sexual misconduct by state employees, contractors</li> <li>• RCW Section 9A.44.160, Custodial sexual misconduct in the first degree</li> <li>• RCW Section 9A.44.170, Custodial sexual misconduct in the second degree</li> <li>• Washington Administrative Revised Code (WAC) Section 357.40.010, Disciplinary action</li> <li>• WAC Section 235-40-010, Appointing Authority</li> <li>• WAC Section 137-28-190, Referral to law enforcement</li> <li>• WADOC Secretary Memorandum, PREA Standard 115.276 (b), dated January 22, 2021</li> </ul> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PREA Coordinator (PC)</li> </ul> <p>Provision (a)</p> <p>According to the PAQ, that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>RCW Section 72.09.225 details state law regarding custodial sexual misconduct by state employees and contractors and the actions that can be taken as a result.</p> <p>RCW Section 9A.44.150 details second degree sexual misconduct, defined as "sexual contact with another person," when the victim is a resident of a Washington correctional facility and the perpetrator is an employee or contractor of a correctional agency, or is a law enforcement officer.</p> <p>RCW Section 9A.44.160 details first degree sexual misconduct, defined as "sexual intercourse with another person," when the victim is a resident of a Washington correctional facility and the perpetrator is an employee or contractor of a correctional agency, or is a law enforcement officer</p> <p>WAC Section 357.40.010 details disciplinary actions Appointing Authorities may take for just cause. An appointing authority may dismiss, suspend without pay, demote,</p>

or reduce the base salary of a permanent employee under his/her jurisdiction for just cause.

WAC 235-40-010, states an appointing authority may dismiss, suspend without pay, demote, or reduce the base salary of a permanent employee under his/her jurisdiction for just cause.

Provision (b)

According to the PAQ the facility has had zero staff from the facility who have violated agency sexual abuse or sexual harassment policies. Further there were zero substantiated allegations involving facility employees. Consequently, there were zero terminations, resignation, or other sanctions for violations of the sexual abuse or sexual harassment policy.

Through the interview process the PC indicated if there had been a substantiated allegation, the Appointing Authority would have followed agency policies and disciplinary sanctions, up to and including dismissal.

Provision (c)

According to the PAQ, the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, there have been zero staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

WADOC Secretary Memorandum, PREA Standard 115.276 (b), dated January 22, 2021, which states, in part, that the agency human resource policies do not specify termination as a presumptive discipline in instances of sexual abuse. However, RCW 72-09-225, "Sexual misconduct by state employees, contractors" states in relevant part: "The Secretary shall immediately institute proceedings to terminate the employment of any person: (a) who is found by the department, based on a preponderance of the evidence, to have had sexual intercourse or sexual contact with the resident; or (b) upon a guilty plea or conviction for any crime specified in chapter 9A.44 RCW when the victim was an resident."

Provision (d)

According to the PAQ, all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal. It is also reported to any relevant licensing bodies, if any. Further the PAQ states in the past 12 months, there were zero staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.



Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding disciplinary sanctions for staff. No recommendations or corrective action.

<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 555 374">Materials Reviewed</p> <ul data-bbox="352 445 1437 645" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• Revised Code of Washington (RCW) Section 72.09.225, Sexual misconduct by state employees, contractors</li> </ul> <p data-bbox="280 685 695 719">Interviews with the following:</p> <ul data-bbox="352 786 967 864" style="list-style-type: none"> <li>• PREA Coordinator (PC)</li> <li>• Community Corrections Supervisor (CCS)</li> </ul> <p data-bbox="280 904 456 938">Provision (a)</p> <p data-bbox="280 978 1445 1133">The PAQ indicates any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p data-bbox="280 1173 1461 1290">RCW 72.09.225 details state law regarding custodial sexual misconduct. In the past 12 months, there were no contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents</p> <p data-bbox="280 1330 1477 1574">Memorandum from the Assistant Secretary, Prisons Division, Assistant Secretary, Community Corrections Division, and Assistant Secretary, Reentry Division, dated May 4, 2017, “Volunteers with Criminal Backgrounds”, states Superintendents and Work Release Supervisors should be mindful that there may be volunteers with criminal backgrounds. It also provides the specific process for the facility to be PREA compliant regarding volunteers and contractors.</p> <p data-bbox="280 1615 456 1648">Provision (b)</p> <p data-bbox="280 1688 1469 1843">According to the PAQ, the facility reports taking appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="280 1883 1469 2083">According to the PAQ, there have been zero violations during the previous twelve months. However, in the event of allegations against a volunteer or contractor, 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, and consider prohibiting further resident contact.</p>

Through the interview process, the CCS reported the contractor would be placed on leave through the completion of the investigation. The volunteer would not be allowed to return until the investigation was complete. They do not use remedial measures in these circumstances.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding corrective action for contractors and volunteers. No recommendations or corrective action.

<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 557 374">Materials Reviewed</p> <ul data-bbox="352 443 1437 725" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• Revised Code of Washington (RCW) Section 72.09.225, Sexual misconduct by state employees, contractors</li> <li>• WADOC Offender Handbook</li> <li>• Facility Resident Handbook</li> </ul> <p data-bbox="280 768 695 801">Interviews with the following:</p> <ul data-bbox="352 871 967 945" style="list-style-type: none"> <li>• PREA Coordinator (PC)</li> <li>• Community Corrections Supervisor (CCS)</li> </ul> <p data-bbox="280 987 456 1021">Provision (a)</p> <p data-bbox="280 1064 1469 1424">According to the PAQ, residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. Further the PAQ indicates, in the past 12 months, there were zero administrative findings of resident-on-resident sexual abuse that have occurred at the facility. Additionally, there were zero criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility.</p> <p data-bbox="280 1467 1477 1541">The WADOC Offender Handbook and the facility Resident Handbook, both address in detail sexual activity between residents.</p> <p data-bbox="280 1583 456 1617">Provision (b)</p> <p data-bbox="280 1659 1469 1809">Through the interview process the PC indicated that resident sanctions for major infractions are found in the Washington Administrative Code. They could include return to confinement, loss of credits, etc. The sanctions must be proportionate with the severity of the infraction.</p> <p data-bbox="280 1852 456 1886">Provision (c)</p> <p data-bbox="280 1928 1433 2002">Through the interview process the PC indicated that when determining sanctions, the resident’s mental health is a consideration.</p> <p data-bbox="280 2045 456 2078">Provision (d)</p>

According to the 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.). If an individual were to report being a victim of sexual abuse, the facility's case management staff would refer the individual to a community-based provider. This facility has an established relationship with the Harborview Sexual Abuse and Trauma Clinic. There are several nearby community-based providers in the Seattle area who offer mental health counseling and similar interventions. The facility does not offer these programs in-house but afford the resident the opportunity to participate in such programming in the community as needed.

Provision (e)

According to the PAQ, in the past twelve months, zero residents were disciplined for sexual conduct with a staff member. However, it is the policy of the WADOC and the facility to discipline residents for sexual conduct with staff but only upon finding that the staff member did not consent to such contact.

Provision (f)

According to the PAQ, WADOC policy prohibits offenders from being infracted or disciplined for a report made in good faith, even if the investigation does not establish sufficient evidence to substantiate the allegation. Further, infractions for violation 549 (providing false or misleading information during any stage of an investigation of sexual misconduct, as defined per WADOC 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.

WADOC Policy 490.860, PREA, Investigation, revised 4/19/2022, p. 10, 2, b, states a report made in good faith, will not constitute a false report, even if the investigation does not establish sufficient evidence to substantiate the allegation.

Provision (g)

According to the PAQ, the facility prohibits all sexual activity between residents. WADOC policy clearly defines PREA-related prohibited behaviors. Consensual sexual activity between offenders is not included in these definitions. If the agency prohibits all sexual activity between residents and disciplines residents for such activity; the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets the standard regarding disciplinary sanctions for

	residents. No recommendations or corrective action.
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 557 374">Materials Reviewed</p> <ul data-bbox="352 443 1198 477" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> </ul> <p data-bbox="280 517 687 551">Interviews with the following</p> <ul data-bbox="352 620 612 654" style="list-style-type: none"> <li>• SANE Personnel</li> </ul> <p data-bbox="280 694 456 728">Provision (a)</p> <p data-bbox="280 768 1477 965">According to the PAQ, during the audit documentation period, there were zero reported cases of an aggravated sexual assault that indicated a forensic medical examination. During the audit documentation period, there were zero allegations of aggravated sexual assault that indicated a forensic medical examination therefore no documentation or checklist was created.</p> <p data-bbox="280 1005 456 1039">Provision (b)</p> <p data-bbox="280 1079 1477 1276">The facility has established a partnership with Harborview Abuse &amp; Trauma Center Sexual Assault Program. All cases of sexual assault are taken to this facility for forensic examinations and medical care. The facility offers unimpeded medical care. Harborview Abuse &amp; Trauma Center Sexual Assault Program has SANE personnel on staff.</p> <p data-bbox="280 1317 1477 1977">SAFE/SANE personnel reported SANE personnel are available 24/7/365; however, if unforeseen circumstances arise and SANE personnel cannot perform the exam, an ER physician and ER registered nurse with a minimum of two hours of forensic evidence collection training may perform the exam. The exam starts with explanation of the exam and written consent from the patient. From there the SANE will gather demographic information and past medical and surgical history. Details of the assault will be documented in the patient's words in the forensic medical record. After all information is obtained, the SANE will do a head- to-toe assessment, document trauma, and take photographs with the patient's consent. A detailed genital exam will be done with the use of high-resolution digital imaging with the patient's consent. Forensic evidence is collected in conjunction with the head-to-toe assessment and genital assessment. Evidence is packaged and secured while maintaining chain of custody until it can be released to law enforcement. After the exam, the SANE will discuss prophylaxis medication to prevent sexually transmitted infections, including HIV. If the patient is female, the SANE will also discuss emergency contraception options.</p> <p data-bbox="280 2018 1477 2089">On the PAQ, the facility reported zero forensic examinations were performed by SANES/SAFEs during the past twelve months. During the interview with the PCM, she</p>

confirmed in the past twelve months there have been zero exams performed by SANEs/SAFEs.

The SAFE/SANE representative confirmed the examinations are provided at no cost to the resident and that all forensic services are provided when the resident alleges sexual abuse, sexual assault, or sexual battery.

Provision (c)

According to the 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.

Provision (d)

Washington Department of Corrections, (WADOC) Policy 610.300, revised 6/22/2015, p. 4, B, indicates that residents are not financially responsible for any medical expenses because of sexual misconduct, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets the standard regarding access to emergency medical and mental health services. No recommendations or corrective action.



115.283	<p data-bbox="277 107 1469 197"><b>Ongoing medical and mental health care for sexual abuse victims and abusers</b></p> <p data-bbox="277 232 1007 271"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="277 309 579 347"><b>Auditor Discussion</b></p> <p data-bbox="277 385 557 423">Materials Reviewed</p> <ul data-bbox="352 490 1437 689" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• WADOC Policy 490.850, PREA Response, revised 1/27/2022</li> <li>• WADOC Policy 630.500, Mental Health Services, revised 3/18/2022</li> </ul> <p data-bbox="277 728 697 766">Interviews with the following:</p> <ul data-bbox="352 831 612 869" style="list-style-type: none"> <li>• SANE Personnel</li> </ul> <p data-bbox="277 907 456 945">Provision (a)</p> <p data-bbox="277 981 1485 1180">According to the PAQ, there were zero allegations of sexual victimization during the past twelve months. If there are any needs of this nature identified, the individual would be referred medical or mental health assistance in the community. Given that there were none during this audit documentation period, there are no referrals of alleged victims to community medical or mental health services.</p> <p data-bbox="277 1218 1449 1375">The facility does not have medical or mental health staff on-site. However, the facility does offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison in the community.</p> <p data-bbox="277 1413 1449 1570">The PREA Coordinator provided an explanatory memorandum, which states: If an individual housed in a work/training release facility alleges sexual misconduct, the individual is referred to community health care resources for follow up care as needed. No health services staff are maintained within the facility.</p> <p data-bbox="277 1608 456 1646">Provision (b)</p> <p data-bbox="277 1682 1449 1881">Usually, the Auditor would interview medical and mental health staff. However, there are no medical or mental health staff assigned to the facility. In addition, the auditor would usually interview residents who reported sexual abuse. However, there were no allegations of sexual abuse made during the documentation review period, so this interview protocol was not utilized.</p> <p data-bbox="277 1919 1465 2076">The auditor would usually review medical records or secondary documentation that demonstrate victims receive follow-up services and appropriate treatment plans and, when necessary, referrals for continued care following their transfer to or placement in other facilities, or their release from custody. There are no medical</p>
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services provided at the facility, so there was no documentation to review.

According to the PAQ, the evaluation and treatment of sex abuse/sexual harassment victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care. All medical and mental health care are provided in the community.

Provision (c)

Usually, the Auditor would interview medical and mental health staff. However, there are no medical or mental health staff assigned to the facility. In addition, the auditor would usually interview residents who reported sexual abuse. However, there were no allegations of sexual abuse made during the documentation review period, so this interview protocol was not utilized.

The auditor would usually review medical records or secondary documentation that demonstrate victims receive follow-up services and appropriate treatment plans and, when necessary, referrals for continued care following their transfer to or placement in other facilities, or their release from custody. There are no medical services provided at the facility, so there was no documentation to review.

The medical and mental health services provided by the facility are delivered in the community. Therefore, the care is consistent with community care.

Provision (d)

This provision is not applicable because the facility is all-male.

Provision (e)

This provision is not applicable because the facility is all-male.

Provision (f)

Through the interview process, SANE personnel reported after the exam, the SANE will discuss prophylaxis medication to prevent sexually transmitted infections, including HIV.

Provision (g)

Through the interview process the SAFE/SANE representative confirmed the forensic examinations are provided at no cost to the resident regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

WADOC Policy 490.850, PREA Response, revised 1/27/2022, addresses medical and mental health services. It states that all medical and mental health services for victims of sexual misconduct will be provided at no cost to the resident. Medical and mental health services for all other residents will be coordinated by the Work Release Administrator or applicable Field Administrator or their designees.

There were no allegations of sexual abuse made during the past twelve months, so this protocol was not used

Provision (h)

WADOC Policy 630.500, Mental Health Services, revised 3/18/2022, addresses mental health services provided under the offender health plan. In the section on Crisis Services, it states that crisis services are provided for offenders with symptoms of an acute mental disorder that impair the offender's ability to function in areas such as self-care, social functioning, communication, and/or judgment. The offender may pose a safety risk to themselves and/or others. In the Routine Mental Health Services section, it states that a mental health provider will assess the need for mental health services in cases where the offender reports sexual abuse or has been identified as a victim or perpetrator of sexual abuse and is requesting mental health services. In the section on Release Planning for Offenders with Serious Mental Illness, it states that six months prior to the offender's Earned Release Date (ERD), the mental health employee/contract staff designated to facilitate care coordination will review seriously mentally ill offenders, along with supporting information, to determine which offenders will need community mental health aftercare.

The auditor was tasked to review mental health records or secondary documentation that demonstrates evaluations of resident-on-resident abusers. Mental health services are not provided at the facility, so there were no records to review

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets the standard regarding ongoing medical and mental health care for sexual abuse victims. No corrective action is required.

<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 557 374">Materials Reviewed</p> <ul data-bbox="352 443 1437 685" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• WADOC Policy 490.860, Prison Rape Elimination Act (PREA, Investigation, revised 4/19/2022</li> <li>• Emails between the facility and WADOC</li> </ul> <p data-bbox="280 725 695 759">Interviews with the following:</p> <ul data-bbox="352 828 968 902" style="list-style-type: none"> <li>• Community Corrections Supervisor (CCS)</li> <li>• Incident Review Team (IRT)</li> </ul> <p data-bbox="280 943 456 976">Provision (a)</p> <p data-bbox="280 1016 1393 1090">The PAQ reflects in the past twelve months there were zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility.</p> <p data-bbox="280 1131 1442 1247">Emails between the facility and WADOC confirm there were zero criminal or administrative investigations of alleged sexual abuse or sexual harassment at the facility in the previous twelve months.</p> <p data-bbox="280 1288 1477 1361">WADOC Policy 490.860, Prison Rape Elimination Act (PREA), Investigation, revised 4/19/2022, p. 4, C, the Appointing Authority will assign states investigators.</p> <p data-bbox="280 1402 1477 1559">WADOC Policy 490.860, Prison Rape Elimination Act (PREA), Investigation, revised 4/19/2022, p. 2, I, states The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving individual under the jurisdiction or authority of the Department.</p> <p data-bbox="280 1599 456 1632">Provision (b)</p> <p data-bbox="280 1673 1477 1830">WADOC Policy 490.860, Prison Rape Elimination Act (PREA), Investigation, revised 4/19/2022, p. 8, III, A, indicates a Multidisciplinary PREA Review Team will meet at least every thirty days, or as needed, to review all completed PREA investigations. The team will review policy compliance, causal factors and systemic issues.</p> <p data-bbox="280 1870 456 1904">Provision (c)</p> <p data-bbox="280 1944 1477 2058">WADOC Policy 490.860, Prison Rape Elimination Act (PREA), Investigation, revised 4/19/2022, p. 9, C, 1, identifies the standing members of the Multidisciplinary PREA Review Committee:</p>

- Reentry Center Administrator
- Reentry Center Community Corrections Supervisor
- Reentry Operations Administrator

The facility Incident Review Team Roster confirms the make-up of the Incident Review Team is consistent with the requirements of this standard.

Provision (d)

WADOC Policy 490.860, Prison Rape Elimination Act (PREA), Investigation, revised 4/19/2022, indicates 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.

Provision (e)

WADOC Policy 490.860, Prison Rape Elimination Act (PREA), Investigation, revised 4/19/2022, indicates WADOC 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.

Conclusion

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding sexual abuse incident reviews. No recommendations or corrective action.

<b>115.287</b>	<b>Data collection</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 557 374">Materials Reviewed</p> <ul data-bbox="352 445 1437 602" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• Annual Reports</li> </ul> <p data-bbox="280 645 695 678">Interviews with the following:</p> <ul data-bbox="352 745 703 779" style="list-style-type: none"> <li>• PREA Coordinator (PC)</li> </ul> <p data-bbox="280 822 456 855">Provision (a)</p> <p data-bbox="280 893 1449 1005">According to the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p data-bbox="280 1048 1458 1245">The PC collects statistics regarding allegations of offender sexual abuse and sexual harassment from each correctional facility to comply with the PREA standards. Accurate, uniform data is collected for every incident of sexual abuse alleged to have occurred at a WADOC operated facility using a standardized instrument and set of definitions.</p> <p data-bbox="280 1288 1329 1321">A review of an annual PREA reports, confirms this provision has been met.</p> <p data-bbox="280 1364 456 1397">Provision (b)</p> <p data-bbox="280 1435 1453 1503">According to the PAQ the agency aggregates the incident-based sexual abuse data at least annually.</p> <p data-bbox="280 1545 1465 1657">The agency obtains incident- based and aggregated data from every private facility with which it contracts for the confinement of resident. WADOC aggregates all its data submitting all required items according to the US Department of Justice.</p> <p data-bbox="280 1700 1283 1733">A review of annual PREA reports, confirms this provision has been met.</p> <p data-bbox="280 1776 456 1809">Provision (c)</p> <p data-bbox="280 1848 1458 1915">The PC collects statistics regarding allegations of offender sexual abuse and sexual harassment from each correctional facility to comply with the PREA standards.</p> <p data-bbox="280 1957 1283 1991">A review of annual PREA reports, confirms this provision has been met.</p> <p data-bbox="280 2033 456 2067">Provision (d)</p>

According to the PAQ, the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The PC has the right to obtain full and unrestricted access to correctional facilities employees' records, information data, reports, plans projects, matters, contracts, memoranda, correspondence, including original documents, if deemed necessary by the PC, and any other materials including electronic data of the

Provision (e)

According to the PAQ, the agency obtains incident-based and aggregate data from every private facility with which it contracts for the confinement of its residents. The data from private facilities complies with the SSV reporting requirement.

WADOC obtains incident- based and aggregated data from every private facility with which it contracts for the confinement of residents.

A review of annual PREA reports, confirms this provision has been met.

Provision (f)

According to the PAQ, upon request the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30, from the previous calendar year.

WADOC aggregates all its data submitting all required items according to the US Department of Justice SSV-02 (Survey of Sexual Victimization) and submits all information on June 30 from the previous calendar year to the US Department of Justice.

A review of annual PREA reports, confirms this provision has been met.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets the standard regarding data collection. No recommendations or corrective action.

<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Materials Reviewed</p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• Facility Annual PREA Reports</li> </ul> <p>Provision (a)</p> <p>The Auditor review the agency annual PREA reports from previous calendar years, beginning in 2013, including identified agency and facility level issues and corresponding action/strategic plans are accessible at: <a href="https://www.doc.wa.gov/corrections/prea/resources.htm#reports">https://www.doc.wa.gov/corrections/prea/resources.htm#reports</a></p> <p>Provision (b)</p> <p>The Auditor review the agency annual PREA reports from previous calendar years, beginning in 2013. The Auditor found the annual reports include a comparison of the current year's data and corrective actions with those from prior years. Further the annual reports provide an assessment of the agency's progress in addressing sexual abuse.</p> <p>Provision (c)</p> <p>The Auditor found the agency makes its, agency head approved, annual reports readily available to the public at least annually through its website.</p> <p>Provision (d)</p> <p>After review, the Auditor found that none of the 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.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets the standard regarding data review for corrective action. No recommendations or corrective action.</p>



115.289	<b>Data storage, publication, and destruction</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Materials Reviewed</p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 280.310, Information Technology Security, revised 10/11/2021</li> <li>• <a href="https://www.doc.wa.gov/corrections/prea/resources.htm#reports">https://www.doc.wa.gov/corrections/prea/resources.htm#reports</a></li> <li>• Facility Annual PREA Reports</li> </ul> <p>Provision (a)</p> <p>WADOC ensures that incident-based and aggregate data are securely retained. All information is stored in a computer system called OMNI. Access is granted by the PREA Coordinator and then only to high-ranking staff. The PREA Coordinator is the only individual who has complete access. Access is outlined in the OMNI Database Access Matrix.</p> <p>Provision (b)</p> <p>The Auditor review the agency annual PREA reports from previous calendar years, beginning in 2013, including identified agency and facility level issues and corresponding action/strategic plans are accessible at: <a href="https://www.doc.wa.gov/corrections/prea/resources.htm#reports">https://www.doc.wa.gov/corrections/prea/resources.htm#reports</a></p> <p>Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. This data can be accessed at <a href="https://www.doc.wa.gov/corrections/prea/resources.htm#reports">https://www.doc.wa.gov/corrections/prea/resources.htm#reports</a></p> <p>Provision (c)</p> <p>The Auditor reviewed the PREA annual reports published to date, and none 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. WADOC keeps all data and reports for ten years.</p> <p>Provision (d)</p> <p>WADOC has PREA annual reports and audit reports posted on their website that date back to 2013, evidence of their commitment to retaining PREA data and reports for ten years, as required by standard.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has</p>

	determined the facility meets the standard regarding data storage, publication, and destruction. No recommendations or corrective action.
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Materials Reviewed</p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• <a href="https://www.doc.wa.gov/corrections/prea/resources.htm">https://www.doc.wa.gov/corrections/prea/resources.htm</a></li> </ul> <p>Interview with the following</p> <ul style="list-style-type: none"> <li>• PREA Coordinator (PC)</li> </ul> <p>Provision (a)</p> <p>The PC reported each facility within the WADOC had been audited within the previous three-year audit cycle (2016 - 2019). The current audit cycle is 2022 - 2025. Copies of all audit reports are on the WADOC website for public information and review. WADOC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at:</p> <p><a href="https://www.doc.wa.gov/corrections/prea/resources.htm">https://www.doc.wa.gov/corrections/prea/resources.htm</a></p> <p>Provision (b)</p> <p>During an interview with the PC, the Auditor learned the audit for facility was in the first year of the new current three-year audit cycle. WADOC webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards.</p> <p>Provision (c)</p> <p>N/A</p> <p>Provision (d)</p> <p>N/A</p> <p>Provision (e)</p> <p>N/A</p> <p>Provision (f)</p> <p>N/A</p>

Provision (g)

N/A

Provision (h)

During the on-site portion of the audit, the Auditor had complete, unimpeded access to every area of the facility. Throughout the on-site portion of the audit the Community Corrections Supervisor and PREA personnel from WADOC Headquarters were available to accompany the auditor and give her complete access to any part of the facility she requested to see. The staff were professional, accommodating, insightful and committed. The smoothness with which the audit ran was in direct proportion to their level of thorough preparation.

Provision (i)

At all times throughout the audit process, WADOC and the facility staff provided the Auditor with all requested information in a timely and complete manner.

Provision (j)

N/A

Provision (k)

N/A

Provision (l)

N/A

Provision (m)

The Auditor was provided a secure, private space to conduct all interviews during the on-site portion of the audit.

Provision (n)

During resident interviews, all residents reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.

Provision (o)

N/A

Conclusion

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding frequency and scope of audits. No recommendations or corrective action.

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Materials Reviewed</p> <p>Pre-audit Questionnaire (PAQ) and supporting documents</p> <p><a href="https://www.doc.wa.gov/corrections/prea/resources.htm">https://www.doc.wa.gov/corrections/prea/resources.htm</a></p> <p>Provision (f)</p> <p>The WADOC webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at: <a href="https://www.doc.wa.gov/corrections/prea/resources.htm">https://www.doc.wa.gov/corrections/prea/resources.htm</a></p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets the standard regarding audit contents and findings. No recommendations or corrective action.</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes

<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	yes
	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.)	yes
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes

<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	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.)	na
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes



<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	with residents with disabilities including residents who: Have intellectual disabilities?	
	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
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes

<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	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
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes



<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes

<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

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

<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	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
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes



<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

<b>115.242 (f)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

<b>115.251 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	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
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	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
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	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

<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	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



<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	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
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na

<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes



<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes



<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes