

PREA Facility Audit Report: Final

Name of Facility: Ahtanum View Work Release

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/01/2021

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: John Katavich | Date of Signature: 10/01/2021 |

| AUDITOR INFORMATION | |
|-------------------------------------|---------------------------|
| Auditor name: | Katavich, John |
| Email: | John.Katavich@cdcr.ca.gov |
| Start Date of On-Site Audit: | 08/19/2021 |
| End Date of On-Site Audit: | 08/19/2021 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | Ahtanum View Work Release |
| Facility physical address: | 2009 S 64th Avenue, Yakima, Washington - 98903 |
| Facility Phone | |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|----------------------|
| Name: | Ruth Hanson CCS |
| Email Address: | rlhanson@doc1.wa.gov |
| Telephone Number: | 5099527636 |

| Facility Director | |
|--------------------------|----------------------|
| Name: | Ruth Hanson CCS |
| Email Address: | rlhanson@doc1.wa.gov |
| Telephone Number: | 5099527636 |

| Facility PREA Compliance Manager | |
|----------------------------------|----------------------|
| Name: | Ruth Hanson |
| Email Address: | rlhanson@doc1.wa.gov |
| Telephone Number: | O: 5099527636 |

| Facility Characteristics | |
|--|------------------------|
| Designed facility capacity: | 101 |
| Current population of facility: | 19 |
| Average daily population for the past 12 months: | 51 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Both females and males |
| Age range of population: | 18 and up |
| Facility security levels/resident custody levels: | M11 and MIG |
| Number of staff currently employed at the facility who may have contact with residents: | 31 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 0 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 0 |

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

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

| | | | |
|---|---------------|-----------------------|-------------------------|
| Agency-Wide PREA Coordinator Information | | | |
| Name: | Beth Schubach | Email Address: | blschubach1@doc1.wa.gov |

AUDIT FINDINGS

Narrative:

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

Ahtanum View Work Training Release (AVWTR) is located at 2009 South 64th Avenue, Yakama, Washington. AVWTR is participating in a Prison Rape Elimination Act (PREA) audit conducted by certified auditors from the California Department of Corrections and Rehabilitation (CDCR). The on-site portion of the audit was conducted at the address stated above on August 19, 2021. Following coordination, preparatory work and collaboration with management staff at AVWTR, some pre-audit work was completed prior to traveling to the facility for the on-site review portion of the audit.

PRE-AUDIT PHASE

Pre-audit section of the compliance tool: On July 1, 2021, the PREA Resource Center On-line Audit System notified this auditor, via e-mail, that a PREA audit of AVWTR had been initiated in the On-line Audit System by the Washington State PREA Coordinator. On July 10, 2021, an audit initiation form was submitted and the audit was created on July 12, 2021. Once the audit was created, this auditor reviewed the On-line Audit System for all of the downloaded documentation. The auditor reviewed the supplied documentation, including policies, procedures, sample documentation and written clarifications of standards. This auditor started completing the audit section using the compliance tool as a guide. Policies and procedures were reviewed for compliance with the PREA. The auditor took notes to follow-up on any questions about policies that were unclear or did not appear to address the standard adequately. Supporting documentation was reviewed for relevance to the standards and notes were taken to request clarification or to verify accuracy during the on-site tour. The auditor made contact with the facility PCM and introduced himself and explained the process. The PCM explained the operation of the facility and we discussed the best way to ensure I had access to any residents or staff member that I needed to. I explained what documentation I would need once I arrived on site. Because personnel files are not maintained on-site, I requested supporting documentation on ten random employees before arriving so that they would be on-site. Ten days prior to the on-site portion of the audit, I submitted a request of lists of targeted resident groups, specific documents to review on-site, and what my time of arrival would be. Prior to arriving at the facility, the State of Washington conducted a criminal background check and had me sign the PREA Policy acknowledgment form.

ON-SITE PHASE

On August 19, 2021, the audit team arrived at AVWTR. The audit team consisted of Nancy Hardy, certified PREA auditor and myself, certified PREA auditor. The audit team met with AVWTR Community Correctional Supervisor (who is also the PCM). The team was escorted to a conference room which served as a home base for audit preparation and organization. The audit team was informed that the facility had 40 residents (4 female and 36 male) living at AVWTR on the day of the on-site portion of the audit.

Prior to arrival at AVWTR, the audit team requested and received the names of the employees assigned to the facility and a roster of all residents at the facility with identification numbers and assigned bed numbers. The auditor also requested a list of residents classified into any of the following categories:

- Disabled Residents
- Limited English Proficient Residents
- Transgender & Intersex Residents
- Gay & Bisexual Residents
- Residents in Segregated Housing for Risk of Sexual Victimization
- Residents who Reported Sexual Abuse

- Residents who Disclosed Sexual Victimization during Risk Screening

AVWTR did not have any residents housed at the facility that meet any of the above criteria except for two residents that identified as Gay or Bisexual.

On-site Review: The audit team conducted a thorough site review of the facility. During the tour, audit team members asked impromptu questions of staff and residents, noted the placement and coverage of surveillance cameras, inspected surveillance monitors, identified potential blind spots, inspected bathrooms, showers and strip search areas to identify potential cross gender viewing concerns. Audit team members also noted the placement of PREA information posters in resident housing areas and placement of the PREA audit notice provided to the facility. In some areas, audit team members took photos to document the on-site review.

Staff interviews: The audit team members split up the interviews of the management and specialized staff, noting that some of the staff members had several different responsibilities relative to PREA. The audit team members utilized the conference room or private offices to conduct confidential interviews.

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

Secretary of Corrections

PREA Coordinator

Contract Administrator

Work Release Operations Administrator (Hiring Authority)

PREA Compliance Manager

Incident Review Team Members

Staff who Conduct Intake Screening

Case Workers

Investigations and Intelligence Staff (facility level investigations)

Local Police Department Investigator

Human Resources

Person Responsible for Contractor, Volunteer and Vendor Clearances

Person Responsible for Monitoring Retaliation

Higher Level Supervisors

First Responders

Sexual Assault Nurse Examiner

There were no volunteers or contractors interviewed during this audit. Because of the COVID pandemic, there have not been any volunteers allowed in the facility since spring of 2020. AVWTR does not currently have any approved contractors that come to the facility. Several of the administrative staff were interviewed via telephone.

Random Staff Interviews: The audit team arrived at 6:30 AM so that we could interview the staff that work the first shift (10:00 PM to 6:00 AM). The interviews were conducted in the privacy of the conference room or private offices. The auditors introduced themselves, communicated the advisory statements to the staff, proceeded to ask the line of questions from the interview protocols for random staff and recorded the answers by hand. Audit team members asked for clarifications where needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. A total of 13 employees were interviewed as random staff. The staff interviewed included maintenance staff, administrative support staff, food service staff, classification staff and custody staff. Staff from all three watches were interviewed.

Resident Interviews: AVWTR only had two residents from the PREA-interest resident categories. Both of these residents identified as Gay or Bi-sexual and were interviewed utilizing the PREA interest questions and the random resident questions. Fourteen additional residents were interviewed as random resident interviews. The audit team member completed the interviews in a private office. The audit team member introduced himself, communicated the standard advisory statements to the resident before proceeding with the standard line of questions from the random resident interview protocols and recorded the resident answers by hand using the designated form. Clarification was requested, as needed to ensure the resident's responses were clear.

Document Reviews: AVWTR had one PREA allegation during this audit period. Training records and background check documents were reviewed on ten random staff that are currently working at the facility. Sixteen random resident files were reviewed to insure compliance with the PREA standards. These documents include intake screening, follow-up screening and resident education documents. These auditors collected copies of documents to support the audit findings.

Throughout the on-site review, the team had discussion about what was being observed and reviewed any discrepancies that were being identified. Either team member would seek clarification, when discrepancies were identified to ensure that we were not missing pertinent information. The audit team held a close-out discussion with the Communities Correctional Supervisor on August 19, 2021. During this close-out discussion, the facility staff and the PREA Coordinator were provided with an overview of what had been identified as areas of concern.

POST-AUDIT PHASE

Following the on-site portion of the audit, the team met and discussed the post audit phase and the next steps. The auditor gathered written information and feedback from the other team member and took responsibility for completing the interim report.

The auditor and PREA Coordinator agreed that any documents not received during the pre-audit phase or site review would be requested via email and posted on the Online Audit System.

Audit Section of the Compliance Tool: The auditor reviewed onsite document review notes, staff and resident interview notes and site review notes and began the process of completing the audit section of the compliance tool. Auditors used the audit section of the compliance tool as a guide to determine which question(s) in which interview guide(s), which onsite document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking appropriate "yes" or "no" boxes on the compliance tool for each applicable subsection of each standard, the auditors completed the "overall determination" section at the end of the standard indicating whether or not the facility's policies and procedures exceeds, meets or does not meet standard. Where the auditor found the facilities policies and procedures did not meet the standard, the auditor entered appropriate comments explaining why the standard is not met and what specific corrective action(s) is/are needed for facility's policies and procedures to comply with the standard. The auditor entered this information in the designated field at the end of the standard in review.

As noted in the Summary of the Audit Findings, Ahtanum View Work Training Release was found to not be in compliance in four standards at the conclusion of the document review and on-site review. All four of these standards were corrected to the satisfaction of the auditor within forty-five days of the on-site tour of the facility. Because of the efficient response from AVWTR and WADOC, there was no need for an interim report or a corrective action period.

AUDIT FINDINGS

Facility Characteristics:

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

The Ahtanum View Work Training Release is located at 1704 Grant Street, in Yakima Washington. The facility was built as a former minimum security prison, primarily used to house inmates with medical needs. In 2010, the facility closed and the inmates were transferred to Coyote Ridge Correctional Center. The building that is currently being used for the housing and operations was built in 1998. There are other buildings on the grounds that are partially used or are vacant.

The main building is a brick building consisting of three levels. The basement is used for storage, maintenance, and food services. The first floor is the duty desk, staff offices, the staff break room, visiting, conference room, isolation cells (used for medical quarantine), and the women's residence living quarters. The second floor is the male resident's living quarters and the Sergeant's offices.

The female residence's living area is comprised of two dorms (one eight women and one nine women), a laundry room, a dayroom and a bathroom/shower area. The male residence's living area has 3 single rooms, four two man rooms, and eight multi person dorms and three restroom areas. The men's area also has two dayrooms and a laundry facility.

The facility also has some classrooms, additional offices and a gymnasium on grounds.

The female residents use the front parking lot as their recreational area and the male residents use a gymnasium. The physical design of the facility allows for the movement of residence to recreation and chow to be separated and not have contact with residents of the opposite gender.

The capacity of the facility is 101 residents, 81 male and 19 female. At the time of the on-site portion of the audit, there were 40 residents, 36 male and 4 female.

AVWTR employees thirty-four WADOC staff. The staffing plan includes one Community Corrections Supervisor, two maintenance staff, two clerical staff and five food service staff. There are 18 Corrections Officers, four Community Corrections Officers (caseworkers) and two Sergeants. The staffing plan requires that a minimum of two staff be on first shift (night shift), and 3 on second and third shift (day and evening).

AUDIT FINDINGS

Summary of Audit Findings:

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

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| Number of standards exceeded: | 0 |
| Number of standards met: | 41 |
| Number of standards not met: | 0 |

The on-site portion of the audit was a consistent paced review of all areas of the institution. Facility staff were very helpful and responsive to the questions and concerns expressed during this portion of the audit. Facility staff were attentive to the needs of the auditors and were extremely hospitable. The audit team thanks the Facility Supervisor and the entire staff at Ahtanum View Work Training Release.

Overall, it is evident that Ahtanum View Work Training Release staff have been working towards compliance with the PREA standards. Because of this hard work, the facility is in compliance with all of the standards.

Some of the positives observed by the audit team included:

- The PREA Coordinator for the State of Washington and the Facility Supervisor are extremely knowledgeable and committed to helping eliminate sexual abuse and sexual harassment of offenders at AVWTR.
- The management staff have corrected all of the deficiencies identified during the pre-audit and on-site portion of this audit.
- PREA posters were in place in all housing units, and common areas.
- All of the staff have a clear understanding of the policy.
- Supervisory and management staff ensured the audit team had access to staff and offenders for interviewing. Any documentation requested was received promptly.
- There is a positive relationship between the residents and staff.
- The facility is clean and well maintained.

The following corrections were made, after the site visit and prior to the submission of the final report, to come in compliance with the PREA standards:

115.213 Supervision and Monitoring

During the on-site tour of the facility, it was noted that the UA restroom locked from the inside. Since it is common for residents to go into this restroom with staff, locking the door creates a victimization concern. On August 27, AVWTR provided photographs, via e-mail, that the lock was removed.

115.216 (b) Residents with Disabilities and Residents who are Limited English Proficient

Even though the State of Washington has a contract with several different interpretive services, some of the staff were not aware of these services. Training was provided on how to utilize these contract services to the staff prior to the submission of the final report. The proof of training was received on October 1, 2021.

115.251 (b) Resident Reporting

The State of Washington has an agreement with the State of Colorado the residents can report any PREA allegations to the Colorado PREA Unit and that agency would forward those reports to the State of Washington PREA Unit. AVWTR has the forms to report available to the resident population, however they were located in a high staff traffic area. It was requested that the forms be moved to a more discrete location so that residences can access them in a more private manor. The forms were moved to the resident's dayrooms. On August 27, photographs of the new locations were provided to this auditor.

115.253 (a) Resident Access to Outside Confidential Support Services

The State of Washington has a contract with the Office of Crime Victim Advocacy (OCVA) to provide emotional help and advocacy services to victims of sexual abuse. Even though this information is provided to residents when they arrive at the facility, the posters with the contact information for the OCVA were not in common areas such as by the telephones or in the dayrooms. The information posters were added to these common areas after the on-site visit. Photographic proof was provided on August 27, 2021.

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.

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| 115.211 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1493 432">DOC 490.800, Prison Rape Elimination Act Preventing and Reporting Policy, Page 2, Section I. A. states the Department has zero tolerance for all forms of sexual misconduct. Page 3 of this policy defines sexual misconduct as aggravated sexual assault, offender-on-offender sexual assault, sexual abuse, and sexual harassment. Additionally staff-on-offender sexual harassment and staff sexual misconduct are defined as sexual misconduct. This policy addresses the departments approach toward preventing, detecting and responding to such conduct.</p> <p data-bbox="242 519 1485 611">Ahtanum View Work Training Release (AVWTR) Operational Memorandum 490.800 mirrors the Washington State's PREA policy. The facility's written policy outlines how to implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p data-bbox="242 698 1485 927">The responsibilities of the Washington Department of Corrections PREA Coordinator's duties are defined on page 3 and 4 of this policy. The PREA Coordinator for WADOC is Beth L. Schubach. Ms. Schubach's classification is a Manager and she reports directly to the Deputy Director, Prisons Command A. According to Ms. Schubach, she does have time to develop, implement and oversee the State of Washington's PREA policies and practices. Ms. Schubach is very involved in the entire audit process. She coordinates the communication between the auditor and the facility. She is readily available to explain how the State of Washington's policies or practices comply with the PREA standards. In the event that a policy does not meet the standard she works with the auditor to resolve the none-compliance issue.</p> <p data-bbox="242 1014 1493 1375">Each Work/Training Release facility in the State of Washington Department of Corrections has also identified the Community Corrections Supervisor as the local PREA Compliance Manager. This individual is responsible for oversight of the development, implementation, and maintenance of all PREA related strategies at the facility level in collaboration with the agency PREA Coordinator. AVWTR's PREA Compliance Manager is Ms. Ruth Hanson. Ms. Hanson has been the Supervisor at AVWTR since August 2018. Ms. Hanson worked with the audit team throughout the process. She provided the required documentation to prepare for the audit and provided the audit team with access to all of the areas at AVWTR that we requested during the tour. Ms. Hanson insured that all of the supporting documents were provided upon request during the onsite visit. Additionally she made sure that the audit team had access to all of the staff and offenders that needed to be interviewed. She explained what her responsibilities are to ensure that the facility maintains compliance with the PREA standards. Based on the level of compliance with the PREA standards, it appears that Ms. Hanson has sufficient time to conduct her PREA duties.</p> |

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| 115.212 | Contracting with other entities for the confinement of residents |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1449 365">Policy DOC 490.800, section IX, page 9, requires that any new or renewed contracts for the confinement of offenders will include the requirement that the contracted facility comply with DOJ PREA standards and that the WADOC be allowed to monitor the PREA compliance.</p> <p data-bbox="242 454 1485 647">According to the information provided with the pre-audit material, there are currently three public/private agencies that is contracted to house WADOC offenders. The Washington Department of Corrections (WADOC) currently contracts with American Behavior Health Systems for housing offenders in residential treatment center, and interstate compact agreements with Minnesota and Iowa. Copies of the contract were reviewed by this auditor. The contract contained language specific to the requirement that the facility/agency comply with the DOJ PREA standards. The contract also contained a clause allowing for WADOC to inspect the facility/agency for PREA compliance.</p> <p data-bbox="242 734 1485 828">WADOC houses inmates in local county jails for short periods of time to accommodate Parole adjudication or for out-to-court purposes. According to the PREA Resource Center's clarification dated February 19, 2014, this situation does not constitute a contract, therefor 112.12 does not apply in this situation.</p> <p data-bbox="242 918 1485 1077">During the interview with the Contract Administrator for WADOC, she stated the agency has verbiage that goes in all new contracts for offender housing, which covers the PREA compliance and monitoring requirements. Prior to signing the PC is provided a copy of the contact to insure that it meets the PREA requirements. Once the contract is signed, the PC checks to see where the facility is at in the PREA audit process. She reviews the web site and talks to the local PCM or PC. The facilities are inspected by WADOC staff every couple of weeks.</p> |

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| 115.213 | Supervision and monitoring |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1493 398">DOC 490.800, Prison Rape Elimination Act (PREA) Prevention And Reporting, section VI, requires that each Superintendent and Work Release Community Corrections Supervisor (CCS) will use the PREA Compliant Staffing Plan template maintained on the PREA Audit SharePoint site to develop, maintain, and annually review a staffing plan that includes an objective analysis of the facility's staffing needs and established staffing model.</p> <p data-bbox="240 488 1493 577">Staffing plans for the Washington Department of Corrections (WADOC) work release facilities were originally created based upon the staffing models used for minimum security camps. Offenders are screened in advance by staff in order to determine their eligibility for placement in a work release.</p> <p data-bbox="240 667 1449 730">According to DOC 110.110, Work Release Management Expectations, the Community Corrections Supervisor (CCS) will annually review staffing levels to insure adequate staff plans are in place.</p> <p data-bbox="240 819 1477 882">This auditor was provided with the most current copy of the Staffing Plan Review. The most recent staffing plan review was conducted on April 6, 2021. The staffing plan reviewed:</p> <ul data-bbox="240 909 1066 1106" style="list-style-type: none"> <li data-bbox="240 909 576 936">The physical layout of the facility; <li data-bbox="240 963 676 990">The composition of the resident population; <li data-bbox="240 1016 1066 1043">The prevalence of any substantiated or unsubstantiated incidents of sexual abuse; <li data-bbox="240 1070 552 1097">And any other relevant factors. <p data-bbox="240 1196 1485 1321">This staffing review addressed resources available to maintain the staffing plan. The staffing review was signed by the CCS on April 6, 2021, and reviewed by the Agency PREA Coordinator. AVWTR employees thirty-four WADOC staff. The staffing plan includes one Community Corrections Supervisor, two maintenance staff, two clerical staff and five food service staff. There are 18 Corrections Officers, four Community Corrections Officers (caseworkers) and two Sergeants</p> <p data-bbox="240 1411 1485 1536">WADOC requires each Work Release to complete a PREA Vulnerability Assessment. Once the initial assessment is complete it must be reviewed and up dated at least annually to insure the corrective action plan is up to date. Any time there is a risk identified, it is tracked in the Vulnerability Assessment and a corrective action item is created. As corrections are made, these are documented in this assessment tool. The last Vulnerability Assessment was conducted in June of 2020.</p> <p data-bbox="240 1626 1474 1751">The Annual Staffing Plan for 2021 included a review of the current staffing levels and compliance with the staffing levels. The Staffing plan included current video coverage and a vulnerability assessment. There are 48 cameras at AVWTR. The last time cameras were updated was 2019-2020 fiscal year. The 2021 Annual Staffing plan did not request any additional resources.</p> <p data-bbox="240 1841 1490 1930">The staffing plan requires that a minimum of two staff be on first shift (night shift), and 3 on second and third shift (day and evening). If the facility cannot staff accordingly, the deficiency is logged in the staffing log and on ATLAS, however according to the Supervisor this has not happened since the last PREA audit.</p> <p data-bbox="240 2020 1485 2110">During a tour of the facility there appeared to be sufficient staffing levels to maintain the safety of the offenders. The security level of the facility and the size of the offender population does not appear to require more staff coverage then the staffing plan asks for.</p> |

There was one "blind spot" noted during the audit tour. The restroom that is used to collect UAs had a door that locked from the inside. This created a location where victimization could occur. After the on-site portion of the audit, the door lock was removed. On August 27, 2021, photographs of the door handle were provided to the auditor showing that the lock had been removed.

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| 115.215 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1493 696">Policy 420-325, Searches and Contraband for Work/Training Release, section III, requires that a strip search must be conducted by two trained employees. Staffing will meet the following gender requirements, unless waiting for an employee of the designated gender may result in serious bodily injury to the offender, the employee, or others. Strip searches of females will be conducted by female employees. Strip searches of male offenders require that one of the employees conducting the search be male. If the second person conducting the strip search is female, she will position herself to observe the employee doing the strip search, but will not be in direct line of sight with the offender. All strip searches will be documented before the search, or as soon as possible after the completion of an emergent strip search. If a strip search is conducted that does not meet these gender requirements for staffing, a confidential report will be completed before the end of the shift. Policy 420.312, Body Cavity Search, Requires that all cavity searches will performed by staff of the same gender as the offender. If a canine or body cavity search is indicated, or staffing requirements cannot be met for a strip search, the Work/Training Administrator or designee must approve the transport of the individual to a designated facility where the search can be conducted. According to the Community Correctional Supervisor, there have not been any cross gender strip searches conducted during this audit period.</p> <p data-bbox="240 786 1493 1048">Policy 420-325, Searches and Contraband for Work/Training Release, section III, Searches of incarcerated individuals are subject to electronic, canine, and pat searches at designated movement/transfer points and randomly throughout the facility. Pat searches will be conducted by a trained employee of the same gender as the individual being searched, except in emergency situations. When a male employee/contract staff pat searches a female, a report will be completed in the Incident Management Reporting System (IMRS) before the end of shift. The distribution will include the Prison Rape Elimination Act Coordinator. According to the Community Correctional Supervisor, there have not been any cross gender pat searches conducted during this audit period. None of the residents that were interviewed claimed that they were searched by staff of the opposite gender.</p> <p data-bbox="240 1137 1465 1294">On January 22, 2020, WADOC drafted a new policy on transgender, intersex and/or gender non-conforming individuals. This policy allows inmates to request to be strip searched by the gender of staff that they identify as, not the inmates birth gender. The approval must be approved by the Headquarters Multi-Disciplinary Team and only employees who volunteer and receive approved training will conduct these strip searches. AVWTR did not have any transgender, intersex or gender non-conforming residence at the facility at the time of the audit.</p> <p data-bbox="240 1384 1469 1615">Policy 490.700, Transgender, Intersex, and/or Gender Non-Conforming Housing and Supervision, section IX, Searches will be conducted per DOC 420.325, Searches and Contraband for Work Release. Search preferences will be documented on the individual's DOC 02-420 Preferences Request. Searches will be conducted in accordance with the stated preference unless circumstances do not allow for the preference to be implemented during a pat or strip search. If unable to accommodate the request in Prisons and Work/Training Releases, the Shift Commander/Duty Officer will consider appropriate alternatives. When a pat/strip search is not conducted according to the DOC 02-420 Preferences Request, an Incident Management Reporting System (IMRS) report will be completed.</p> <p data-bbox="240 1704 1469 1832">According to the Community Correctional Supervisor, there have not been any cross gender strip searches of cross gender pat searches conducted at AVWTR during this audit period. The facility does not do strip searches of any offenders. If an inmate needs to be strip searched, they are transferred to a local prison and the strip search is done there. The Facility Supervisor claims that they have never had to transfer an inmate from the facility for this purpose.</p> <p data-bbox="240 1921 1485 2145">Policy 490.800, section VIII, requires that offenders be provide the opportunity to shower, perform bodily functions, and change clothes without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. This includes video surveillance. An announcement will be made by anyone who does not identify with the facility's gender designation, loud enough and often enough to reasonably be heard by the occupants of a housing unit, including the living area (e.g., where incarcerated individuals sleep), or any common area designated for offenders to disrobe or change their clothing (e.g., bathrooms, showers). Superintendents/Work Release CCSs may define where the living area begins within the unit for the purpose of identifying where the announcements must be made and may determine where additional announcements are</p> |

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

Staff of the opposite gender are required to announce their presence before entering the hall to the dorms. During the tour of the facility, the audit team observed staff making the cross gender announcements as they entered any living area. All off the male inmates stated that female staff always announce their presence when they enter a housing unit. All off the female inmates stated that male staff always announce their presence when they enter a housing unit. All of the staff that were interviewed knew when and how to make cross gender announcements.

During the tour of AVWTR, the audit team did not observed any offender restrooms where offenders would not be able to toilet without staff being able to observe their private areas. All of the housing unit showers provided adequate modesty screens to allow offenders to disrobe, and shower without staff observing their private body parts. Offenders are not allowed to walk from their dorm to the restroom/shower without being fully clothed.

The video cameras are monitored in one central location and the supervisor and Sergeants have access to the video feed. A review of the monitoring screens revealed that all dorms, strip search areas, restrooms and showers are not visible via camera.

Policy 490.820, section VII, prohibits employees and contract staff from searching an offender for the sole purpose of determining their genital statues. If the offender's genital status is unknown, it will be determined by health care providers. Generally the offender's disclosure of statues is the determining factor which would then initiate housing review protocols. Offenders that are received at AVWTR have already been determined to be male or female at the reception center. The Supervisor of AVRTW claims that staff at AVRTW have not strip searched an offender to determine her genital statues during this audit period. None of the offenders claimed to have been strip searched for this purpose. All of the staff interviewed knew it was against policy to strip search a resident for the purpose of identifying their gender.

In 2014 all security staff were trained in pat-down searching of transgender/intersex offenders. This training was integrated into the academy training schedule at the same time to insure that all security staff receives the training. A review of the lesson plan complies with the PREA requirement. A review of the training documents provided during the audit confirmed that all required staff had been through this training. During the interview with random staff who would conduct pat-down searches, they all claim to have received the training and were familiar with how to conduct a pat-down search of female, transgender and intersex inmates.

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| 115.216 | Residents with disabilities and residents who are limited English proficient |
| | <p data-bbox="240 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 239">Auditor Discussion</p> <p data-bbox="240 271 1485 533">Policy 450.500, Language Services for Limited English Proficient (LEP) Offenders, states that the department will provide interpretive and translation services through Department and/or contract services at all Department Facilities. The policy also requires non-Spanish limited English Proficient offenders, including those requiring American Sign Language, to receive orientation in a language that they understand. The orientation includes the WADOC PREA policy. The offenders are shown a video during orientation that explains the PREA policy. This video is in either English or Spanish and has subtitles for the hearing impaired. This auditor was provided copies of PREA brochures provided to offenders with limited intellectual capacities. If the inmate is hearing impaired, a transcript of the video is provided. If the inmate is unable to read then other forms of communication are used by staff to inform the inmate of the WADOC PREA Policy.</p> <p data-bbox="240 620 1485 846">The department has several contracts with individuals who are certified in sign language. Additionally this auditor was provided a list of individuals and firms that are contracted with WADOC to provide interruptive services. There are two telephone vendor interpretive services, CTS Language Link and Lionbridge Global Sourcing Solutions, Inc., available 24 hours a day, seven days a week. AVWTR has PREA information posters located in all of the housing units and common areas in both English and Spanish. Generally it is determined if interpretive services are required at the reception center and a note is placed in the inmate's file. However, staff or the inmate can request interpretive services at any time it appears that these services are needed.</p> <p data-bbox="240 934 1469 1030">WADOC provides copies of the graphic novel, End Silence, to inmates who are developmentally disabled or slow learners. These novels use simple language and pictures to explain the PREA policies and how to report sexual abuse. Additionally staff explain the PREA policies to the lower functioning inmates.</p> <p data-bbox="240 1117 1477 1245">WADOC Policy 490.800, Prison Rape Elimination Act, Prevention and Reporting, section III, requires that only professional interpreters or translation services, including sign language, are available to assist offenders in understanding the PREA policy, reporting allegations, and/or participating in investigations of sexual misconduct. Offenders are not authorized to use interpretation/translation services from other offenders, family members, or friends for these purposes.</p> <p data-bbox="240 1332 1465 1429">According to the Supervisor, AVWTR, did not have any requests for reasonable accommodations related to PREA during this audit period. Additionally there were no requests for interpretive services as all offenders housed at the facility, during this audit period, spoke fluent English.</p> <p data-bbox="240 1516 1469 1610">While interviewing staff, not all of them were aware of the interpretive services and how to use these services if needed. None of the staff interviewed stated that they would use another offender to interpret for them in PREA cases. There were no inmates at AVWTR, at the time of the audit that did not speak fluent English.</p> <p data-bbox="240 1697 1182 1727">AVWTR did not have any offenders that were classified as mobility, hearing or vision impaired.</p> <p data-bbox="240 1814 1406 1843">There were no offenders that were classified as developmentally disabled housed at AVWTR at the time of the audit.</p> <p data-bbox="240 1930 1485 2089">While interviewing the facility staff at AVWTR, it was noted that a majority of their staff did not know about the CTS Language Link and Lionbridge Global Sourcing Solutions, Inc. contracts or how to use them. The Community Correctional Supervisor provided training to all of the available staff. The training included the purpose of the telephonic interpreter services and how to access them. Additionally the staff were informed that it is not appropriate to use online interpreter services such as Google Translate. The signed training documents was received by e-mail on October 1, 2021.</p> |

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| 115.217 | Hiring and promotion decisions |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1461 362">Policy 490.800, Prison Rape Elimination Act (PREA) Prevention and Reporting, section V, outlines the WADOC's staffing practices related to PREA. The policy states that the Department will not knowingly hire, promote, or enlist the services of anyone who:</p> <ul style="list-style-type: none"> <li data-bbox="240 398 1461 456">Has engaged in sexual misconduct in a prison, jail, lockup, community confinement center, juvenile facility or other institution; Has engaged in sexual misconduct with an offender on supervision; <li data-bbox="240 488 1473 577">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 data-bbox="341 609 1259 636">Has been civilly or administratively adjudicated to have engaged in activity described above. <p data-bbox="240 725 1481 985">WADOC requires perspective employees, promotions and contractors to complete form DOC 03-506, Sexual Misconduct and Institutional Employment/Services Disclosure. Additionally all current employees are required to complete the DOC 03-506, during their annual PREA training. This form has five questions about previous sexual misconduct and sexual harassment, of an inmate, in an institutional setting. If the candidate answers yes to any of these questions, he/she may not be allowed access to the facility. Additionally the form requires the candidate to disclose any previous institutional work history that they may have had. Five samples of the DOC 03-506 were provided to this auditor with the pre-audit materials. All of the documents were in compliance with policy. Ten additional personnel files were reviewed while on site. All fifteen personnel files reviewed were in compliance with the PREA standards.</p> <p data-bbox="240 1075 1441 1164">Prior to promoting a WADOC employee, the PREA database maintained within the Offender Management Network Information (OMNI) system is reviewed before an individual is hired or promoted to ensure there are no investigations or allegations requiring review.</p> <p data-bbox="240 1254 1493 1312">Additionally, policy 490.800 requires that the department consider any incidents of sexual harassment in determining whether or not to hire, promote, or enlist the services of anyone who may have contact with an offender.</p> <p data-bbox="240 1402 1493 1563">Policy 810.015, Criminal Record Disclosure and Fingerprinting, requires that all applicants will be background checked before initial appointment or promotion. These background checks include the Washington Crime Information Center and National Crime Information Center. All external applicants must disclose any previous institutional employment. These applicants are required to complete a form to authorize the release of information so that the facility can complete a work history background check.</p> <p data-bbox="240 1653 1453 1778">Policy 400.320, Terrorism Activity, requires a criminal record check will completed for all employees, contractors and volunteers. Additionally contracts between workforce agencies and WADOC require the employment agency to complete background checks that comply with PREA hiring and promotion policy on all temporary employees that will have contact with offenders. Five examples of background clearances were provided with the pre-audit material.</p> <p data-bbox="240 1868 1489 1926">WADOC policy states that failure to fully divulge criminal information may be cause for disciplinary action, up to and including dismissal or termination of service.</p> <p data-bbox="240 2016 1489 2074">Policy allows for WADOC to provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer for whom such employee has applied for work.</p> |

While reviewing the personnel files it was discovered that all staff background checks are completed by the HR department upon initial hiring. WADOC then completes a background check on all staff every five years. The WADOC just completed all of the background checks in the spring of 2019. According to the documentation provided, all employees have had a background completed in the past five years. Contractors and volunteers must have a background check completed to receive an identification card. The card expires after five years. All fifteen personnel files reviewed demonstrated that a criminal background check was completed within the past five years or upon hiring or promotion (whichever was more recent).

When employee candidates, contractors and volunteers are initially hired they must self-certify that they have not had any criminal, civil or administrative action as a result of any sexual misconduct in a confinement setting. They are required to self-certify again, annually, as part of the training curriculum. A review of the training documents and personnel files demonstrated 100% compliance with this requirement.

When a perspective candidate applies for a position at AVWTR, they are asked to disclose any previous employment with any other correctional employer. Three of the personnel files reviewed indicated that the employee had previously worked in an incarceration setting. All three files contained documents indicating that requests for information about any substantiated sexual abuse allegations or resignation during a sexual abuse investigation of the employee.

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| 115.218 | Upgrades to facilities and technology |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="231 197 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 481">Policy 490.800, PREA Prevention and Reporting, section VII, B, states that the Department will consider the possible effects on its ability to protect offenders from sexual misconduct when: Designing a new facility; Planning substantial expansions or modifications of existing facilities, and; Installing or updating video monitoring systems, electronic surveillance systems, or other monitoring technology.</p> <p data-bbox="231 481 1508 663">According to the Facility Supervisor, since the last PREA Audit, AVWTR has expanded from 60 beds to 101 beds. This expansion included adding three new living units and modification of showers. The changes in the facility were compliant with PREA standards. Additionally 13 additional cameras were installed to decrease the number of blind spots in the facility. During the tour of the facility, these modifications were observed. There were no PREA concerns noted as a result of these modifications.</p> |

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| 115.221 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1477 398">Policy 490.850, PREA Response, section III, B, addresses the WADOC's policy for responding to allegations of aggravated sexual assault. This policy contains a checklist that clearly addresses the process to preserve evidence for possible administrative proceeding or criminal prosecution. This process closely mirrors the Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Forensic Examinations, Adults/Adolescents".</p> <p data-bbox="242 405 1477 533">AVWTR staff do not conduct criminal investigations. In the event that a case appears to be criminal in nature, the case and evidence collection is turned over to the Yakama County Sherriff's Office, Yakama Police Department or the Washington State Police. The Supervisor was able to articulate the entire response process and demonstrated how she would ensure compliance with PREA policy.</p> <p data-bbox="242 622 1477 750">Policy 490.850, section III, 5, a, requires that all offenders alleging sexual acts perpetrated by either staff or another offender that occurred within the previous 120 hours and involved penetration or exchange of body fluids will be assessed for immediate medical needs before transport to the designated community health care facility for a forensic exam. The department's response checklist also addresses the proper process to insure the victim is seen by a forensic examiner.</p> <p data-bbox="242 757 1477 913">AVWTR does not complete forensic medical exams. All cases that require SAFE/SANE services are transferred to Memorial Hospital. During the past year, there were no PREA allegations for sexual abuse, therefore requiring the victim or suspect to be examined by the SAFE/SANE Nurse. The SAFE/SANE nurse was interviewed telephonically. She confirmed that Memorial Hospital handles all of the forensic exams for AVWTR. She stated that she does not ever remember have to do a SAFE/SANE exam for a resident of AVWTR.</p> <p data-bbox="242 1003 1477 1332">WADOC requires that victims of sexual assault be offered a victim advocate. Policy AVWTR 490.850, requires that the victim advocacy organization be contacted to insure that an advocate is present during an exam. The victim will also be offered an advocate during the investigatory interviews. WADOC has a contract in place with Washington Department of Commerce, Office of Crime Victims Advocacy to provide victim advocates for PWTR. The Aspen Victim Advocacy Services provides victim advocates for inmates at AVWTR. Aspen Victim Advocacy Services was contacted to confirm their role in a sexual assault. The Victim Advocate Director stated that they require all Victim Advocates to attend 30 hours of initial training and 12 hours a year follow-up training. Currently there are 11 trained advocates (6 fulltime employees and 5 volunteers) working for the organization. She stated that her organization has a positive working relationship with AVWTR and WDOC. Four of the employed staff are trained in PREA (including the Director). If a victim advocate was requested, one of the PREA trained advocates would respond.</p> <p data-bbox="242 1422 1477 1550">WADOC is responsible for conducting administrative investigations. WADOC staff do not have law enforcement powers and are not authorized to conduct criminal investigations. All criminal allegations are referred to Yakama Police Department for investigation /prosecution. In the event that Yakama Police Department is unable to respond, AVWTR is required to contact the Yakama Sheriff's Office or the Washington State Police.</p> |

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| 115.222 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1485 465">Policy 490.860, PREA Investigation, requires the Department to thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department. AVWTR is located within the city limits of the City of Yakama, which is in Yakama County. If it appears that a crime was committed, AVWTR staff call 911 and emergency dispatch determines which agency will respond due to location of the alleged crime. According to the Work Training Supervisor, both the Yakama Police Department (YPD) and the Yakama County Sheriff's Office (YCSO) are very responsive and investigate alleged crimes diligently.</p> <p data-bbox="242 555 1485 913">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. Allegations resulting in the initiation of an investigation are returned to the applicable Appointing Authority for investigation. The Ahtanum View Work/Training Release has investigated all allegations referred. 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 YCSO or the YPD are 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 / requested. According to the PREA Coordinator, this process is tracked very closely and any delayed investigations are researched by the PREA Unit.</p> <p data-bbox="242 1003 1465 1064">During a review of the Washington Department of Corrections website, the PREA policies and investigation protocols were located using the search tool in "Policies".</p> <p data-bbox="242 1153 1485 1346">WADOC staff are not sworn peace officers, therefore cannot conduct criminal investigations. If at any point during the administrative investigation, it appears that a crime was committed, the case is referred to the KYSO or YPD for criminal investigation. AVWTR received one PREA allegations during this audit period. This case was not criminal in nature and was not referred to an outside agency for investigation. During the interview with Yakima City Police investigator and the Community Corrections Supervisor, both stated that they do not meet regularly to discuss issues. They communicate with each other only when needed.</p> |

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| 115.231 | Employee training |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 490.800, Prison Rape Elimination Act Prevention and Reporting, section X, requires that all new employees, contract staff and volunteers receive initial PREA training upon hire/assignment, followed by annual training. A review of the training guide (PREA 101) revealed that the training covers policies and operational memorandums related to the Prison Rape Elimination Act, and the criminal and disciplinary penalties for engaging in prohibited behavior. The training also covers:</p> <p>The WADOC zero tolerance policy;</p> <p>How to prevent, detect, report, and respond to sexual misconduct;</p> <p>Offender's rights to a sexual abuse and sexual harassment free environment;</p> <p>Offender's and staff's right to be free from retaliation for reporting sexual abuse and sexual harassment;</p> <p>The dynamic of sexual abuse and sexual harassment in confinement;</p> <p>The common reactions of victims; How to detect and respond to signs of threatened or actual sexual abuse;</p> <p>How to avoid inappropriate relations with offenders;</p> <p>How to communicate effectively with LGBTI offenders and;</p> <p>How to comply with laws related to mandatory reporting.</p> <p>The PREA training curriculum provided with the pre –audit materials includes all of the above mentioned subjects. The class is designed to last about two hours.</p> <p>The training provided by WADOC, addresses both male and female issues in some detail. Employees at AVWTR receive training gender specific to both male and female offenders. Because of this training policy, staff do not need to be retrained when they transfer to a facility. AVWTR houses both male and female offenders.</p> <p>The current training was initiated in 2014. All staff were required to take the training at that time. Since that date, all staff are required to take the training on PREA annually. During this audit period, the training was completed through a computer delivered class. In addition to the annual PREA training, all staff, contractors and volunteers must self-certify that have not had any civil, criminal or administrative action taken against them for sexual misconduct involving an incarcerated individual. According to the information provided with the pre-audit materials, all of the employees completed the training. Five examples of the training certifications were provided with the pre-audit material. All fifteen training files reviewed during the audit demonstrated compliance with the training.</p> <p>WADOC requires employees to sign form DOC 03-483, PREA Training Acknowledgment, upon completion of the class. Five examples were provided with the pre-audit materials, demonstrating compliance. All fifteen training files reviewed had these acknowledgment forms in the file.</p> <p>The Community Correctional Supervisor ensures that all staff attend the required training. She tracks all of the training that staff attend to make sure that they maintain their training requirements. Currently all of the all of the PREA training is provided through the LMS (learning management System) computerized training system. Her methods of scheduling and tracking are highly effective, as demonstrated by 100% compliance with the training.</p> <p>All of the staff that were interviewed demonstrated knowledge in preventing, detecting, reporting and responding to sexual abuse/sexual harassment of an offender. They all knew that Washington had a zero tolerance policy toward sexual abuse and sexual harassment. After interviewing staff, it was apparent that the training is effective.</p> |

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| 115.232 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1465 432">Policy 490.800, section X, requires that all new employees, contract staff and volunteers receive initial PREA training upon hire/assignment, followed by annual training. The training that most volunteers and contractors are required to take is the same training that employees must take (PREA 101). This training exceeds the requirement for this standard. The contractor is then required to sign the acknowledgment form (DOC 03-383) stating they understand WADOC PREA policy. The agreement contracts with vendors and service providers include this information in the contracts.</p> <p data-bbox="242 521 1485 645">According to the information provided with the pre-audit materials, AVWTR did not have any contractors that had regular access to the facility requiring the issuance of an ID. Because of COVID concerns there were no volunteers allowed at the facility during the past year. The current list of volunteers is three. Proof of training and acknowledgement were provided for all three volunteers.</p> <p data-bbox="242 734 1477 963">Contractors and volunteers that have limited access to the facility (i. e. contractors filling the vending machine, fixing office equipment or one time repair services) are provided the policy via pamphlet. The pamphlet includes the definition of PREA, the duty to report, the zero tolerance policy and additional relevant information. These contractors and volunteers must also acknowledge that they received and understand the information by signing the form DOC 03-478. Six examples of the signed DOC 03-478 were provided with the pre-audit materials. The tracking list for the non-regular contractors was provided during the pre-audit portion of the audit. The tracking list included the date that the contractor signed the DOC 03-478.</p> |

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| 115.233 | Resident education |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1484 432">WADOC Policy 310.000, Orientation, section III, requires that all incarcerated individuals will receive orientation within one week of arriving at the facility. The orientation will include information on the Prison Rape Elimination Act. Policy 490.800, PREA Reporting and Preventing, section XII, requires that all offenders will be provided PREA related information, which will include information on the department's zero tolerance stance and ways to report sexual misconduct. Information will be presented in a manor allowing offenders to ask questions of the staff member facilitating the orientation.</p> <p data-bbox="242 519 1484 680">Upon arrival of new residents at AVWTR, staff facilitate an orientation which includes viewing the PREA video, issuing the offender handbook, filling out a medical questionnaire, and information on property, visiting, banking, grievances, passes and the bulletin board. Orientation occurs in the same day of the arrival of new residents. Orientation completion is documented on DOC 05-512 Work Release Orientation Checklist. The residents are provided the PREA information again when they meet with the Community Corrections Officer II about one week later.</p> <p data-bbox="242 768 1469 896">The PREA education provided to the newly arriving inmates at AVWTR includes the WDOC zero-tolerance policy, the offender's right to be free from sexual abuse and sexual harassment, and the offender's right to report an allegation without fear of retaliation. The orientation guide that the offender receives includes at least seven different methods of reporting a PREA. The WCOD and AVWTR policies to responding to an incident are also in the orientation handbook.</p> <p data-bbox="242 983 1458 1077">WADOC implemented training offenders on the PREA policy in March 2006. At that time all offenders currently housed within the Department were given a copy of the PREA brochure and allowed to attend orientation. AVWTR does not have any offenders that where housed at PWTR prior to 2006.</p> <p data-bbox="242 1164 1461 1292">According to the documentation provided, all 98 inmates received during this audit period have received the inmate education on the day of arrival. Twenty-six signed DOC 05-512 forms were provided with the pre-audit materials. Sixteen randomly selected inmate files were reviewed while on-site. All sixteen files had the signed documentation in the file. The documents were all signed the day of arrival or the day after.</p> <p data-bbox="242 1379 1481 1507">WADOC has several versions of PREA brochures available for low functioning offenders. AVWTR plays a video that explains the PREA policy and how to report sexual misconduct. The video is close captioned for the hearing impaired. This video is also in Spanish. If an offender does not appear to comprehend the information provided, the facilitator takes additional time to explain it to this offender.</p> <p data-bbox="242 1594 1484 1722">During the offender interviews and while touring the facility, the audit team could not find any offenders that did not know the PREA policy and how to report it. The offenders all knew that they had a right to be free from sexual abuse and sexual harassment and that they could not be punished for reporting it. Every housing unit and program area had PREA posters in English and Spanish posted on the wall.</p> |

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| 115.234 | Specialized training: Investigations |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1489 398">The first PREA investigative training offered by WADOC was in 2011. After the finalization of the PREA standards in 2012, a new class outline was created. Any PREA investigator that was already certified had to attend a booster course. This course included any relevant DOJ Policy changes, interviewing techniques and report writing. According to Policy 490.800, PREA Prevention and Reporting, the current training requires that all PREA Investigators be trained in:</p> <p data-bbox="242 486 1297 515">Crime scene management and investigation, including evidence collection in Prisons and Work Releases;</p> <p data-bbox="242 544 687 573">Confidentiality of all investigation information;</p> <p data-bbox="242 602 1193 631">Miranda and Garrity Warnings, compelled interviews, and the law enforcement referral process;</p> <p data-bbox="242 660 432 689">Crisis intervention;</p> <p data-bbox="242 719 568 748">Investigating sexual misconduct;</p> <p data-bbox="242 777 834 806">Techniques for interviewing sexual misconduct victims and;</p> <p data-bbox="242 835 1142 864">Criteria and evidence required to substantiate administrative action or prosecution referral.</p> <p data-bbox="242 947 1489 1008">A review of the lesson plan provided to the auditor demonstrates compliance with this standard. All of the required topics are covered in the 14 hour training required to become an investigator.</p> <p data-bbox="242 1095 1489 1256">AVWTR currently has one trained investigator on staff. There are other WADOC facilities in close proximity that have additional investigators. When there is PREA allegation received, and it has been determined to be handled administratively, the Appointing Authority assigns one of the certified investigators to conduct the investigation (the investigator may be from a different WTR facility). When an investigator is assigned, consideration is made as to their normal duties or assignments so as to not create a conflict of interest.</p> <p data-bbox="242 1344 1489 1505">While interviewing the staff trained for PREA investigations, they were able to articulate the investigation process and their responsibility. The training that they attended prepares the investigator on how to conduct an investigation without compromising the integrity of the investigation. If at any time the investigation appears to reveal possible criminal activity, the investigation is suspended and the case is referred to the local law enforcement agency. Four training certificates were provided with the pre-audit materials.</p> <p data-bbox="242 1592 1465 1753">All criminal investigations are referred to either the Yakama County Sherriff's Office, Yakama Park Police Department or of the Washington State Police. According to the Yakama Police Investigator that was interviewed he stated that the investigation training they received was specific to investigating sexual assaults in a confined setting. The training that the investigators receive is provided by the State of Washington. His staff take additional training on-line through National Institute of Corrections.</p> <p data-bbox="242 1841 1453 1901">A review of the investigated case reflects that the investigator did conduct the investigation in compliance with the training that is provided. The reports are clear, well organized, complete and do not violate any codes of conduct.</p> |

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| 115.235 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Washington State Department of Corrections Policy 490.800, PREA Prevention and Reporting, requires that Health Service employees/contract staff, with exception of medical records, clerical, pharmacy personnel, the Dietary Services Manager, and the Psychologist assigned exclusively to sex offender treatment program, will be trained in:</p> <ul style="list-style-type: none"> Detecting and assessing signs of sexual misconduct; Responding effectively and professionally to sexual misconduct victims; Completing DOC 02-348 Fight/Assault Activity Review; Preserving physical evidence; Reporting sexual misconduct, and; Counseling and monitoring procedures. <p>Additionally all of the contract medical staff must attend the same PREA training that all employees receive every year.</p> <p>Ahtanum View Work Training Release does not have any full-time or part-time medical service employees. All of the medical services are referred for services in the community. Memorial Hospital is the primary facility for SAFE/SANE exams. In the event that Memorial Hospital's SAFE/SANE nurse is not available, there are other hospitals in the area that can provide this service.</p> |

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| 115.241 | Screening for risk of victimization and abusiveness |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policy 490.820, PREA Risk Assessments and Assignments, requires Classification Counselors and designated Work Release employees will complete a PREA Risk Assessment within 72 hours of arrival for all offenders arriving at any Department facility. Facilities will establish procedures to ensure compliance within 72 hours, even on weekends and holidays. This policy requires that a follow-up assessment be completed on each offender between 21 and 30 calendar days after the offender's arrival at the facility. Additional assessments will be completed within 10 days by the assigned Classification Counselor when additional information is received, or the offender discloses information, that suggests potential for victimization or predation.</p> <p>WADOC uses an objective screening program called Offender Management Network Information (OMNI) to screen all offenders for risk of victimization and abusiveness. The OMNI program has "yes" and "no" check boxes and data fields for the screening staff to enter data about each offender. In the event the assessment cannot be completed in the offender's electronic file, Counselors and Community Corrections Officers (CCOs) may use DOC 07-019 PREA Risk Assessment to document assessment information and update the electronic file as soon as practical. Based on the data entered, the offender is rated on their potential for victimization or abusiveness. The following nine questions are asked of the inmate/ or observed in person or in documentation;</p> <p>First incarceration;</p> <p>Age less than 25 years or over 65 years;</p> <p>Male size and stature: Less than 5' 8" and/or less than 140 lbs;</p> <p>Previous or current commitment for sex offence/crime with sexual motivation in which the victim was a child of 13 years or younger or an elderly person of 65 years or older;</p> <p>Mental impairment-developmentally or intellectually disabled, mentally ill or physically disabled;</p> <p>History of sexual abuse-victimization;</p> <p>Victim of sexual assault in confinement;</p> <p>Behavior characteristics or display of sexual orientation is a way that projects vulnerability;</p> <p>And Offender perceives themselves as vulnerable.</p> <p>All nine of the criteria listed in PREA 115.241 (d) are included for entry in OMNI. OMNI also includes field to enter information about prior acts of sexual abuse, violent offences, and history of prior institutional violence or sexual abuse. Offenders are not disciplined for refusing to respond to these questions. Only a limited classification of staff have access to this program and offenders do not have access.</p> <p>A list of all 98 offenders received in the past 12 months was provided with the pre-audit materials. All of the offenders had their initial screening completed within the 72 hours according to the documentation provided. Most were completed with-in one day. The follow-up screenings were completed timely on all but four of 85 offenders that had been housed at the facility for at least 30 days during the past 12 months. Ten examples of the initial intake PREA screening and no examples of the follow-up screening were provided with the pre-audit materials. All 16 random offender files reviewed contained copies of the initial and follow-up screening form. None of the 30 day follow-up screening forms were outside of the required time frames. According to the documentation provided, AVWTR had two cases that that where reassessed due to additional information received. Both reassessments resulted in the offender being monitored periodically for victimization concerns.</p> <p>PREA Risk Assessments are completed within a restricted component of the Offender Management Network Information (OMNI) system. Access to this system is restricted to the following:</p> <ul style="list-style-type: none"> • Classification Counselors and Work Release Community Corrections Officers are responsible for the completion of |

assessments.

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

This system maintains all completed assessments along with the response / detail associated with related scoring. All access to this system outside of access automatically assigned by position, per above, must be reviewed and approved by the agency PREA Coordinator to ensure compliance with established restricted access parameters. It is noted that no such access requests were made during the audit documentation period.

The intake process was explained to the audit team. Prior to arriving at AVWTR, an offender is placed in a bed based on his case factors (including potential victim or potential predator). Once the offender arrives at AVWTR, there case factors are checked again and the inmate is interviewed to insure that there are no conflicts with the assigned housing. Within 72 hours the Community Correctional Officer interviews the offender and reassesses them in OMNI noting any changes (usually the next day). Between 21 and 30 days the Community Correctional Officer re-interviews the offender and re-reviews the case factors to insure that no new information has been received. In each interview the offender is asked about their perceived safety.

Every offender interviewed told the audit team that they were asked the series of questions from the screening form on the day they arrived or the next day. All of the offenders also stated that they remember being asked those questions again after being here "a couple of weeks". A list of offender's arrival dates and dates of evaluations demonstrates compliance with the intake screening in the first 72 hours, and the 30 day follow-up screening.

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| 115.242 | Use of screening information |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1465 362">WADOC requires each facility to utilize the data obtained from the OMNI program to place offenders in the proper housing, bed, work, education and program assignment ensuing separation of potential victims and potential predators. Each offender is evaluated on his or her own case factors to ensure their safety.</p> <p data-bbox="240 452 1485 676">WADOC Policy 300.380, Classification and Custody Facility Plan Review, requires that committee members will review each offender on the transfer manifest before s/he arrives at the receiving facility. The screening will include, at a minimum: Prison Rape Elimination Assessment (PREA) information per DOC 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments. Any concerns regarding work programs, treatment, education, evidence-based programs, or other activities presented after reviewing the offender's PREA Risk Assessment will be documented in the Summary/Statement field in the Classification Review section of the Incoming Transport/Job Screening Checklist, including any applicable mitigation strategies.</p> <p data-bbox="240 766 1485 958">Policy DOC 490.820, Prison Rape Elimination Act Risk Assessments and Assignments, section V and VI, speak to work assignment and housing assignment screening. Prior to assigning an offender to a multi-person cell/dorm area, the PREA Risk Assessment is reviewed to ensure he/she is not assigned to an area that would place him/her at risk for victimization. Additionally, any offender who scores as a potential victim, potential predator, or dual identifier along with any transgender or intersex offender are required to have monitoring plans developed to ensure these offenders are safe while housed at AVWTR.</p> <p data-bbox="240 1048 1469 1205">Offenders housed at AVWTR are employed by private entities in the community, with whom WADOC can share limited information. The offender is responsible for securing their own employment and the Community Correction Officer can address issues on a case-by-case basis. The same is true for any education and most rehabilitative programming available for work release offenders. Any programming activities held at the facility are monitored at all times by staff and are held within areas of the facility in which offenders are observed.</p> <p data-bbox="240 1294 1465 1384">According to the Caseworker, offenders are given bed assignments upon arrival at the facility. When the offender arrives, their case factors are reviewed to ensure that offenders are not housed in unsafe situations. Offenders that are deemed at risk for potential victimization are not placed in the same dorm as offenders who are deemed to be potential predator.</p> <p data-bbox="240 1473 1469 1706">Per policy each transgender or intersex offender is reviewed for any threats to their safety. WADOC utilizes form DOC 02-384, Protocol for the Housing of Transgender and Intersex Offenders, to evaluate each transgender and intersex offender prior to housing. The DOC 02-384 is a thorough assessment of the offender's case factors and these reviews take into account the offender's own view of their safety. According to the WADOC PC, there have been several trans-women and trans-men housed in a facility that does not conform with their birth gender in the State of Washington since the initiation of the process. This was completed after considering all of their case factors, physical and mental health and the offender's request to be housed in a women's/men's facility for their safety.</p> <p data-bbox="240 1796 1485 1953">According to the Facility Supervisor, there have not been any offenders that identified as transgender or intersex housed at AVWTR during this audit period. Operational Memorandum AVWTR 490.700, provides direction to staff on the showering of transgender/intersex inmates. This procedure allows for transgender offenders to shower separately from the rest of the population. The physical design of the showers are individual shower stalls with shower curtains, thus allowing all residents to shower without other residents observing them.</p> <p data-bbox="240 2042 1465 2132">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.</p> |

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

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| 115.251 | Resident reporting |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1452 362">WADOC provides several methods to report sexual abuse and sexual harassment, retaliations for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The Offender’s handbook lists eight different options for offenders to report a PREA allegation. These options include:</p> <ul style="list-style-type: none"> <li data-bbox="240 398 584 425">Report verbally to a staff member; <li data-bbox="240 454 624 481">Written note or kite to a staff member; <li data-bbox="240 510 596 537">Sending a message from the kiosk; <li data-bbox="240 566 480 593">Submitting a grievance; <li data-bbox="240 622 804 649">Writing Colorado Department of Corrections PREA Unit; <li data-bbox="240 678 716 705">In writing to the Office of the inspector General; <li data-bbox="240 734 549 761">Call the PREA hotline toll free; <li data-bbox="240 790 861 817">Tell a third party (family or a friend) who can report it for them. <p data-bbox="240 913 1474 972">All of these reporting options are addressed in Policy DOC 490.800, Prison Rape Elimination Act Prevention and Reporting, section XIII B. This information is provided to the offenders during orientation and in the handbook.</p> <p data-bbox="240 1061 1474 1254">WADOC has a contract in place with the Colorado Department of Corrections to serve as each other's external reporting entity. If the offender chooses to report to an agency outside of the State of Washington, they complete the DOC 21-379 form. This form is pre-addressed to the Colorado Department of Corrections PREA Unit. Once Colorado receives the form they would then inform Washington State PREA Coordinator, providing enough information so that the allegation can be investigated without violating confidentiality. This contract with Colorado State was initiated in 2014 and, with the amendment, is valid until March 1, 2022. This information is posted in the main lobby of the facility.</p> <p data-bbox="240 1344 1474 1433">Several of these methods of reporting allow the offender to remain anonymous. When calling the headquarters’ PREA Unit, offenders do not need to utilize their IPIN to identify the caller. Additionally if an offender chooses to report utilizing the DOC 21-379, they are not required to give their name.</p> <p data-bbox="240 1523 1474 1684">The audit team reviewed the various forms of reporting. The information on how to report is posted in different locations, in various formats throughout AVWTR. The PREA hotline are posted on the wall above the offender telephones and in all housing units and program areas. Residents are provide with cell phones. The phone calls are not monitored. During the on-site portion of the audit, it was noted that the Office of Victim Advocacy poster were located throughout the facility, however not by the resident pay phones.</p> <p data-bbox="240 1774 1474 1832">When the offenders were interviewed, they all knew of at least three ways to report a PREA allegation. When asked if they thought that staff would take a report seriously and follow through they all said “yes”.</p> <p data-bbox="240 1921 1474 2145">Policy DOC 490.850, Prison Rape Elimination Act Response, section 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 includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident. Staff are required to report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct immediately and confidentially to their supervisor. Staff may report any PREA allegation directly to the Duty Officer or the Appointing Authority if they fell that it is a conflict of interest to report to their</p> |

supervisor.

Policy DOC 490.850, Prison Rape Elimination Act Response, section I. E., states “Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process”. The PREA training syllabus explains to staff on how to report a PREA allegation confidentially.

While interviewing staff each employee stated that if they received information about a PREA incident, they would report it immediately to the Duty Officer or Appointing Authority. They would not share the information with any other staff noting that PREA reports are confidential.

During the on-site portion of the audit it was noted that the PREA posters and OCVA posters were located though out the facility. They were not posted in the dayrooms (which is the most common location for residents to be if not in their rooms). Additionally the information for the Colorado Department of Corrections PREA Unit was located in a high staff traffic area. This may deter a resident from picking up these forms. As a result of discussion with the staff at AVWTR, bulletin boards were installed in the dayrooms. All of the above information has been posted on these bulletin boards. Photos of the bulletin boards, with the postings, were provided to this auditor on August 27, 2021.

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| 115.252 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1485 398">PREA standard 115.52(a) states that an agency is exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse. 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 offender grievance process.</p> <p data-bbox="242 488 1469 748">If an offender files a grievance alleging sexual misconduct, a copy of the grievance is forwarded to the WADOC PREA unit. If it determined that the issue of the grievance is not related to PREA, the offender may pursue the issue through the grievance process. If the issue has been determined to be PREA related, the case is referred to the Appointing Authority who assigns the case to an investigator. The investigation is pursued like any other PREA investigation. This process requires that the allegation is investigated by a PREA trained investigator and that the Appointing Authority makes the final decision. Additionally, since PREA allegations are removed from the grievance process, offenders do not have to exhaust administrative remedies before attempting to resolve the issue through litigation. This information is available to the offenders in the grievance policy handbook and the offender handbook.</p> <p data-bbox="242 837 1477 929">There are no time limits to reporting an allegation of sexual misconduct. Since the PREA unit forwards the grievance to the appointing authority to initiate an investigation, the grievance is not submitted to the staff member who is the subject of the complaint.</p> <p data-bbox="242 1019 1426 1077">A review of the PREA allegation log revealed that AVWTR did not receive any PREA allegations through the grievance process during this audit period.</p> <p data-bbox="242 1167 1410 1225">Even though WADOC is exempt from this standard because it does not process PREA allegations as grievances, the policies and practices that are in place comply with this standard.</p> <p data-bbox="242 1314 1477 1574">The Community Corrections Supervisor explained the process of screening out PREA appeals to the audit team. Appeal forms are available to all of the offenders. An offender can fill out the form and hand it to staff or place it in the appeals box. The box is checked and emptied by the Community Corrections Supervisor or the Secretary Supervisor every Tuesday and Thursday. The CCS reviews all appeals. If the appeal contains a PREA allegation, or she is unsure if it is a PREA allegation, she reports it to the Work Release Administrator, who reports it to the PREA Unit. If the PREA Unit in Headquarters determines that it is a PREA allegation, the Work Release Administrator is notified and investigation is initiated. If the PREA Unit deems that the appeal is not reporting a PREA allegation, it is returned to the CCS to handle through the normal appeals channel.</p> |

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| 115.253 | Resident access to outside confidential support services |
| | <p data-bbox="242 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 273 1485 566">WADOC has entered a contract with the Washington State Office of Crime Victims Advocacy (OCVA). A contract extension was recently signed, extending the contract until June 30, 2021. When an Offender wishes to speak to a victim advocate, the offender calls the toll free number and the OCVA directs the call to the Rape Crisis Center designated to work with that particular facility. AVWTR is partnered with Aspin Victim Advocacy Services (AVAS). After the initial consultation, AVAS will work with the offender so that the victim advocate will be available at a pre-determined time to receive follow-up phone calls from the offender. If needed, arrangements would be made with the facility to provide on-site support for the offender. Offenders are also provided a list of community rape crisis centers throughout the State of Washington in the event that they wish to seek these services when they are released from WADOC. All of the information is provided in both English and Spanish.</p> <p data-bbox="242 656 1469 716">Due to the COVID-19 pandemic, all Victim Advocate assistance is restricted to telephonic contact. The offender population was advised of this temporary restriction via memorandum in English and Spanish.</p> <p data-bbox="242 801 1490 929">The information on how to contact the OCVA is provided to the offenders during the offender orientation video, on posters throughout the facility and via pamphlets. The OCVA pamphlet states that the calls are toll free, offenders are not required to use their personal identification number to make the call and these calls are not recorded. This information is available in both English and Spanish.</p> <p data-bbox="242 1016 1481 1243">The Executive Director of AVAS was interviewed telephonically. She stated that AVAS has a great working relationship with AVWTR and WADOC. The advocates are required to attend a 30 hour training course upon initially being hired and then take 12 hour annual training each year thereafter. She stated that confidentiality is maintained per law. The only time that confidentiality would be breached is if the victim signs a release, there is a court order ordering its release or there is an imminent risk of harm to self or others. Currently AVAS has five victim advocates, however there are three that handle any requests from the Washington Department of Corrections. These three have received an eight hour training course on PREA.</p> <p data-bbox="242 1332 1430 1393">During the inmate interview process, most of the inmates were aware of the Rape Crisis Center and what services they provide.</p> <p data-bbox="242 1480 1007 1507">There were no requests for victim advocacy services during this audit period.</p> <p data-bbox="242 1597 1477 1691">During the on-site portion of the audit it was noted that the OVAC posters were located throughout the facility. However, there were no posters located by the resident pay phones or in the dayrooms. Since the on-site portion of the audit, posters were placed in both areas. Photographs of the postings were provided on August 27, 2021, to this auditor via e-mail.</p> |

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| 115.254 | Third party reporting |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1473 331">Policy DOC 490.800, PREA Prevention and Reporting, assigns responsibility to the PREA Coordinator for ensuring that the WADOC website is current with information on how friends and families can report sexual abuse and sexual harassment.</p> <p data-bbox="242 338 1485 499">The PCM is responsible to ensure that posters are viewable by visitors and the public providing information on how to report an allegation of sexual abuse or sexual harassment. WADOC provides information on its web-site on how family, friends or visitors can report sexual abuse or sexual harassment on behalf of an offender. The information is also posted in the visiting room. Staff are required to forward any allegation of sexual abuse and sexual harassment to their supervisor upon receiving the information.</p> <p data-bbox="242 589 1468 781">Policy DOC 490.850, Prison Rape Elimination Act Response, section 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 includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident. Staff are required to report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct immediately and confidentially to their supervisor.</p> <p data-bbox="242 871 1437 931">Inmate Orientation Handbook, page 6, tells the different methods that a PREA can be reported. This includes that other inmates, visitors, and family members can report on the inmates behalf.</p> <p data-bbox="242 1021 1453 1081">During the audit tour, posters relative to PREA were visible where visiting is conducted. Additionally the WADOC website has information on how to report a PREA allegation on behalf of an offender.</p> <p data-bbox="242 1171 1481 1261">All of the offenders interviewed knew that they could report a PREA to a third party. The Community Corrections Supervisor stated that third party reports are forwarded to the PREA Unit the same as any other allegation, regardless of how it is received. The investigator stated that they would treat a third party report as any other allegation.</p> <p data-bbox="242 1350 1396 1411">A review of the PREA complaint log revealed that there were no PREA allegations received as a result of third party reporting.</p> |

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| 115.261 | Staff and agency reporting duties |
| | <p data-bbox="242 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 273 1458 362">Policy DOC 490.850, PREA Response, requires that staff immediately report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident.</p> <p data-bbox="242 452 1493 743">Staff, volunteers and contractors are trained to report any PREA allegation to their supervisor confidentially. The Staff, Volunteer and Contractor PREA Handbook states that staff must immediately report any knowledge, suspicion, or information received regarding an incident of sexual abuse, sexual solicitation, sexual harassment or sexual coercion, or any staff neglect or violation of responsibilities that may have contributed to such an incident. Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately to the shift commander (prisons), 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. All of the staff interviewed stated that they would contact the Work Release Administrator or Facility Supervisor if they received any information about a PREA incident.</p> <p data-bbox="242 833 1484 900">Information related to allegations or incidents of sexual misconduct is confidential and will only be disclosed when necessary for treatment, investigation, and other security and management decisions.</p> <p data-bbox="242 990 1391 1012">AVWTR does not have any medical or mental health staff. All of these services are provided within the community.</p> <p data-bbox="242 1102 1439 1191">AVWTR does not house any offenders under the age of 18 years old. According to the documents provided and the investigation log, AVWTR did not have any allegations received by offenders who were classified as vulnerable adults in accordance with the Revised Code of Washington (RCW) during this audit period.</p> <p data-bbox="242 1281 1493 1370">DOC 490.860, Prison Rape Elimination Act (PREA) Investigation, requires that all allegations, including third party and anonymous reports are reported to the PREA Unit. The PREA unit then refers the case to the designated facility manager for investigation. The facility Supervisor assigns the investigation or refers it to local law enforcement for criminal investigation.</p> <p data-bbox="242 1460 1484 1585">During the interviews with the staff, all of them said that they would report a PREA allegation immediately regardless of how they received the information. The staff stated that they would report the allegation to the Work Release Administrator or the Duty Officer. The staff all understood the confidentiality of the subject and stated that they would not share it with anyone that did not have a need to know.</p> |

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| 115.262 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1485 533">Policy DOC 490.850, PREA Response, Section V, A, states that upon receipt of an allegation of offender-on-offender sexual assault, the Appointing Authority/Shift Commander/CCS will immediately direct employees/contract staff to separate the accused from the alleged victim and witnesses. The accused may be placed in restrictive housing. Placement decisions will be based on the seriousness of the allegation. Least restrictive housing should be considered. In the event that the allegation involves staff sexual misconduct, the one-on-one contact between the accused and alleged victim is prohibited while the allegation is investigated. The Appointing Authority can redirect or modify the duties of the staff member during the investigation. If the accused is a contract staff or volunteer, the Appointing Authority may restrict their entrance into the institution until the conclusion of the investigation.</p> <p data-bbox="240 622 1485 779">WADOC requires the facilities to monitor potential victims more closely than other offenders. The staff regularly check on the offenders and insure that their housing assignments do not place them in undue risk of victimization. If additional information is received, or an offender is the victim of PREA, the facility reassess the offender to insure that the PREA designation has not changed. If, because of reassessment, the offender has been deemed a potential victim, the offender is added to the monitoring list.</p> <p data-bbox="240 869 1485 994">According to the staff members interviewed, if staff were to receive information that a potential inmate-on-inmate sexual abuse were to happen, staff would immediately take action. Because of the physical design of the facility, staff would transfer the accused to back to prison to separate an alleged victim from an alleged perpetrator. Employees would be redirected to another work release or restricted from coming on grounds during the investigation if the allegation was staff sexual abuse.</p> <p data-bbox="240 1084 1257 1111">AVTWR did not have any PREA allegations that required the separation of the victim and the suspect.</p> |

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| 115.263 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1485 365">Policy DOC 490.850, PREA Response, requires that the Appointing Authority notify the appropriate Appointment Authority or facility administrator within 72 hours of receipt of an allegation when an alleged incident occurred within another Department or another jurisdiction or involves a staff who reports through another Appointing Authority.</p> <p data-bbox="244 454 1453 512">According to the Facility Supervisor, Ahtanum View Work Training Release did not receive any allegations from offenders that occurred at other facilities.</p> <p data-bbox="244 602 1469 692">Any allegations received by Ahtanum View Work Training Release from another facility are handled in the same manner as any PREA allocation. No other facilities contacted AVWTR to report an allegation of sexual abuse or harassment that occurred at AVWTR.</p> |

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| 115.264 | <p data-bbox="229 69 1509 1341">Staff first responder duties</p> <p data-bbox="229 145 1509 190">Auditor Overall Determination: Meets Standard</p> <p data-bbox="229 212 1509 257">Auditor Discussion</p> <p data-bbox="229 280 1509 436">Policy DOC 490.850, PREA Response, Section III, address how each facility shall respond to an allegation of sexual assault. The Community Corrections Supervisor is responsible to insure that the PREA response plan is followed. The procedure includes a checklist to provide guidance through the initial response process. This checklist includes separating the alleged victim from the alleged perpetrator, preserving any physical evidence, contacting the local authorities, notifying the chain of command and transferring the alleged victim to the hospital for emergency medical concerns and forensic exam.</p> <p data-bbox="229 526 1509 616">Policy 420.365, Evidence Management for Work Release, outlines the procedure for securing evidence in the event of a crime. The evidence is processes in a manor to insure that it is admissible in court. Any evidence collected in a PREA crime scene will be turned over to the local law enforcement agency that is handling the criminal investigation.</p> <p data-bbox="229 705 1509 795">DOC 02-007, Aggravated Sexual Assault Checklist, requires staff to request the victim and ensure the accused not destroy any physical evidence on their bodies (e.g., no washing, brushing teeth, changing clothes, drinking, eating, urinating, defecating, smoking).</p> <p data-bbox="229 884 1509 1086">AVWTR trains their staff to: Separating the victim from the suspect; preserving the crime scene for evidence and; Request the victim and assure the accused do not destroy any evidence by washing, toileting, changing clothes, eating, drinking, or smoking. The staff interviewed were able to demonstrate their knowledge of their responsibilities to the audit team. Most of the staff stated that they would request the accused not do anything to destroy evidence and ensuring the suspect does not do anything to destroy evidence. A few of the staff stated they would request the suspect not destroy evidence. They were provided the correct policy at the time of the interview.</p> <p data-bbox="229 1176 1509 1332">Staff, volunteer's and contractor's required PREA training, identifies any staff, volunteer or contractor, whoever receives the information first, as first responders. As a first responder, these employees are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the suspect, remove uninvolved offenders and relay observations. The staff that the audit team interviewed knew their role as a first responder. Each of the employees stated that they would contact the Work Release Administrator once the situation were controlled and isolated.</p> |
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| 115.265 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy DOC 490.850, PREA Response, address how each facility shall respond to an allegation of sexual assault. Each institution is required to establish a response team consisting of a sergeant, investigator, medical staff, mental health staff and other classifications as necessary. This policy includes a checklist for the staff member in charge to follow.</p> <p>AVWTR has a response plan in place that outlines the duties of each individual when responding to a PREA sexual assault. This plan is maintained at the Duty Station so that it is available during all hours. The audit team reviewed this plan during the on-site portion of the audit. The response plan contains contact information for facility staff, administration, medical and law enforcement. The plan also includes detailed information on how to separating the alleged victim from the alleged perpetrator, preserving the crime scene, notifying the supervisor, contacting local authorities, medical and victim advocate. All of the staff were aware of this plan and where it was located if needed.</p> |

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| 115.266 | <p>Preservation of ability to protect residents from contact with abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>A review of the Collective Bargaining Agreements provide to this auditor demonstrate compliance with this standard. Management does have the right to separate the offender from a staff member who is the subject of an investigation either by temporarily reassigning the employee, redirecting the employee or restricting that employee from grounds during the investigation.</p> <p>The Correctional Officers employed by Washington State are represented by the Teamsters Union. Section 8.4 of the Teamsters Union Contract states, "An employee accused of misconduct will not be removed from his/her existing work assignment unless there is a safety/security concern, including security issues due to any allegation that involves a conflict between staff."</p> <p>Section 3.10 of the Washington Federation of State Employees Bargaining Unit Agreement states, "Nothing in this Article will preclude management from reassigning an employee from their bid position to another position on a different shift or to a position with different days off, provided the employee is notified, in writing, of the reason(s) for the reassignment. A copy of the notice will be sent to the Union."</p> <p>Section 27.6 of the agreement states, "An employee placed on an alternate assignment during an investigation will be informed of the general reason(s) for the alternative assignment, unless it would compromise the integrity of the investigation, and will not be prohibited from contacting their union steward unless there is a conflict of interest, in which case the employee may contact another union steward. This does not preclude the Employer from restricting an employee's access to agency premises. Upon completion of the investigation process(es), the employee will be notified."</p> <p>The Work Release Administrator explained to this auditor under what conditions she would redirect an employee to a different work release or restrict an employee from coming on ground.</p> |
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| 115.267 | <p data-bbox="229 69 1509 1292">Agency protection against retaliation</p> <p data-bbox="229 136 1509 192">Auditor Overall Determination: Meets Standard</p> <p data-bbox="229 192 1509 248">Auditor Discussion</p> <p data-bbox="229 248 1509 539">Policy 490.860, PREA Investigation, explains the WADOC retaliation prevention policy. The Appointing Authority at the facility where the victim is housed will notify the PCM that monitoring is required. The PCM will ensure alleged victims and offender reporters are monitored and meet with at least monthly. Retaliation against employees is monitored by the Human Resource Manager at the direction of the Appointing Authority. While monitoring the PCM looks for housing unit/job changes, negative performance reviews or disciplinary reports. The monitoring is conducted for at least 90 days unless the Appointing Authority determines that the monitoring period should be extended or the case is unfounded.</p> <p data-bbox="229 539 1509 853">During preparation for the PREA audit, the State of Washington found some retaliation monitoring has not been documented, and in some cases, not assigned because of the command structure of the work release facilities. A review of the process, from start to finish, was completed. As a result of the internal audit the management team has implemented a tracking and assignment document that is maintained on the Work Release SharePoint Site. This document is restricted to the Appointing Authority, Work Release Operations Administrator and the Executive Secretary. These individuals share the responsibility of tracking a PREA case from initial report through completion. In addition, the documents associated with the case are uploaded to site to ensure proper forms and processes are followed per DOC Policy.</p> <p data-bbox="229 853 1509 987">The PCM documents the monitoring of offenders on a form DOC 03-503, PREA Monthly Monitoring Report, and forwards that to the Appointing Authority.</p> <p data-bbox="229 987 1509 1292">At AVWTR the monitoring duties of the PCM are carried out by the Community Correctional Supervisor (CCS). There were no PREA allegations reported during this audit period that required monitoring. The CCS stated that, when monitoring, she reviews any relevant documentation, such as disciplinary reports or housing assignment changes. She stated that she would meet with the alleged victim at least once a month (probably more do the size of the facility). She also stated that she would continue the monitoring at least 90 days unless the alleged victim is released from the facility, the case is determined unfounded or the Appointing Authority requests the monitoring period to be extended. All of these actions would be recorded on the DOC 03-503. Any individual that cooperates with an investigation and is fearful of retaliation would be monitored in the same manor.</p> |
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| 115.271 | Criminal and administrative agency investigations |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1477 499">Policy DOC 490.860, PREA Investigations, require that the Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department. Staff investigating PREA allegations will be trained in: Crime scene management, including evidence collection; Confidentiality; Maranda and Garrity warnings; Crisis intervention; Investigating sexual misconduct; Techniques for interviewing victims of sexual misconduct and; Criteria and evidence required to substantiate administrative action or prosecution referral. The investigation will be completed even if the offender is no longer under the jurisdiction of the Department or the accused staff is no longer employed by the Department.</p> <p data-bbox="242 586 1442 647">Investigators are trained to follow the evidence protocol as called out by Policy DOC 420.375, Contraband and Evidence Handling. The training documents reviewed by the audit team demonstrated compliance with this standard.</p> <p data-bbox="242 734 1469 828">During the interview, the investigator explained the training that she received training on how to interview victims of sexual assault, proper use of Maranda and Garrity warnings, proper handling of evidence and the criteria and evidence required to substantiate a case for administrative or prosecution referral.</p> <p data-bbox="242 916 1477 976">All potential felony cases are referred to the Yakama Police Department, Yakama County Sheriff's Office or the Washington State Police. WADOC investigators only conduct compelled interviews if the District Attorney has declined prosecution.</p> <p data-bbox="242 983 1477 1077">Once the case is referred to the local law enforcement agency, that agency determines if the case will be referred for prosecution. AVWTR did not have any cases that were referred to the local law enforcement agency for investigation during the audit period.</p> <p data-bbox="242 1164 1406 1225">WADOC policy does not allow the use of a polygraph on alleged victims, reporting individual or witnesses in PREA investigations. According to the facility supervisor, victim, witness, and suspects credibility is based on its own merit.</p> <p data-bbox="242 1312 1477 1440">The investigations include all physical evidence, testimony, reasoning behind credibility assessments and investigative facts and findings. All administrative investigations are forwarded to the Appointing Authority who will make a determination if the staff actions of failure to act contributed to the abuse. The Appointing Authority then makes a determination of unfounded, unsubstantiated or substantiated.</p> <p data-bbox="242 1527 1490 1588">Ahtanum View Work Training Release had one PREA investigations during this audit period. The case was a staff-on-inmate sexual harassment. The case was thoroughly investigated. The suspect, victim and named witnesses were all interviewed.</p> <p data-bbox="242 1594 1469 1688">The investigator also interviewed several potential witnesses that were not provided by the victim. The witness statements were well documented. All evidence was presented in the report. There was no physical evidence to collect during this investigation. This case was not criminal, therefore it was not referred to local law enforcement.</p> <p data-bbox="242 1776 1469 1937">Office of the Secretary of State, Washington State Achieves, Record Retention Schedule requires all PREA investigation documents be retained 50 years after the close of the investigation. A memorandum dated Mach 29, 2017, signed by the Deputy Secretary, WADOC, states that "If a review of the investigatory records reveals that the accused individual does not meet the 5-year requirement outlined above (PREA standard 115.71 i), the records will be maintained until this requirement is meet, even if it exceeds the 50 year retention time frame."</p> <p data-bbox="242 2024 1477 2085">WADOC policy requires that investigations are completed thoroughly even if the victim or suspect (offender or staff member) is no longer with WADOC. The facility supervisor confirmed that this is the practice at AVWTR.</p> |

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| 115.272 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy DOC 490.860, PREA Investigation, requires the Appointing Authority to determine if the allegation is substantiated, unsubstantiated, or unfounded. Substantiation is based on a preponderance of evidence.</p> <p>The training that all Appointing Authorities attend teaches that no standard higher than preponderance of the evidence is to be used in determining whether allegations are substantiated. The training also teaches that a case is unfounded if the investigation reveals that it did not occur. The Appointing Authority is the individual charged with determining the conclusion of the investigation. During her interview the Work Release Administrator stated that she uses the standard of preponderance of evidence to determine if a case is substantiated. During the investigation review, the audit team concurred with the conclusion of the investigation, based on the information provided.</p> |

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| 115.273 | Reporting to residents |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1493 533">Policy DOC 490.860, PREA Investigations, requires that the alleged victim will be informed in person, in a confidential manner, of the results of the investigation (substantiated, unsubstantiated or unfounded). If the allegation was investigated by the local law enforcement agency, the results of the investigation will be retained with the PREA case file and the offender will be notified of these results. In the event that the case was substantiated or unsubstantiated, and involves a staff member, the alleged victim will be notified if the accused staff member is no longer assigned to the unit, works at the same facility or the Department learns that the accused has been indicted on or convicted of staff sexual misconduct within the facility. In the event that the case was substantiated or unsubstantiated, and the suspect is an offender, the alleged victim will be notified if the Department learns that the accused has been indicted on or convicted of sexual misconduct within the facility.</p> <p data-bbox="244 622 1493 680">During the interview with the Work Release Supervisor, she stated that she would give the direction to notify the victim of the outcome to the Community Correctional Officer who would provide documentation that the offender was notified.</p> <p data-bbox="244 770 1398 828">AVWTR did not have any Sexual Abuse cases reported during this audit period. Therefore there was no supporting documents to review.</p> |

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| 115.276 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 367">Washington State Human Resources policies state that the Secretary shall immediately institute proceedings to terminate the employment of any persons who is found to have had sexual intercourse or sexual contact with an inmate or pled guilty or convicted on a sex crime where the victim was an inmate.</p> <p data-bbox="229 367 1509 568">Per WADOC policy, staff may be terminated for violation of the PREA Policies. In the event that the employee resigns prior to the completion of the investigation, the investigation is continued. If the nature of the staff sexual misconduct is criminal in nature, the case is forwarded to the local law enforcement agency to conduct the investigation.</p> <p data-bbox="229 568 1509 725">According to the Appointing Authority, if a staff member was suspected of sexual misconduct with an offender, termination procedures would be implemented.</p> <p data-bbox="229 725 1509 860">AVWTR has not had any substantiated PREA allegations against any employees for sexual abuse/harassment during this audit period.</p> |

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| 115.277 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1485 398">Policy DOC 490.860, PREA Investigations, requires any substantiated PREA allegation that is criminal in nature be referred to law enforcement and any applicable licensing board. Contract staff and volunteers who are found to have committed staff sexual misconduct will be terminated from service and prohibited from contact with offenders. For any other violations of Departmental PREA policies, appropriate actions will be taken.</p> <p data-bbox="240 488 1453 616">The Washington State Personnel Manual states that the secretary shall disqualify for employment with a contractor in any position with access to an inmate, any person: (a) Who is found by the department, based on a preponderance of the evidence, to have had sexual intercourse or sexual contact with the inmate; or (b) Upon a guilty plea or conviction for any sexual misconduct when the victim was an inmate.</p> <p data-bbox="240 701 1465 828">According to the Work Release Administrator, if a contractor or volunteer had a PREA allegation made against them, they would not be allowed on grounds and the restriction would be placed state wide until the completion of the investigation. If the allegation was substantiated, they would be not be allowed to volunteer at any WADOC facility and their parent company/origination would be notified.</p> <p data-bbox="240 916 1262 943">AVWTR did not have any PREA allegations involving a volunteer or contractor during this audit period.</p> |

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| 115.278 | <p data-bbox="231 71 1508 1207">Disciplinary sanctions for residents</p> <p data-bbox="231 145 1508 190">Auditor Overall Determination: Meets Standard</p> <p data-bbox="231 212 1508 257">Auditor Discussion</p> <p data-bbox="231 280 1508 403">Policy DOC 460.135, Disciplinary Process for Work Releases, sets the due process requirements for offender disciplinary hearings. This includes a right to have copies of all non-confidential documents, a notice of when the hearing will be held, a right to call witnesses, a right to be present at the hearing, a right to written results of the hearing and a right to appeal. These are the same policies for all disciplinary hearings including offender-on-offender sexual abuse.</p> <p data-bbox="231 481 1508 683">In the event that the offender is found guilty of a disciplinary violation, the Disciplinary Hearing Officer (DHO) will determine the appropriate sanctions based on the Departmental guidelines. When determining sanctions, the DHO may consider factors in mitigation or aggravations based on the offender's mental health status, prior conduct or overall prison adjustment. An offender that is found guilty of committing sexual abuse against an offender or committing sexual assault against an offender may be sanctioned to a multidisciplinary review for consideration of available interventions (e.g. Mental Health Therapy, Sex Offender Treatment Program, Anger Management).</p> <p data-bbox="231 772 1508 862">WADOC policy prohibits offenders from being infraacted or disciplined for a report made in good faith indicating that this does not constitute providing false information even if the investigation does not establish sufficient evidence to substantiate the allegation.</p> <p data-bbox="231 952 1508 1075">WADOC policy clearly defines PREA-related prohibited behaviors. Consensual sexual activity between offenders is not included in these definitions. Such activity is prohibited by regulation but is not considered PREA-related, unless there is a determination that coercion has occurred, in which case the allegation would be investigated as offender-on-offender sexual assault.</p> <p data-bbox="231 1164 1508 1198">AVWTR did not have any substantiated PREA cases during this audit period. Therefore no disciplinary actions were taken.</p> |
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| 115.282 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1490 365">Ahtanum View Work Training Release does not employ any medical or mental health staff. Medical services are provided by Memorial Hospital in Yakama. The information for the Memorial Hospital is posted at the facility, and provided in the offender's orientation handbook.</p> <p data-bbox="242 454 1490 647">Policy 610.300, Health Services for Work Release Offenders, states that, offenders that report sexual misconduct have access to local community providers for medical treatment and mental health evaluations as appropriate. Offenders that are victims of sexual misconduct that took place while incarcerated will receive information and access to services and treatment for sexually transmitted infections and emergency contraception as medically appropriate. The Appointing Authority will authorize payment and coverage of any medically necessary treatment and any identified mental health treatment. Offenders are not responsible for any medical costs accrued while incarcerated.</p> <p data-bbox="242 734 1458 797">The Community Correctional Supervisor stated that any resident that is a victim of sexual abuse that results in injury or an exchanging of body fluids are immediately taken to Memorial Hospital for treatment.</p> <p data-bbox="242 884 1490 1043">A telephonic interview was conducted with the SAFE/SANE staff at Memorial Hospital. She confirmed that Memorial Hospital handles most of the medical needs of the offenders at AVWTR. She stated that, if a victim of a sexual assault arrived at her facility, they would be offered tests and treatment for sexually transmitted infections. Victim Advocacy services would be contacted and offered to the victim. Any mental health needs are referred to a local provider in the community. The SAFE/SANE nurse stated that all services are provided to patients, regardless of their ability to pay.</p> |

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| 115.283 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="231 212 454 246">Auditor Discussion</p> <p data-bbox="231 268 1508 604">Policy DOC 610.025, Health Services of Offenders in Cases of Alleged Sexual Misconduct, requires the facility to transfer the alleged victim to the designated health care facility within 2 hours when an offender makes an allegation of sexual assault and within 120 hours of the alleged assault occurring. The offender is offered a mental health appointment and, unless the offender declines, will be seen by mental health within one business day. Policy requires immediate access to mental health services if the offender is in crisis. Once evaluated a treatment plan is put in place. This treatment plan may include individual/group therapy, referral to medical/mental health specialists, medication or outside medical/mental health treatment. The offender's medical file is not transferred to the work release. In the event that an offender has ongoing medical/mental health treatment plan, the information is forwarded to the work release prior to the offender's arrival. Arrangements are made with the community providers to insure continuity of care. If the offender divulges any medical/mental health issues at the intake interview, the offender is referred to a local provider for further evaluation.</p> <p data-bbox="231 683 1508 851">Policy 610.300, Health Services for Work Release Offenders, states that, offenders that report sexual misconduct have access to local community providers for medical treatment and mental health evaluations as appropriate. Offenders that are victims of sexual misconduct that took place while incarcerated will receive information and access to services and treatment for sexually transmitted infections and emergency contraception as medically appropriate. The Appointing Authority will authorize payment and coverage of any medically necessary treatment and any identified mental health treatment.</p> <p data-bbox="231 929 1508 996">Policy requires that pregnancy tests be offered as follow-up to a sexual assault. If the victim is becomes pregnant, information and access to all lawful pregnancy-related medical services are provided.</p> <p data-bbox="231 1075 1508 1142">For offenders identified as perpetrator in a substantiated sexual misconduct, staff will submit a referral for community mental health evaluation.</p> <p data-bbox="231 1220 1508 1422">A telephonic interview was conducted with the SAFE/SANE staff at Memorial Hospital. She confirmed that Memorial Hospital handles most of the medical needs of the offenders at AVWTR. She stated that, if a victim of a sexual assault arrived at her facility, they would be offered tests and treatment for sexually transmitted infections. If the victim is a female, pregnancy tests are offered and all pregnancy related medical treatment options are discussed with patient. Any mental health needs are referred to a local provider in the community. The SAFE/SANE nurse stated that all services are provided to patients, regardless of their ability to pay.</p> <p data-bbox="231 1500 1508 1545">There were no sexual assault allegations at AVWTR during this audit period.</p> |

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| 115.286 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 510">Policy DOC 490.860, PREA Investigation, states that for each substantiated or unsubstantiated finding of offender-on-offender sexual assault and staff sexual misconduct, the Appointing Authority/designee will convene a local PREA Review Committee to examine the case. The committee will meet every 30 days or as needed. The committee will consist of facility managers, supervisors, investigators and medical/mental health practitioners. The committee will review policy compliance, causal factors, and systemic issues using DOC 02-383 Local PREA Investigation Review Checklist.</p> <p data-bbox="229 510 1509 743">The form DOC 02-383 includes the questions: As a result of the investigation, is a change in policy or local procedure indicated; Was the incident motivated by race, sexual orientation, transgender or intersex statuses, gang affiliation or other group dynamic; Did physical barriers or other physical plant layout enable the abuse; Did the incident take place in an area subject to video monitoring; Were the Department approved staffing models followed and; Was monitoring technology available/adequate?</p> <p data-bbox="229 743 1509 909">The Facility Supervisor states that she chairs these committees when they are held. The information obtained from these committees would be evaluated. If it is determined that policies or physical designs need to be changed to prevent future PREA incidents, these recommendations would be made. AVWTR did not have any PREA allegations that required the PREA Review Committee to meet during this audit period.</p> |

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| 115.287 | Data collection |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1452 331">WADOC policies set standard definitions utilized in PREA reports, investigations and documentation. The policies also include an Investigation Report Template that is a standardized instrument for investigations utilized throughout WADOC.</p> <p data-bbox="240 421 1422 515">WADOC has established a PREA allegation and case database within the Offender Management Network Information (OMNI) system. This system allows for a standardized collection of data. The data collected in OMNI is sufficient to complete the SSV-IV forms. The data includes:</p> <ul style="list-style-type: none"> <li data-bbox="240 546 552 573">Case outcomes and sanctions; <li data-bbox="240 604 724 631">Accused (gender, age, race, height and weight); <li data-bbox="240 663 970 689">Investigation Participants (witnesses, alleged victims, accused, reporter); <li data-bbox="240 721 448 748">Source of allegation; <li data-bbox="240 779 719 806">Location (facility and location within the facility); <li data-bbox="240 837 539 864">Date allegation was received; <li data-bbox="240 896 501 922">Date and time of incident; <li data-bbox="240 954 429 981">Type of allegation; <li data-bbox="240 1012 596 1039">Individual reporting the information; <li data-bbox="240 1070 480 1097">Date and time reported; <li data-bbox="240 1128 612 1155">Who the information was reported to; <li data-bbox="240 1187 445 1214">Incident description; <li data-bbox="240 1245 448 1272">Investigation finding; <li data-bbox="240 1303 775 1330">Alleged victim (gender, age, race, height and weight); <li data-bbox="240 1361 1098 1388">Referral (law enforcement, prosecution, licensing body) and disposition of the referral; <li data-bbox="240 1420 363 1447">Case notes. <p data-bbox="240 1527 1489 1783">The PREA Coordinator collects the data annually from all WADOC facilities and contracted facilities and compile an annual report. The collected data is analyzed to identify factors contributing to sexual misconduct in Department Facilities and offices. The Annual Agency PREA report from the previous calendar year, including identified agency and facility level issues and corresponding action/strategic plans, is accessible at http://www.wa.gov/corrections/prea/resources.htm#reports. Reports beginning with calendar year 2013 are also available. These reports contain both agency level and facility-specific accurate and uniform data for every allegation of sexual misconduct for each calendar year. In 2019, DOJ requested the 2018 PREA report information from WADOC. This information was provided to the DOJ as requested. The DOJ has not requested the 2020 PREA data as of this date.</p> |

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| 115.288 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 405">Policy DOC 490.860, PREA Investigations, requires the PREA Coordinator to generate an annual report of findings. This report includes an analysis of PREA prevention and response for the Department and each facility, including high-level summary information and detained facility data analysis. The report also includes findings and corrective action at the facility and Departmental levels.</p> <p data-bbox="229 472 1509 555">The PREA Coordinator completes an assessment of the Department's progress in addressing sexual misconduct, including a comparison with data and corrective action from previous years. The Secretary of Corrections approves the report.</p> <p data-bbox="229 622 1509 844">This auditor reviewed the WADOC website and was able to easily find the annual PREA report at www.doc.wa.gov/orrections/prea/resources/reports. The report contains a thorough analysis of the PREA data collected during the previous year. It contains comparisons for each year since 2013. The report addresses what the actions the Department is currently doing to reduce sexual assault/harassment in their penal system. There is a report of findings and corrective actions for each facility under the jurisdiction of WADOC. The report does not contain any personal identifiers or confidential information.</p> |

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| 115.289 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 369">WADOC maintains the PREA reporting data in the OMNI system. The access to the data in this system is limited to staff who have a need to know. Access to the system is reviewed by the Emergency Operations Administrator to insure the integrity of the system. The PREA report is completed annually in accordance to PREA standard 115.88.</p> <p data-bbox="231 369 1508 571">This report is posted on the WADOC website and can be found at www.doc.wa.gov/corrections/prea/resources/reports. This site contains all of the Annual PREA Reports since 2013. A review of the report posted on the website confirms that all personal identifier were removed prior to posting.</p> <p data-bbox="231 571 1508 772">Office of the Secretary of State for the State Washington Record Retention Schedule requires that all PREA investigations be retained for 50 years. All sensitive documents, such as investigative reports, hotline call recordings and other allegation related material is maintained on a secure access restricted drive maintained in the Agency PREA Unit. The PREA database in OMNI is restricted to:</p> <ul data-bbox="231 772 1508 1041" style="list-style-type: none"> <li data-bbox="231 772 1508 840">Agency Executive Administrators; <li data-bbox="231 840 1508 907">Appointing Authorities; <li data-bbox="231 907 1508 996">Facility Staff including investigators, Human Resources, Associate Superintendents, Captains and PREA Compliance Managers and support staff; <li data-bbox="231 996 1508 1041">Identified IT staff responsible for maintaining the system. |

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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 510">The WADOC website contains the results of all of the PREA audits conducted since 2014. A review of these audits appears to show that all of the facilities operated by WADOC are audited every three years. A list of facilities and when the PREA audits were conducted was provided to the auditors by WADOC. The list includes 24 facilities that are currently open. Seven of the facilities are audited the first year, eight on the second year and nine on the third year of a three year cycle. This is the second year of the cycle.</p> <p data-bbox="229 510 1509 696">During this audit, the auditor had access to, and toured, the entire facility. This auditor had access to every inmate, staff member, volunteer and contractor that this auditor requested to interview. The interviews were all conducted in the privacy of a staff office either in person or telephonically. Each document that was requested was received, including sensitive documents, such as investigation reports, personnel information and inmate files. Inmates were allowed to send confidential correspondence to this auditor, if they wished. There were no letters received from inmates prior to the audit.</p> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The WADOC website contains a copy of the previous audit conducted at CBCC. The audit was completed on June 27, 2018, and was posted on the website on July 23, 2018. |

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

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

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

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

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

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| 115.217 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.217 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.217 (h) | Hiring and promotion decisions | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.218 (a) | Upgrades to facilities and technology | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.) | yes |
| 115.218 (b) | Upgrades to facilities and technology | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.) | yes |
| 115.221 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |
| 115.221 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |

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

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

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| 115.231 (c) | Employee training | |
| | Have all current employees who may have contact with residents received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.231 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.232 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.232 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| 115.232 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.233 (a) | Resident education | |
| | During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? | yes |
| | During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? | yes |
| 115.233 (b) | Resident education | |
| | Does the agency provide refresher information whenever a resident is transferred to a different facility? | yes |

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

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

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

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

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

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| 115.252 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |
| 115.252 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | na |
| | Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | na |
| 115.252 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |
| | Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |
| 115.252 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | na |
| | If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | na |
| | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | na |
| 115.252 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | na |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | na |

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

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

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

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

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| 115.271 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.271 (d) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.271 (e) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.271 (f) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.271 (g) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.271 (h) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.271 (i) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? | yes |
| 115.271 (j) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation? | yes |
| 115.271 (l) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) | yes |
| 115.272 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |

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| 115.273 (a) | Reporting to residents | |
| | Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.273 (b) | Reporting to residents | |
| | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |
| 115.273 (c) | Reporting to residents | |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.273 (d) | Reporting to residents | |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.273 (e) | Reporting to residents | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.276 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.276 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |

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| 115.276 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.276 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.277 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.277 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? | yes |
| 115.278 (a) | Disciplinary sanctions for residents | |
| | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| 115.278 (b) | Disciplinary sanctions for residents | |
| | Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? | yes |
| 115.278 (c) | Disciplinary sanctions for residents | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.278 (d) | Disciplinary sanctions for residents | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? | yes |
| 115.278 (e) | Disciplinary sanctions for residents | |
| | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |

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| 115.278 (f) | Disciplinary sanctions for residents | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.278 (g) | Disciplinary sanctions for residents | |
| | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) | yes |
| 115.282 (a) | Access to emergency medical and mental health services | |
| | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.282 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.282 (c) | Access to emergency medical and mental health services | |
| | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.282 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.283 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.283 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.283 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.283 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |

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| 115.283 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| 115.283 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.283 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.283 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |
| 115.286 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.286 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.286 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| 115.286 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.286 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |

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| 115.287 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.287 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.287 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| 115.287 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.287 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) | yes |
| 115.287 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | yes |
| 115.288 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| 115.288 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.288 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| 115.288 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| 115.289 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.287 are securely retained? | yes |

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| 115.289 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| 115.289 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.289 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |
| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) | no |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | yes |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | na |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with residents? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| 115.403 (f) | Audit contents and findings | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |