

# PREA Facility Audit Report: Final

**Name of Facility:** Coyote Ridge Corrections Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 09/30/2021

**Date Final Report Submitted:** 03/30/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Nancy L. Hardy	<b>Date of Signature:</b> 03/30/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Hardy, Nancy
<b>Email:</b>	Nancy.Hardy@cdcr.ca.gov
<b>Start Date of On-Site Audit:</b>	08/15/2021
<b>End Date of On-Site Audit:</b>	08/18/2021

FACILITY INFORMATION	
<b>Facility name:</b>	Coyote Ridge Corrections Center
<b>Facility physical address:</b>	1301 N Ephrata Ave, Connell, Washington - 99326
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Michelle Duncan
<b>Email Address:</b>	miduncan@DOC1.WA.GOV
<b>Telephone Number:</b>	(509) 543-5922

Warden/Jail Administrator/Sheriff/Director	
<b>Name:</b>	Jeffrey Uttecht
<b>Email Address:</b>	jauttecht@DOC1.WA.GOV
<b>Telephone Number:</b>	(509) 543-5810

Facility PREA Compliance Manager	
<b>Name:</b>	Melissa Andrewjeski
<b>Email Address:</b>	mandrewjeski@doc1.wa.gov
<b>Telephone Number:</b>	O: 509-539-5315
<b>Name:</b>	Gabriel Gonzalez
<b>Email Address:</b>	grgonzalez@doc1.wa.gov
<b>Telephone Number:</b>	O: (509) 544-3548

Facility Health Service Administrator On-site	
<b>Name:</b>	Timothy Taylor
<b>Email Address:</b>	tjtaylor@DOC1.WA.GOV
<b>Telephone Number:</b>	(509) 714-0333

Facility Characteristics	
<b>Designed facility capacity:</b>	2468
<b>Current population of facility:</b>	1934
<b>Average daily population for the past 12 months:</b>	2100
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	2100
<b>Facility security levels/inmate custody levels:</b>	Medium/long term minimum/minimum
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	840
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	44
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	117

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

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

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Beth Schubach	<b>Email Address:</b>	blschubach1@doc1.wa.gov

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>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.</p>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
45	
<b>Number of standards not met:</b>	
0	

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-08-15
2. End date of the onsite portion of the audit:	2021-08-18

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International Support, Advocacy & Resource Center

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	2468
15. Average daily population for the past 12 months:	2100
16. Number of inmate/resident/detainee housing units:	11
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

### Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1815
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	53
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	5
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	13

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	10
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	32
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	32
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	14
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	3
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	416
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	693
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	34
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	24
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Selected offenders from various ethnic groups for interview during the random interview process.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	22
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>3</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>3</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>5</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Reviewed housing on the three offenders who reported sexual abuse. None were placed in segregated housing.</p>

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
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**Staff, Volunteer, and Contractor Interviews**

**Random Staff Interviews**

71. Enter the total number of RANDOM STAFF who were interviewed:	18
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72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
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73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
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**Specialized Staff, Volunteers, and Contractor Interviews**

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	32
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76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input checked="" type="checkbox"/> Other</p>
<p><b>If "Other," provide additional specialized staff roles interviewed:</b></p>	<p>Victim Advocate</p>

81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	Volunteers were not coming into the facility while we were on-site, due to COVID restrictions.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

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

85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
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### Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	14	0	14	0
Staff-on-inmate sexual abuse	18	0	17	1
<b>Total</b>	32	0	31	1

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	30	0	30	0
<b>Staff-on-inmate sexual harassment</b>	7	0	7	0
<b>Total</b>	37	0	37	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	3	11	0
<b>Staff-on-inmate sexual abuse</b>	0	13	2	2
<b>Total</b>	0	16	13	2

### Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	7	23	0
Staff-on-inmate sexual harassment	0	5	2	0
<b>Total</b>	0	12	25	0

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

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	13
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

**Inmate-on-inmate sexual abuse investigation files**

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	6
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

**Staff-on-inmate sexual abuse investigation files**

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	5
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:</p>	<p>3</p>

### Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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## AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input checked="" type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p>Identify your state/territory or county government employer by name:</p>	<p>California Department of Corrections and Rehabilitation</p>

Was this audit conducted as part of a consortium or circular auditing arrangement?

Yes

No



## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.11	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1251 297"><b>Standard 115.11, Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator.</b></p> <p data-bbox="240 329 579 356"><u>Policy related to Standard 115.11</u></p> <p data-bbox="240 387 1477 481">DOC 490.800, Prison Rape Elimination Act (PREA) Prevention and Reporting; DOC 490.820, PREA Risk Assessments and Assignments; DOC 490.860, PREA Investigations; and DOC 490.850, PREA-Response all are components of the Agency's Zero Tolerance policy.</p> <p data-bbox="240 512 1469 638">DOC 490.800 states the Department has zero tolerance for all forms of sexual misconduct. It defines sexual misconduct as aggravated sexual assault, individual-on-individual sexual assault, sexual abuse, and sexual harassment. Additionally staff-on-individual 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="240 669 1490 831">The duties of the WADOC PREA Coordinator are defined on pages 3 and 4 of DOC 490.800. The PREA Coordinator for WADOC is a manager and she reports directly to the Deputy Director of Prisons – Command B. During the audit process, the PREA Coordinator was available to clarify some of the questions about the WADOC's PREA policies that this auditor had. She is extremely knowledgeable and well versed in PREA. She appears to effectively manage PREA in a correctional setting.</p> <p data-bbox="240 862 1490 1189">Policy requires each prison to have a PREA Compliance Manager (PCM) appointed by the Superintendent of the facility. The duties of the PCM are addressed in DOC 490.800. The PCM reports directly to the Superintendent and has the authority to coordinate the facilities efforts to comply with the PREA standards. Ms. Duncan has been the PCM for CRCC for a few years; however, the last day of our audit was her last day at the facility. She was transferring to another facility. A replacement PCM had already been identified. The newly assigned PCM participated and interacted with the auditors during the on-site portion of the audit. The PCM and PREA Compliance Specialist (PCS) worked with the audit team though out the process. They provided the required documentation to prepare for the audit and provided the audit team with access to all of the areas at CRCC that were requested during the tour. They insured that all of the supporting documents were provided upon request during the onsite visit. The PCM facilitated access to all of the staff and offenders that needed to be interviewed.</p> <p data-bbox="240 1274 477 1301"><u>Substandard 115.11(a)</u></p> <p data-bbox="240 1332 1485 1529">The facility reported, via the PAQ, that it has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. There is a statewide policy outlining how to implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and identifies sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.</p> <p data-bbox="240 1561 1490 1686">As part of the documentation review, the auditor was provided with the following: 1) Agency Mission Statement; 2) Any relevant reports related to internal and external audits of and/or accreditations for the facility; 3) Daily population reports for the 1st, 10th and 20th days of the month for the past 12 months; 4) A schematic of the facility; 5) A list of staff assigned to the facility for selection of staff for interviews; and 6) A list of offenders by housing unit for selection of offender for interviews.</p> <p data-bbox="240 1771 477 1798"><u>Substandard 115.11(b)</u></p> <p data-bbox="240 1830 1482 1926">The agency reported, via the PAQ, that it employs an agency-wide PREA Coordinator. She has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The position of the PREA Coordinator is in the Agency's organization structure.</p> <p data-bbox="240 1957 979 1984">The auditor was provided with a copy of the Agency Organizational Chart.</p> <p data-bbox="240 2016 1485 2141">The PREA Coordinator was interviewed via the telephone and indicated during her interview that she has the time and authority to do her job. The agency has support for PREA. She stated she does not supervise any of the PREA Compliance Managers (PCM), but provides guidance for 27 PCMs and interacts with them on a daily basis utilizing the telephone, and electronic mail. They are part of the PREA Advisory Council, which meets monthly. She also conduct virtual meetings with</p>

the PCMs and PREA Compliance Specialists (PCS), as needed.

The policy defines the WADOC PREA Coordinator's duties on pages 3 and 4. The PREA Coordinator for WADOC is Beth L. Schubach. Ms. Schubach's classification is a manager and she reports directly to the Deputy Director of Prisons – Command B. During the audit process Ms. Schubach was available to clarify some of the questions about the WADOC's PREA policies that this auditor had. She is extremely knowledgeable and well versed in PREA. She appears to effectively manage PREA in a correctional setting.

The auditor was provided with a copy of the PREA Coordinator's Duty Statement.

Substandard 115.11(c)

The facility reported, via the PAQ, that it has designated a PCM and that person has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The functions of the PCM are assigned to an Associate Superintendent and are displayed in the facility's organization structure. The person to whom the PCM reports is the Superintendent of the Facility.

The auditor was provided with the facility Organizational Chart.

During her interview on August 17, 2021, the PCM indicated she has adequate time to manage the PREA related responsibilities. She assigns many of the required tasks for tracking and monitoring to the PCS, and this makes it possible for her to provide the required oversight of PREA.

The facility is in substantial compliance with this standard.

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1002 297"><b>115.12, Contracting with Other Entities for the Confinement of Inmates.</b></p> <p data-bbox="242 329 579 356"><u>Policy related to Standard 115.12</u></p> <p data-bbox="242 387 1481 481">DOC 490.800, PREA Preventing and Reporting, states in Section IX, 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="242 566 475 593"><u>Substandard 115.12(a)</u></p> <p data-bbox="242 624 1469 719">The agency reported, via the PAQ, that it has entered into or renewed three contracts for the confinement of inmates since the last PREA audit. These included American Behavior Health Services (ABHS), Compact with Iowa, and a Compact with Minnesota. All three of these contracts require adoption of and compliance with the PREA standards.</p> <p data-bbox="242 750 1481 978">The auditor was tasked to review contracts entered into or renewed since the last PREA audit, and found that all contracts included required text to demonstrate compliance with the PREA Standards. She reviewed the ABHS contract which was in effect until 6/30/2021 via Amendment #7, it addresses PREA in Section VII on page 2. The auditor noted that the ABHS contract had expired and questioned the staff about this. She received a copy of the amendment that extends this contract until June 30, 2023. The auditor reviewed the Interstate Corrections Compact with the Iowa DOC which has been in effect since 2015 and the contract with Minnesota DOC which has been in effect since 1982. It contains language in Amendment #3 regarding PREA compliance and the existence of monitoring responsibilities.</p> <p data-bbox="242 1064 475 1090"><u>Substandard 115.12(b)</u></p> <p data-bbox="242 1122 1437 1184">The facility reported, via the PAQ, that all of the above identified contracts require the agency to monitor the contractor's compliance with PREA standards.</p> <p data-bbox="242 1216 1404 1279">On September 7, 2021 at 0900 hours, the Contract Administrator for the Washington Department of Corrections was interviewed, via the telephone.</p> <p data-bbox="242 1283 1490 1413">He has been in this job since July 2021. Within his office are five attorneys' including himself and two support staff. He thoroughly explained the contract process between the WADOC and any outside contractor. He explained that when any contract, whether new or being renewed, comes to his office from the particular contract manager, it is reviewed by him or his staff to ensure compliance in what ever category the contract is related to.</p> <p data-bbox="242 1444 1490 1637">He also explained that any contract that deals with the housing or working with incarcerated individuals, that all PREA language is included. He and his staff work closely with the WADOC PREA Coordinator when there are any questions, reviews or updates needed. During our discussion, I found that the Agency Contract Administrator knows of the several contracts in effect that currently deal with incarcerated individuals to include the residential substance abuse treatment facilities, (he mentioned the American Behavior Health System by name), juvenile housing, county jails, and two other states, (we spoke about Iowa and Minnesota) for the housing of incarcerated individuals.</p> <p data-bbox="242 1668 1442 1731">Attached to this is a memorandum, authored by the PREA Coordinator, showing which contracts are in effect and a brief synopsis of their programs .. It also includes their PREA compliance timeframes.</p> <p data-bbox="242 1762 1469 1825">I also reviewed the PREA websites of the Iowa and Minnesota Department of Corrections for posted audits, and found their facilities information on PREA Audits easy to locate.</p> <p data-bbox="242 1856 1458 1986">The auditor was provided with a memo dated April 14, 2021, which indicated that the WADOC has contracts with multiple agencies for the housing of offenders. Contracts include the requirement to comply with PREA standards along with the ability to monitor for compliance. Copies of contracts were provided with the PAQ and have been reviewed by the auditor. All contracts were found to be in compliance.</p> <p data-bbox="242 2063 820 2089">The facility is in substantial compliance with this standard.</p>

115.13	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 735 297"><b>Standard 115.13, Supervision and Monitoring.</b></p> <p data-bbox="242 329 580 356"><u>Policy related to Standard 115.13</u></p> <p data-bbox="242 387 1490 582">DOC 400.210, Custody Roster Management, states that the Department has established custody staffing guidelines to ensure the safe and efficient operation of all Prisons, that the custody staffing is deployed consistent with the approved Custody Staffing Model; and custody expenditures are managed consistent with available custody allotments. The policy requires each facility to identify posts that may be temporarily vacated, absent any uncommitted authorized leave, training, or sick leave relief and identifies the minimum standard for non-relievable posts. It also establishes responsibilities for headquarters and facility staff.</p> <p data-bbox="242 613 1469 674">CRCC Operational Memorandum 490.800, PREA Prevention and Reporting, addressed staffing plans and identifies who is responsible at the facility for maintenance of those staffing plans.</p> <p data-bbox="242 705 1490 864">The policy outlining Unannounced Rounds is in DOC 110.100, Prison Management Expectations. It addressed management by walking around and requires that specifically identified members of the facility executive management team will make unannounced tours of selected areas of the facility at least weekly. It addresses the prohibition of employees notifying other employees that these rounds are occurring and requires executive management team members to routinely modify their work schedules to conduct tours and interact with employees on all shifts.</p> <p data-bbox="242 896 1490 1021">DOC 400.200, Post Orders/Operations Manual and Post Logs, addresses post/area logs being maintained in permanent, bound books with non-removable, numbered pages or electronically maintained and developed by the Headquarters Security Management Unit. It mandates that on-duty supervisors review logs weekly to ensure compliance with policies, post orders, and local requirements.</p> <p data-bbox="242 1052 1477 1178">DOC 420.370, Security Inspections, addresses security inspections which requires the Superintendent to develop a rotation schedule for weekly visits of all living units and activity areas (e.g., recreation, education, etc.). This encourages informal contact with personnel and offenders and allows for the informal observation of living and working conditions. Policy establishes the classifications of the staff in the rotation schedule.</p> <p data-bbox="242 1265 477 1292"><u>Substandard 115.13(a)</u></p> <p data-bbox="242 1323 1490 1518">The facility reported, via the PAQ, that the WADOC requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against abuse. Since the last PREA audit, the average daily number of offenders has been 2231. On the first day of the audit, the number of offenders at the facility was 1815. The average daily number of offenders upon which the staffing plan was predicated was 2231. The auditor was told that the overall offender population is dropping and at CRCC, some of the housing unit are scheduled to be closed in the upcoming months.</p> <p data-bbox="242 1550 1490 1641">The auditor was tasked to review documentation of staffing plan development process, which was done. In addition, she received and reviewed the staffing plan for CRCC for 2021. All required components were included in the documentation that was reviewed.</p> <p data-bbox="242 1673 1490 1832">The Superintendent of CRCC was interviewed on August 17, 2021. During his interview, he indicated that CRCC has an approved written staffing plan that addresses all required components of the standard. He is able to request exemptions to this based on policy changes, lawsuits, or changes in the law and they conduct on-going evaluations of the plan to ensure it remains appropriate. He indicated video monitoring is addressed in the staffing plan. He indicated he checks for compliance with the staffing plan by reviewing all reports generated by the Shift Commander and the daily shift logs.</p> <p data-bbox="242 1863 1477 2022">The PCM indicated that when the facility reviews the adequacy of the staffing plan, she is involved in the discussion. They are required to comply with the agency staffing models but can request exemptions, if a need is identified. They conduct vulnerability assessments, evaluate the effectiveness of the existing video monitoring system, and review any corrective action identified by the PREA Incident Review Committee. They assess vulnerability based on all of the factors listed in this standard.</p> <p data-bbox="242 2054 1490 2145">The auditor was informed by the PREA Coordinator, that the WADOC maintains custody and non-custody staffing models for all prison facilities. The custody staffing model has been approved by the Legislature following an extensive review of national correctional practices. It details custody staffing levels based on facility design and the make-up of the offender</p>

population (e.g., custody level, age, gender, programming requirements, etc.). The custody staffing model has consistently proven effective in prison operations. Although the non-custody staffing model is not legislatively mandated, it is implemented in a similar manner. The auditor was provided with a copy of the custody staffing model and non-custody staffing model.

Substandard 115.13(b)

The facility reported, via the PAQ, that each time the staffing plan is not complied with, the facility documents and justifies the deviation from the approved staffing plan. They reported that the most common reasons for deviating from the staffing plan in the past 12 months included poor air quality, low staffing due to emergency response, COVID related response, and response to emergency situations.

The auditor was tasked to review documentation of deviations from staffing plan. The facility provided seven examples from 2020 & 2021. The examples provided provided explanations for the deviations. The Operations Log for the period June 16, 2020 through June 16, 2021, for Program Closures, was also provided. It was 8 pages long and many of the closures documented in the log were directly related to COVID-19 lockdown or restricted movement.

The Superintendent reported, during his interview, that his staff document all instances of non-compliance with the staffing plan. The documentation includes the reason for the non-compliance.

Substandard 115.13(c)

The facility reported, via the PAQ, that at least once each year the facility/agency, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: a) the staffing plan; b) the deployment of monitoring technology; or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

The auditor was tasked to review documentation of annual reviews. The auditor was provided with the 2020 staffing plan and 2021 staffing plan and review.

The PREA Coordinator indicated, during her interview, that every year, the staffing plan is updated at the facility, forwarded to the PREA Coordinator for review, then approved by the Deputy Director. This process usually occurs in March and April of each year.

Substandard 115.13(d)

The facility reported, via the PAQ, that it requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds and over time the unannounced rounds cover all shifts. In addition, the facility prohibits staff from alerting other staff of the conduct of such rounds.

The auditor was tasked to review documentation of unannounced rounds, including rounds being conducted on all shifts. Lots of examples were provided and reviewed by the auditor. She noted that there were inconsistencies in completing the required rounds on a weekly basis during day shift and evening shift.

Two staff who are tasked with conducting unannounced rounds were interviewed on August 18, 2020. Both indicated they conducts unannounced rounds when they are the duty officer or their assigned post requires it. They log the tours in the log book in red ink. One indicated he directs staff to not call ahead and alert others that he is touring. The other stated he goes in different directions, so staff don't know where he is going next.

During the facility tour, the auditors reviewed log books in all of the housing units and discovered that the documentation of the supervisory rounds and the unannounced rounds were not consistently documented in the log books.

The auditor was provided with a significant number of housing unit log book pages prior to arrival. The on-site supervisors sign in red ink in the log while conducting their tours. When facility management team members conduct their unannounced rounds, they also sign the log book in red ink. The auditors reviewed log books in all of the housing units and discovered that the documentation of the supervisory rounds and the unannounced rounds were not consistently documented in the log books.

Physical Plant concerns (blindspots) identified during the tour consisted of:

Medium Security Complex (MSC)

A Building (Segregation): Staff restroom has a slide lock on the inside and it was not locked when we toured the area.

L Building (Medical): Staff restroom has a slide lock on the inside and it was not locked when we toured the area.

The room used for telemedicine has a blind covering the window in the door. After further review, it was noted that this room is also used by staff who are breastfeeding and the privacy from the blind is necessary. No further action will be needed.

M Building (Education): Staff restrooms have a slide lock on the inside and they were not locked when we toured the area. Work order has been submitted to correct the locks on these doors.

Warehouse: There were blinds into the staff offices.

Minimum Custody Unit (MCU)

Several I/M restroom doors are solid and have created a blindspot.

Blinds were in several areas which are creating blindspots.

The auditor determined that corrective action was required for this standard. Corrective action consisted of the following:

For the unannounced rounds, the auditor required the facility to provide copies of log book pages from specifically identified housing units to demonstrate compliance. By the 5th of each month, the auditor will identify specific dates from the previous month and specific housing units and request copies of the log book pages for those dates from those housing units. The auditor reviewed log book pages for November, December, and January. When she identified concerns, she shared them with the facility. After reviewing the January log book pages, she noted that consistent reviews had been completed and documented for all of the housing units.

For blind spot issues, the auditor was provided with copies of work orders that had been submitted to correct all of the identified issues above. Through the corrective action period, the auditor was provided with copies of completed work orders and photographs of the finished jobs.

Upon completion of all corrective action items, the facility demonstrated substantial compliance with this standard.

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.14 Youthful Offenders</p> <p>CRCC does not house offenders under the age of 18.</p> <p>The facility is in substantial compliance with this standard.</p>



115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 930 297"><b>Standard 115.15, Limits to Cross-Gender Viewing and Searches.</b></p> <p data-bbox="242 329 579 356"><u>Policy related to Standard 115.15</u></p> <p data-bbox="242 387 1489 613">DOC 490.800, PREA Prevention and Reporting, addresses the presence of opposite gender personnel or visitors in living units and infirmaries. Offenders are informed that personnel of all genders could be present in the living units and infirmaries at any time. In addition, the facility has implemented a requirement that an announcement is 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, or any common area designated for offenders to disrobe or change their clothing. Announcements will be made by using the doorbell system in prisons. Verbal announcements <u>may be made</u> in prisons when the doorbell system is not operational. Offenders are informed of the purpose and use of doorbells during orientation.</p> <p data-bbox="242 645 1489 736">The auditor has a concern with the language underlined above in the policy. This language is discretion and staff may interpret it as it is their choice to make an announcement or not, when the doorbell is not functioning. It is recommended that this language be modified to either "will" or "shall" which denote that the action by staff is required.</p> <p data-bbox="242 768 1489 960">Policy outlining Searches: WADOC policy 420.310, Searches of Offenders (1/1/2014), Section III states: "Strip searches of male offenders require that one of the employees conducting the search be male. If the second person conducting the strip search is female, she will position herself to observe the employee doing the strip search, but will not be in direct line of sight with the offender." The gender of the searching officer is noted on the strip search log. If a strip search is conducted that does not meet these gender requirements for staffing, a confidential report will be completed in IMRS and submitted before the end of shift. The distribution will include the PREA Coordinator.</p> <p data-bbox="242 992 1469 1153">The current policy is silent on searching transgender offenders. A memorandum dated January 22, 2020 was provided to the auditor. It is entitled "DOC Policy 490.700, Transgender, Intersex, and Gender Non-Conforming Housing and Supervision Pre-Implementation Communication. It was sent to staff and outlines the actions being taken by the agency to comply with PREA mandates. A copy of DOC 490.700 was provided that addresses searches in Section IX. It references the offender's ability to request a search preference and the process.</p> <p data-bbox="242 1184 1477 1245">DOC 420.312, Body Cavity Search. Section III, Body Cavity Search Procedure requires that all participants in a body cavity search process will be the same gender as the individual being searched.</p> <p data-bbox="242 1276 1453 1404">DOC 420.310, section II. D. states pat searches will be conducted by trained employees/contract staff. Pat searches of female offenders will only be conducted by female employees/contract staff, except in emergent situations. When a male employee/contract staff pat searches a female offender, a report will be completed in the Incident Management Reporting System (IMRS) before the end of shift. The distribution will include the PREA Coordinator.</p> <p data-bbox="242 1435 1481 1527">DOC 320.265, Close Observation Areas, states observation assignments will be conducted by an officer of the same gender as the offender, except in emergent situations. In the event of a cross-gender officer being assigned, a report will be completed by the Shift Commander in the IMRS before the end of shift. Distribution will include the PREA Coordinator.</p> <p data-bbox="242 1559 1453 1686">Policy 490.820, section VII, prohibits employees and contract staff from searching an offender for the sole purpose of determining their genital status. If the offender's genital status is unknown, it will be determined by health care providers during conversations with the offender, by reviewing medical records, or if necessary, as part of a broader medical examination conducted in private by a health care practitioner.</p> <p data-bbox="242 1718 1477 1879">DOC 490.700, Transgender, Intersex, and/or Gender non-Conforming Housing and Supervision, directs that employees/contract staff will not search or physically examine a transgender, intersex, or gender non-conforming individual for the sole purpose of determining the individual's genital status. If the individual's genital status is unknown, it will be determined by health care providers during conversations with the individual, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.</p> <p data-bbox="242 1910 1469 2038">The auditor has a concern about the verbiage "Verbal announcement may be made in Prisons when the doorbell system is not operational" in WADOC 490.800. The term "may be" makes it discretionary for staff to make the announcement. The auditor suggests the term utilized be more assertive, such as shall or will. The auditor has requested this language be modified during the next update of the policy.</p> <p data-bbox="242 2121 477 2148"><u>Substandard 115.15(a)</u></p>

The facility reported, via the PAQ, that it does not conduct cross-gender strip or cross-gender visual body cavity searches of offenders. In the past 12 months, there were no cross-gender strip or cross-gender visual body cavity searches of offenders.

There was an interview protocol for non-medical staff who were involved in cross-gender strip or visual searches. This interview protocol was not utilized because there were no instances of cross-gender strip or visual body cavity searches during the documentation review period.

The auditor was tasked to review logs of cross-gender strip searches and cross-gender visual body cavity searches in the past 12 months. She reviewed search logs from all housing units while on-site and those that were provided ahead of the on-site visit. The auditor did not identify any instances of cross-gender searches. There was one search in A Unit that did not have the gender of the staff identified. The auditor received follow-up on this and learned the staff conducting the search was male and the observer was female. The auditor was also provided with a memorandum from the Superintendent which indicated there were none done during the review period. The auditor was also tasked to review documentation of instances where medical staff conducted such searches and noted none of this type of search occurred during the review period.

The auditor was provided with an August 28, 2016 memorandum authored by the Assistant Secretary of the Prisons Division, it states: Until such time DOC 420.310 can be updated to reflect this change, this memorandum will serve as notice of the following requirements: All strip search logs are to be modified to include areas to designate both the gender and role of each officer conducting a strip search. The officer conducting the search will be identified with an (S) and the observing officer will be identified with an (O).

#### Substandard 115.15(b)

CRCC is designed to house male offenders.

#### Substandard 115.15(c)

The facility reported, via the PAQ, that policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented.

The auditor was tasked to review logs of cross-gender strip searches and cross-gender visual body cavity searches in the past 12 months. She reviewed search logs from all housing units while on-site and those that were provided ahead of the on-site visit. The auditor did not identify any instances of cross-gender searches. There was one search in A Unit that did not have the gender of the staff identified. The auditor received follow-up on this and learned the staff conducting the search was male and the observer was female. The auditor was also provided with a memorandum from the Superintendent which indicated there were none done during the review period. The auditor was also tasked to review documentation of instances where medical staff conducted such searches and noted none of this type of search occurred during the review period.

#### Substandard 115.15(d)

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

The auditor was tasked to review logs of exigent circumstances that required deviation from the standard. Per a memorandum authored by the Superintendent, dated August 3, 2021, there were no situations where exigent circumstances restricted an offender's opportunity to perform bodily functions without being viewed by staff members of the opposite gender.

A total of 42 random offender interview protocols were completed during the on-site visit. Of these, all offenders indicated that female staff either ring the doorbell or announce their presence when entering the housing unit, on a consistent basis. All offenders indicated they are able to shower, use the toilet, and change clothing without female staff viewing them.

A total of 18 random staff were interviewed. Of these, all staff indicated that female staff either ring the doorbell or announce their presence when entering the housing unit. All indicated that offenders are able to shower, use the toilet, and change clothing without female staff viewing them.

PREA Audit Tour: During the tour, the auditor observed female staff ringing the doorbell in each living unit that we entered. This was also observed by the other team that was touring the Minimum Custody Unit (MCU). The auditors touring the MCU reported that several of the doorbells were non-operational, and that staff indicated they would submit a work order to have the issue corrected.

In all living unit, the showers and toilet areas provided modesty by being inside of a stall and in some cases the stalls had solid doors. In other cases, there were curtains on the front of the stall. In the dormitory living areas, offenders are required to change clothing either in a shower stall or in a toilet stall. In the celled areas, the offenders were able to change clothing in their cell.

Areas of concern related to cross-gender viewing are as follows:

A-Unit – the current configuration of the showers would not prevent cross-gender viewing of a transgender woman who was utilizing the shower.

During the tour of the MCU, the audit team noted at least 50% of the doorbells that were not working. Staff verbally announced their presence when entering the unit, because the doorbells didn't work.

The facility reported that staff of the opposite gender of the offender may be assigned to work in the security booth in an Intensive Management Unit (IMU) or Segregation Unit where officers are required to monitor surveillance cameras. The surveillance system only allows these cameras to come on when the door is opened, prohibiting the booth officer from viewing the offender in an unclothed state or while using the toilet. During an emergent extraction, the offender may be in an unclothed state when these surveillance systems are activated. Whenever possible, the offender is provided with something to cover private body parts.

Based on risk, an offender may be placed in a close observation cell without any form of clothing. The agency considered these to be exigent circumstances and therefore in compliance with agency policy and the standards.

#### Substandard 115.15(e)

The facility reported, via the PAQ, that it has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status and there have no such searches in the past 12 months. A memorandum authored by the Superintendent, dated July 28, 2021, indicates this practice is not allowed at CRCC.

Of the 18 random staff interviewed, all indicated it would never be appropriate for a staff member to search or physically examine a transgender or intersex offender for the sole purpose of determining that offender's genital status.

Three transgender offenders were interviewed and all indicated they have not been placed in a housing area only for transgender or intersex offenders. In addition, all indicated they have no reason to believe they have been strip-searched for the sole purpose of determining their genital status. The auditor reviewed current housing for the three transgender offenders and noted they do not all live in the same housing unit.

#### Substandard 115.15(f)

The facility reported, via the PAQ, that 99% of all security staff received training on conducting cross gender pat down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs.

The auditor was tasked to review the training materials. She was provided with the Facilitator Guide on Pat Searches. It addresses cross-gender pat searches and intersex, gender Non-conforming, and transgender searches. The curriculum directs staff to be respectful and treat the offender with dignity. It also quotes DOC 420.310 which says that all searches are conducted "in a professional manner, while recognizing privacy needs and avoiding unnecessary force, embarrassment, or indignity to the offender being searched". It indicates that a transgender offender may request to be searched by an officer of the gender of their choice. It states the request will be accommodated if resources are available and the request does not create a safety or security issue by pulling staff out of assigned areas. If resources are not available, the search will be conducted as directed by the officer.

The auditor was also tasked to review training logs. She was provided with the training log for pat search & cross-gender search training. All but four of the custody staff on the log have completed the required pat search training.

Of the 18 random staff interviewed, all indicated they have received training on how to conduct cross-gender pat-down searches and searches of transgender and intersex offenders in a professional and respectful manner.

WADOC 490.800 states: Employees/contract staff who may conduct pat searches will be trained in cross-gender searches and searches of transgender and intersex offenders. 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.

The auditor determined corrective action was required for this standard. Corrective action consisted of the following:

The auditor was provided with completed work orders to show that the malfunctions with the doorbells had been corrected.

The auditor had identified a potential cross-gender viewing issue with the showers in the segregated housing unit. To address this, the facility applied fogging to the glass on the showers to limit the potential for cross-gender viewing. The auditor was provided with the completed work order and photographs of the completed work.

The auditor expressed a concern about the verbiage "Verbal announcement may be made in Prisons when the doorbell system is not operational" in WADOC 490.800. The term "may be" makes it discretionary for staff to make the announcement. Policy WADOC 490.800 was updated to change the verbiage from "may be" to "will" and was in the final review process at the time the final report was written.

After completion of the corrective action items, the facility has demonstrated substantial compliance with the standard.

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1211 300"><b>Standard 115.16, Inmates with Disabilities and inmates who are Limited English Proficient.</b></p> <p data-bbox="240 329 603 358"><u>Policies relating to Standard 115.16</u></p> <p data-bbox="240 387 1485 582">DOC 490.800, PREA Prevention and Reporting, addresses offender accommodations. It requires that professional interpreter or translation services, including sign language, be made available to assist individuals in understanding this policy, reporting allegations, and/or participating in investigations of sexual misconduct. It further indicates that the Americans with Disabilities Act (ADA) accommodations will be provided per DOC 690.400 Offenders with Disabilities. It specifically prohibits the use of offenders, family members, and friends as interpreters or translators, and further indicated that staff are used as interpreters/translators for PREA-related issues only in exigent circumstances.</p> <p data-bbox="240 611 1493 840">DOC 450.500, Language Services for Limited English Proficient (LEP) Individuals, states that the department will provide oral interpretation (i.e., telephonic, in-person, video remote) and written translation services through Department and/or contract services at all facilities. The Department will also provide guidelines for interpretation and translation services for Limited English Proficiency individuals under the Department's jurisdiction. The policy also requires non-Spanish limited English Proficient individuals, including those requiring American Sign Language, to receive orientation in a language that they understand. The orientation includes the WADOC PREA policy. The individuals are shown a video during orientation that explains the PREA policy. This video is available in either English or Spanish and has subtitles for the hearing impaired.</p> <p data-bbox="240 869 1473 1162">DOC 300.000, Orientation, requires that prison orientation will be conducted within one week of admission and that employees who conduct the orientation will review the contents of the orientation handbook/handouts and respond to questions. Information will be provided, both orally and in writing, in a manner that is clearly understood and will address a variety of subjects including PREA. When a literacy or language problem exists, employees will assist the individual in understanding the material per DOC 450.500 Language Services for LEP Offenders. It requires Spanish speaking individuals will attend a Spanish version of the orientation program and be notified of available Spanish translated materials and services. Employees will document completion of orientation in the individual's electronic file and the individual will acknowledge receipt of orientation and the Statewide Inmate Orientation Handbook/facility specific handbook by signing a DOC 21-992 Prison Orientation Checklist in Prison.</p> <p data-bbox="240 1191 1485 1288">DOC 690.400, Offenders with Disabilities, states that individuals with disabilities will be provided reasonable accommodation that allows participation in services, programs, and activities, which may include: 1) modifying policies, practices, or procedures, when reasonable; 2) removing barriers to access, and/or 3) providing auxiliary aids and services.</p> <p data-bbox="240 1317 1481 1413">This auditor was provided copies of PREA brochures provided to offenders with limited intellectual capacities. If the offender is hearing impaired, a transcript of the video is provided. If the offender is unable to read then other forms of communication are used by staff to inform the offender of the WADOC PREA Policy.</p> <p data-bbox="240 1498 477 1527"><u>Substandard 115.16(a)</u></p> <p data-bbox="240 1556 1463 1684">The facility reported, via the PAQ, that it has established procedures to provide disabled inmates 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. A note from the PCS indicated that they did not identify any offenders with special needs during the audit documentation review period.</p> <p data-bbox="240 1713 1468 1776">The auditor was tasked to review contracts with interpreters or other professionals hired to ensure effective communication with inmates who have disabilities. A list of 17 individuals was provided, who provide ASL interpretation services.</p> <p data-bbox="240 1805 1481 1901">She also reviewed written materials used for effective communication about PREA with inmates with disabilities or limited reading skills. A booklet entitled: End Silence – youth speaking up about sexual abuse in custody (Facilitator Guide) is used for offenders with limited intellectual capabilities</p> <p data-bbox="240 1930 1449 1993">The auditor also reviewed documentation of staff training on PREA compliant practices for inmates with disabilities which included the curriculum for ADA training - powerpoint presentation.</p> <p data-bbox="240 2022 1493 2150">The Agency Secretary was interviewed telephonically on June 29, 2021. During her interview, she indicated that established procedures have been developed to address disabled and LEP offender's access to services within the facility. She stated they still have more work to do, but have established training and orientation, Spanish closed caption, brochures in alternative languages, contract interpreters, and a video for those with lower comprehension. They will work one-on-one, if needed to</p>

ensure the offender understands the materials being provided.

There were two offenders who were hearing impaired, three offenders with cognitive disabilities, one offender who had mobility issues, and three offenders who were LEP interviewed. The hearing impaired offenders indicated they received PREA information in a format they were able to understand. One of the offenders with cognitive disabilities was not able to respond to the questions, but indicated he is able to rely on staff in the unit to help him with whatever he needs. The other two offenders with cognitive disabilities indicated they were able to understand the materials they received, but if they had questions they are able to ask their counselor or one of the officers in the unit for assistance. The offender who was mobility impaired indicated the materials they received were in a format that he was able to understand. The Language Link was used to complete the interviews for all three LEP offenders. Two of the LEP offenders indicated the materials they received were in Spanish and one indicated he did not receive any of the materials in Spanish. The offender who did not receive the materials in Spanish also was not provided with assistance to translate the information. The auditor made the PCM aware of this and the offender was provided with the PREA Brochure, Advocacy Brochure and the Offender Handbook in Spanish.

During the tour, the auditor noted English and Spanish written information in all of the housing units. In intake, the Sergeant only had the offender orientation handbook in English. He did not have any of the brochures to give to the offenders. The auditor brought this to the attention of the PCM. Brochures in both languages and Spanish offender orientation handbooks were provided to the intake sergeant. In addition, the auditor was provided with an e-mail that gave direction about handing out these written materials to the offenders as they arrive to the facility.

The auditor was provided with the Deaf Services Coordinator position description.

#### Substandard 115.16(b)

The facility reported, via the PAQ, that it has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The auditor was tasked to review contracts with interpreters or other professionals hired to ensure effective communication with inmates who are limited English proficient. Per a memo from the Secretary, dated 11/13/15, the WADOC has two separate contracts with the Washington Department of Enterprise Systems (DES) that are utilized by state agencies to provide telephone interpreting services. These are with CTS Language Link and Linguistica International. In addition there is a contract for in-person interpreters – with 12 vendors.

Contract #03514 provides WADOC offenders that are limited English proficient with access to in-person language interpretation conducted by court certified and non-court certified interpreters. The second contract #05614 provides WADOC offender with access to Telephone Based Services on an "as needed" basis for limited English proficient clients. These services are available for use by any staff member to assist limited English proficient offenders in reporting allegations and participating in the investigatory process.

She also reviewed written materials used for effective communication about PREA with inmates with disabilities or limited reading skills and documentation of staff training on PREA compliant practices for inmates with disabilities.

The Language Link was used to complete the interviews for all three LEP offenders. Two of the LEP offenders indicated the materials they received were in Spanish and one indicated he did not receive any of the materials in Spanish. The offender who did not receive the materials in Spanish also was not provided with assistance to translate the information. The auditor made the PCM aware of this and the offender was provided with the PREA Brochure, Advocacy Brochure, and the Offender Handbook in Spanish.

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 Linguistica International, available 24 hours a day, seven days a week.

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.

The auditor was provided with the script of the PREA Orientation Video that is shown to offenders during intake screening.

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.

The auditor was provided with the Spanish Brochure, handbook, and posters on PREA.

The auditor was provided with DOC 16-340, LEP Coordinator Monthly Report for Telephonic Contract Interpreters and Contract Letter Translation Services for February 2020. It had one instance listed where CTS was used for Spanish translation. The form was revised on 8/4/20, the title was changed to PREA Language Log and a copy of February 2021 was provided where 2 instances were documented, both with CTS Language Link. The auditor requested copies for March – June 2021, and was told there were no circumstances during that time that required used of the Language Line. This was attributed to limited offender movement due to COVID-19 transfer restrictions.

Substandard 115.16(c)

The facility reported, via the PAQ, that policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties under 115.64, or the investigation of the inmate's allegation. Facility staff are responsible to document the limited circumstances where inmate interpreters, readers, or other types of inmate assistants are used. In the past 12 months, there we no instances where inmate interpreters, readers, or other types of inmate assistants were used in obtaining information related to an allegation of sexual abuse or sexual assault.

A total of 18 random staff interviews were completed. All staff interviewed indicated they would not use another offender as an interpreter to receive a report of sexual abuse or harassment. They indicated they would either use a staff interpreter or contact an interpreter for assistance with taking the report.

The Language Link was used to complete the interviews for all three LEP offenders. Two of the LEP offenders indicated the materials they received were in Spanish and one indicated he did not receive any of the materials in Spanish. The offender who did not receive the materials in Spanish also was not provided with assistance to translate the information. The auditor made the PCM aware of this and the offender was provided with the PREA Brochure, Advocacy Brochure and the Offender Handbook in Spanish.

The auditor was tasked to review documentation of circumstances when inmate interpreters, readers, or other inmate assistants were used. Per a memorandum authored by the Superintendent, dated July 28, 2021, no such instances occurred during this audit documentation period.

No corrective action was identified for this standard.

115.17	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 778 297"><b>Standard 115.17, Hiring and Promotion Decisions.</b></p> <p data-bbox="240 331 579 358"><u>Policy related to Standard 115.17</u></p> <p data-bbox="240 387 1485 647">WADOC 490.800, PREA Prevention and Reporting, section V, outlines the WADOC’s staffing practices related to PREA. It states that the Department will not knowingly hire, promote, or enlist the services of anyone who: 1) Has engaged in sexual misconduct in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; 2) Has engaged in sexual misconduct with an individual on supervision; or 3) 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; 4) Has been civilly or administratively adjudicated to have engaged in activity described above. It requires the Department to consider any incidents of sexual harassment in determining whether to hire, promote, or enlist the services of anyone who may have contact with individuals under its jurisdiction.</p> <p data-bbox="240 678 1430 772">In addition, WADOC 490.800 states: The Department will obtain information through one or more of the following: 1) Washington Crime Information Center (WACIC)/National Crime Information Center (NCIC) records checks; 2) Employment/volunteer applications; 3) Reference checks; 4) Personnel File Review; 5) Contract disclosure statements.</p> <p data-bbox="240 801 1458 965">WADOC 810.800, Recruitment, Selection, and Promotion, requires perspective employees, promotions and contractors to complete form DOC 03-506, Sexual Misconduct and Institutional Employment/Services Disclosure. This form has five questions about previous sexual misconduct in an institutional setting. If the candidate answers yes to any of these questions, he/she may not be allowed access to the facility. Additionally the form requires the candidate to disclose any previous institutional work history that they may have had.</p> <p data-bbox="240 994 1477 1122">WADOC 810.015, Criminal Record Disclosure and Fingerprinting, states: Failure to fully divulge criminal information on the part of an individual subsequently employed, promoted, or authorized to provide services for the Department may be cause for disciplinary action, up to and including dismissal or termination of services. In addition, it requires that all applicants be background checked before initial appointment or rehire.</p> <p data-bbox="240 1151 1410 1211">WADOC 400.320, Terrorism/Extremism Activity, requires a criminal record check will be completed for all employees, contractors and volunteers prior to assuming their duties.</p> <p data-bbox="240 1240 1485 1368">WADOC 800.005, Personnel Files, states that to the extent possible, institutional employers seeking employment verification will be provided all available information on substantiated allegations of sexual misconduct or harassment. Employment verification requests from institutional employers will be directed to the Appointing Authority, who will coordinate the review and response.</p> <p data-bbox="240 1458 475 1485"><u>Substandard 115.17(a)</u></p> <p data-bbox="240 1516 1490 1711">The facility reported, via the PAQ, that policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: 1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p data-bbox="240 1740 1485 1834">The auditor was tasked to review files of persons hired in the past 12 months to determine whether questions regarding past conduct were asked and answered. The auditor was provided with a list of new hires which covered the period of 7/2020 through 6/30/21. It contained 66 names and 11 were selected to be reviewed. Of those:</p> <p data-bbox="240 1863 1490 2058">Form 03-506 – One had no second page, three were not signed by the employee, and seven were good. The auditor followed up on this. She was provided with the missing second page. The three that were not signed were completed during the COVID-19 entrance restrictions and the candidates were interviewed over the telephone. The form was completed over the telephone and confirmed via e-mail. They considered the confirmation via e-mail to be their electronic signature. In addition three contractors were initiated during the review period. All had a completed form 03-506 in the files I was provided. Eight promotions were provided. All but one had the required 03-506. That one only had the second page.</p> <p data-bbox="240 2087 1469 2148">The contract shell for PREA for company-corporate service providers was provided to the auditor. It provides the authority, federal law, state law, and DOC policy references.</p>



Substandard 115.17(b)

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

The Human Resources staff indicated, during her interview on August 17, 2021, that the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone or enlist the services of any contractor, who may have contact with offenders.

These questions are included on the 03-506 form and the 03-502 form. See comments noted in (a) above.

Substandard 115.17(c)

The facility reported, via the PAQ, that policy requires before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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. In the past 12 months, there were 66 people hired who may have contact with inmates who have had criminal background record checks.

The Human Resources staff member stated the facility runs a criminal background records check and makes its best efforts to contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The auditor was tasked to review files of personnel hired in the past 12 months to determine that the agency has completed background checks and contact prior institutional employers consistent with this standard. In reviewing the Background Clearance forms for 11 of the 66 new hires, none of the forms had been filled out by the requester. Discrepancies were noted on several of the forms. Seven were cleared. The auditor followed up on this and received clarification of their process. For the contractor background clearances, the auditor was provided with a tracking list for contractors who have contact with offenders. The list contained 47 names and all but three had dates when their background clearance was completed. The three were all medical providers and the auditor followed-up with the facility to determine the status of these individuals were cleared.

In reviewing Prior Institutional Employment for the new hires, the auditor noted that she could not identify one because no second page was included, seven did not have a prior institutional employer, and three identified a prior institutional employer, but the form did not show contact had been attempted. The auditor received the missing page and noted that candidate did not have prior institutional employment.

Substandard 115.17(d)

The facility reported, via the PAQ, that policy requires a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. In the past 12 months, there were three contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates.

The Human Resources staff member stated the facility runs a criminal background records check and makes its best efforts to contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The auditor was tasked to review documentation of background checks of contractors. The auditor was provided with a list of sign language interpreters which included the date of last background clearance. She also received background clearances on the 3 new contractors.

Substandard 115.17(e)

The facility reported, via the PAQ, that policy requires either criminal background checks be conducted at least every five years for current employees and contractors who may have contact with inmates.

The WADOC utilizes the OMNI system and the WSP system to check background checks for staff. Hire dates are tracked by the HR staff and a list is given to the PCS each year for the staff who are on their 4th and 5th years. The PCS runs the

backgrounds for the follow-up clearances.

The auditor reviewed documentation of background checks of current employees and contractors at five-year intervals. The auditor was provided with a list of all current employees and contractors showing their most recent background clearance date. All were within the previous five years.

Substandard 115.17(f)

The Human Resources staff member indicated, during her interview, that they ask all applicants and employees who may have contact with offenders about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. In policy it requires employees to immediately disclose any such misconduct.

When candidates, and contractors 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. This information was verified by review random training records for staff and contractors.

Substandard 115.17(g)

The facility reported, via the PAQ, that policy requires material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. 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.

Substandard 115.17(h)

The Human Resources staff member indicated, during her interview, that they provide information on substantiated allegations of sexual abuse or sexual harassment by former employees, if they receive a request. She indicated that if the alleged abuser quits their job before the investigation is completed, that does not stop the investigation process. She also indicated the outcome of the investigation is recorded in OMNI.

The auditor determined corrective action was required to attain substantial compliance with this standard. Corrective action was completed as follows:

The auditor reviewed prior institutional employment inquiries and was not able to determine if they had been completed. She required the facility to provide a list of new hires, monthly, including the 03-506 forms. The auditor will randomly select files to review. She reviewed new hires for November, December, and January. All new hires that should have had a prior institutional employment inquiry conducted had been completed.

Through completion of corrective action, the facility demonstrated substantial compliance with this standard.

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Standard 115.18, Upgrades to Facilities and Technologies.</b></p> <p>The facility has not mane any substantial expansions or modifications to existing structures since the last PREA audit in 2018. In addition, the facility has not installed any new cameras or updated the video monitoring system since the last PREA audit. This information was certified by the Superintendent via a memorandum date July 28. 2021.</p> <p>The facility is in substantial compliance with this standard.</p>

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>Standard 115.21, Evidence Protocol and Forensic Medical Examinations.</b></p> <p>Policy related to Standard 115.21</p> <p>WADOC 490.850, PREA Response, provides forms and checklists used during the response process. These include Aggravated Sexual Assault Checklist, PREA Response and Containment Checklist, DOC 16-357 Crime Scene Containment/Preservation/Processing Checklist, and DOC 16-358, Crime Scene Security Log.</p> <p>WADOC 490.800, PREA Prevention and Reporting, establishes the requirement for meetings with local law enforcement entities. It mandates annual meetings and guides that the discussion should include the investigative requirements of the standards, establish procedures for conducting criminal investigations and establish points of contact and agree upon investigatory update procedures. It also addresses meetings with community victim advocates.</p> <p>WADOC 600.000, Health Services Management, states: Offenders will be provided health services in accordance with all applicable department policies and the Health Services Division Standard Operations and Procedure Manual, including the Offender Health Plan and DOC-DOH Health, Environmental, &amp; Safety Standards. Medical and mental health services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting will be provided at no cost to the offender.</p> <p>WADOC 600.025, Health Care Co-Payment Program, states: Offenders will be charged a co-payment for all visits, except when medical and mental health services allowed under the Offender Health Plan are related to sexual misconduct as defined in DOC 490.800, PREA Prevention and Reporting.</p> <p>WADOC 610.025, Health Services Management of Alleged Sexual Misconduct Cases, establishes policy to read: Any incarcerated individual alleging sexual assault, sexual abuse, and/or staff sexual misconduct will be referred to a health care provider to evaluate any injury. Medical and mental health treatment services and follow-up care will be provided, when clinically indicated. Forensic medical examinations will be conducted at a community health care facility. It establishes a directive for medical and mental health treatment services and provides a detailed breakdown of the services to be offered.</p> <p><u>Substandard 115.21(a)</u></p> <p>The facility reported, via the PAQ, that it is responsible for conducting investigations. If the circumstances support the need for a criminal investigation, the case is referred to Connell Police Department, if not accepted, Franklin County Sheriff's Office, if not accepted, Washington State Patrol, will conduct the investigation. When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. In addition to the national protocol being provided, the WADOC developed evidence protocols based on the nationally approved documents.</p> <p>Eighteen random staff were interviewed. A summary of the responses included that the victim and alleged perpetrator would be separated, the crime scene would be controlled by a staff member, they would notify the shift commander and potentially the outside law enforcement agency, the victim would be taken to medical. The staff would ask the victim to not take any actions that could potentially destroy evidence. They would wait for further instructions from the shift commander or the outside law enforcement officer. When asked about who conducts the sexual abuse investigations for the facility, there were a variety of answers provided including: institutional or headquarters investigators who have had the specialized training and outside law enforcement for some cases.</p> <p>Thirteen investigative packages were reviewed. The list of all PREA allegations in 2020 and 2021 was also provided.</p> <p><u>Substandard 115.21(b)</u></p> <p>The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.</p> <p>The auditor reviewed the Evidence Protocol being utilized.</p> <p>The 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</p>

Women publication, "A National Protocol for Sexual Assault Forensic Examinations, Adults/Adolescents". CRCC staff does not complete criminal investigations. In the event that a case appears to be criminal in nature, the case and evidence collection should be turned over to the Connell Police Department, Franklin County Sherriff's Office or the Washington State Patrol.

Substandard 115.21(c)

The facility reported, via the PAQ, that it offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility. WADOC has developed partnerships with identified community health care facilities. Management staff from CRCC have met with community hospital administrators to discuss procedures and in advance of the need for any forensic medical examination. Forensic medical examinations are offered without financial cost to the victim and where possible, examinations are conducted by SAFEs or SANEs. When SANEs or SAFEs are not available; a qualified medical practitioner performs forensic medical examinations. A directive has been issued to Health Services staff regarding actions to be taken in the event a SANE/SAFE isn't available at a designated facility. A copy of the directive was provided. In the past 12 months, there have been no forensic medical exams conducted.

The auditor was tasked to review documentation of efforts to provide SANEs/SAFEs. She was provided with a memorandum from the Health Services Administrator. In addition, she reviewed documentation that forensic medical examinations are offered for free.

A member of the audit team spoke with the SANE on August 17, 2021 via the telephone. The nurse explained they are responsible for conducting forensic examinations and have 9 staff available to provide these services. If a SANE is not available, the staff in the Emergency Department are also able to conduct a Forensic Examination. She indicated they have not conducted any forensic examinations for CRCC in the past 12 months.

The auditor was tasked to review documentation to corroborate that all inmate victims of sexual abuse have access to forensic medical examinations. This was not possible, as there were no allegations during the review period that required a forensic exam.

WADOC has developed partnerships with identified community health care facilities and sexual assault programs for the provision of designated services and support. Administrators from Coyote Ridge Corrections Center have met with community hospital administrators to develop procedures and agreements in advance of the need for any forensic medical examination.

WADOC has established offender advocacy support through an interagency agreement with the Department of Commerce, Office of Crime Victim Advocacy. Each facility has been partnered with a Community Sexual Assault Program. Specially designated and trained advocates respond to the community health care facility whenever an offender is transported for a forensic medical examination. The auditor was provided with a list of designated hospitals and advocates for all facilities in the state. Hospital is Kadlec. All ER nurses are trained in SANE procedures. The Victim Advocate is from Support, Advocacy, and Resource Center.

WADOC is responsible for conducting all administrative investigations related to PREA. WADOC staff do not have law enforcement powers or certification and, as such, are not authorized to conduct any type of criminal investigation. Washington Administrative Code (WAC) 137-28-190 states that, "The Superintendent should report any felony under state or federal law committed in a facility to law enforcement."

The annual meeting with the advocates happened on July 27, 2021. The auditor was provided with minutes from the meeting.

Substandard 115.21(d)

The facility reports, that it attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. WADOC has established offender advocacy support through an interagency agreement with the Department of Commerce, Office of Crime Victim Advocacy (OCVA). Each facility has been partnered with a Community Sexual Assault Program. Specially designated and trained advocates respond to the community health care facility whenever an offender is transported for a forensic medical examination. The Coyote Ridge Correctional Center is partnered with The Office of Crime Victim Advocacy. During the COVID-19 response, restrictions were enacted to both the facility and local hospitals, the modification was that advocacy support was temporarily limited to telephone contact only.

Offenders/residents were notified of this temporary process. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization. All victim advocacy services are provided by OCVA and community sexual assault programs.

The auditor was tasked to review documentation of agreements with rape crisis center for services or documentation of efforts. The auditor was provided with a copy of the agreement with OCVA which expired on 6/30/21. Amendment #2 was also provided, which extends the contract to 6/30/2023.

The PCM indicated, during her interview, that the victim advocate is contacted by the hospital when a sexual abuse victim is being transported from the facility to the hospital. The victim advocate usually meets the transportation team when they arrive. The PCM indicated the services are available because they maintain a MOU with the Rape Crisis Center and with the hospital to provide these services.

Three offenders were interviewed who had reported sexual abuse. During the interview with one of the offenders, he indicated he did not make a report, he believed it was done by a third party. The other offender indicated that he was allowed to contact a counselor. He indicated he did not know where the counselor was from or what that person could do for him. He was unsure if the person was still available to him. One indicated he did not contact anyone.

The auditor was provided with the OCVA poster and brochure in English and Spanish. She was also provided with the Washington Coalition of Sexual Assault Program webinar transcript used for training on advocacy before a person begins taking calls. Several other documents related to advocacy training and selection were provided.

#### Substandard 115.21(e)

The facility reported, via the PAQ, that if requested by the victim, a victim advocate accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. WADOC requires a victim advocate be contacted prior to the offender being transported to the designated community health care facility for a forensic medical exam. The advocate responds to the community health care facility and is present during the forensic medical exam unless the offender declines services to the advocate. Each prison is required to establish procedures for scheduling and conducting investigatory interviews following a forensic medical examination. During the COVID-19 response and related access, restrictions to both the facility and local hospitals, advocacy support was temporarily limited to telephone contact. Offenders/residents were notified of this temporary process. Per an e-mail string, as of 8/12, the hospital in-person advocacy has been re-started, but the in-person at the prison remains stopped.

The auditor was tasked to review relevant documentation and was provided with a copy of the DOC 20-19567.

The PCM indicated that the services provided by the Rape Crisis Center are established through an MOU which is managed by the agency PREA Coordinator. The PREA Coordinator would be responsible to ensure that the advocates who are providing the services meet all educational and training qualifications.

Three offenders were interviewed who had reported sexual abuse. During the interview with one of the offenders, he indicated he did not make a report, he believed it was done by a third party. The other offender indicated that he was allowed to contact a counselor. He indicated he did not know where the counselor was from or what that person could do for him. He was unsure if the person was still available to him. One indicated he did not contact anyone.

A copy of the memorandum to the offender population modifying services due to COVID was provided. It was dated March 27, 2020.

The investigations that were reviewed included one where a victim advocate was contacted to support a victim. The documentation does not reflect if the victim advocate was present or not. The incident commander needs to be more clear in the written reports, related to the presence of the victim advocate during the forensic examination and the investigatory interviews..

#### Substandard 115.21(f)

The facility reported, via the PAQ, that it is not responsible for investigating criminal allegations of sexual abuse and relies on another agency to conduct these investigations. The agency has requested that the responsible agency follow the requirements of paragraphs 115.21(a) through (e) of the standards.

The auditor reviewed the agreement with Washington State Patrol. It expires 6/30/2025.

The auditor was also tasked to review documentation of the request regarding the requirements of 115.21 (a) through (e) with outside investigating agency. Minutes from the 2020 meeting were provided. It occurred on January 13, 2020. All requirements were addressed. Due to COVID restrictions the 2021 law enforcement meeting was delayed, but occurred on August 5, 2021 and the auditor was provided with minutes from the meeting.

WADOC is responsible for conducting all administrative investigations related to PREA. Staff do not have law enforcement powers or certification and, as such, are not authorized to conduct any type of criminal investigation. Washington Administrative Code (WAC) 137-28-190 states that, "The Superintendent should report any felony under state or federal law committed in a facility to law enforcement ."The Connell Police Department is the primary investigator for a crime committed within Coyote Ridge Correctional Center. If the local agency refuses to investigate, the facility can make a referral to Franklin County Sheriffs Office and then to the Washington State Patrol (WSP). The WSP Crime Scene Response Unit is available to all local agencies should they request services. WADOC maintains a memorandum of understanding with WSP for conducting of investigations in general. To date, no Department of Justice entity has conducted PREA investigations within WADOC.

Substandard 115.21(g)

The requirements for the substandard are addressed in the Washington State Patrol memorandum of understanding.

The auditor determined corrective action was required for this standard. Corrective action consisted of the following:

The auditor was not able to determine if the victim advocate responded to an incident. As corrective action, she required the facility to provide a copy of the allegations log on a monthly basis, for review. If any of the allegations required a victim advocate, the auditor reviewed the investigation package to ensure documentation included whether the victim advocate was notified and responded to provide services. During the period of October 2021 through January 2022, there were three cases which would have required notification of the victim advocate. Documentation provided indicated that the victim advocate was notified and responded in all three cases.

Through the corrective action period, the facility demonstrated substantial compliance with this standard.

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1085 297"><b>Standard 115.22, Policies to Ensure Referrals of Allegations for Investigations.</b></p> <p data-bbox="240 331 596 358">Policies related to Standard 115.22</p> <p data-bbox="240 387 1481 450">WADOC 490.800, PREA Prevention and Reporting, addresses meetings with local law enforcement agencies. It establishes that each Superintendent will meet at least annually with applicable law enforcement officials.</p> <p data-bbox="240 479 1445 506">WADOC 490.850, PREA Response, includes checklists to assist staff in completing the PREA response and investigation</p> <p data-bbox="240 535 900 562">WADOC 490.860, PREA Investigation, establishes policy to state:</p> <ol style="list-style-type: none"> <li data-bbox="240 591 1417 654">I. The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving individuals under the jurisdiction or authority of the Department. <ol style="list-style-type: none"> <li data-bbox="240 683 1485 745">A. Investigations will be completed even if the individual is no longer under Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department.</li> <li data-bbox="240 775 1126 801">B. Allegations may be referred to law enforcement agencies for criminal investigation.</li> </ol> </li> <li data-bbox="240 831 1458 925">II. The Department may discipline and refer for prosecution, when appropriate, person determined to be perpetrators of sexual misconduct. Investigations involving represented employees will be conducted per the provisions of the applicable collective bargaining agreement.</li> </ol> <p data-bbox="240 954 1465 1016">3. All allegations that appear to be criminal in nature will be referred to law enforcement for investigation by the Appointing Authority/designee. Referrals may be made using DOC 03-505 Law Enforcement Referral of PREA Allegation.</p> <p data-bbox="240 1104 477 1131"><u>Substandard 115.22(a)</u></p> <p data-bbox="240 1160 1489 1388">The facility reported, via the PAQ, that it ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 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. In the past 12 months, there have been 82 allegations of sexual abuse and sexual harassment received. There were 59 allegations resulting in an administrative investigation. There were two allegations referred for criminal investigation. Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed.</p> <p data-bbox="240 1417 1485 1579">The Secretary indicated, during her interview, that every allegation received by the agency will be reviewed by the HQ PREA triage unit. If it falls within the definition, it will be sent to the Superintendent for assignment of an investigator. All criminal investigations are completed by outside law enforcement agencies. Administrative investigations are completed utilizing a standard process through completion then the information is transmitted to the agency level to ensure thorough communication.</p> <p data-bbox="240 1608 1461 1702">The auditor was tasked to review documentation of reports of sexual abuse and harassment and documentation of investigations, including full investigative reports with findings. The audit team reviewed at least 13 complete investigation packages.</p> <p data-bbox="240 1789 477 1816"><u>Substandard 115.22(b)</u></p> <p data-bbox="240 1845 1485 2143">The facility reported, via the PAQ, that it has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. Connell Police Department is the primary investigative agency for criminal investigations. If they decline to investigate, the facility can make a referral to Franklin County Sheriffs Office and then to the Washington State Patrol (WSP). WADOC maintains an agreement with WSP for assistance as needed / requested. Additionally, the Superintendent meets with law enforcement officials annually to discuss investigation processes and review procedures. Agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. Policy can be accessed at <a href="https://doc.wa.gov/corrections/prea/resources.htm">https://doc.wa.gov/corrections/prea/resources.htm</a>. The</p>



agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. Facility law enforcement referrals are delegated to the facility Intelligence and Investigations Unit-Chief Investigator 3. Once the Appointing Authority deems a referral is necessary, the Intelligence and Investigations Unit staff member will reach out to Connell Police Department to begin the process.

Two institutional investigators were interviewed. Both indicated that when a report is received, it is forwarded to the PREA Triage Unit. If it is accepted, it is kicked back to the institution and an investigator is assigned. If it is a criminal allegation, then outside law enforcement is notified.

The auditor verified that policy is on the WADOC website. She reviewed documentation of referrals of allegations of sexual abuse/harassment. Two cases were referred during the documentation review period. The auditor verified this information while reviewing the investigation files.

Per a memorandum from the PREA Coordinator: When there is a reported PREA incident, regardless of how the information is received, the Shift Commander completes an incident report on the Incident Report Management System (IRMS). The IRMS is monitored by WADOC headquarters staff. All PREA incident reports are reviewed by the Headquarters PREA Unit to determine if the allegation meets the prima fascia of PREA. If the allegation is determined to be a PREA incident, the report is returned to the institution and assigned an investigation number. This process takes as little as a couple of hours or as long as two days to assign an investigator.

Substandard 115.22(c)

The auditor reviewed publications that describe investigative responsibilities of both the agency and the separate entity that conducts criminal investigations for the agency. During a review of the WADOC website, the PREA policies and investigation protocols were located using the search tool in "Policies".

Substandard 115.22(d)

The responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons are addressed in the Memorandum of Understanding with the Washington State Patrol.

No corrective action has been identified for this standard. .

115.31	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 638 297"><b>Standard 115.31, Employee Training.</b></p> <p data-bbox="242 331 579 358"><u>Policy related to Standard 115.31</u></p> <p data-bbox="242 387 1485 548">WADOC 490.800, PREA Prevention and Reporting, outlines training policies and procedures. It addresses training requirements and requires all new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training. When initial training is not conducted prior to assignment, the individual will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity. It identifies the subjects to be included in the training.</p> <p data-bbox="242 636 477 663"><u>Substandard 115.31(a)</u></p> <p data-bbox="242 694 1361 752">The facility reported, via the PAQ, that it trains all employees who may have contact with inmates on all required components.</p> <p data-bbox="242 784 1477 976">The auditor reviewed the PREA training curriculum. 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. The training provided by WADOC, addresses both male and female issues in some detail. Employees at CRCC receive training 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 that houses offenders that are of a different gender. The auditor was provided with PREA 102 facilitator guide and training curriculum. Also PREA 101 Online training.</p> <p data-bbox="242 1008 1370 1034">Appointing authorities are required to complete an on-line course entitled: PREA for Appointing Authorities 2017.</p> <p data-bbox="242 1066 1469 1124">Eighteen random staff were interviewed. All indicated they had received PREA training within the past 12 months. All staff confirmed that the training included all components listed in 115.31(a).</p> <p data-bbox="242 1155 1477 1249">The auditor reviewed a sample of training records for staff. The auditor was provided with 9 completed DOC 03-478, PREA Acknowledgement, which is used when an employee begins work and isn't able to get to formal PREA training. All were signed in 2021.</p> <p data-bbox="242 1339 477 1366"><u>Substandard 115.31(b)</u></p> <p data-bbox="242 1397 1481 1456">The facility reported, via the PAQ, that training is not tailored to the gender of the inmates at the facility. Employees who are reassigned from facilities housing the opposite gender inmates are not given additional training.</p> <p data-bbox="242 1487 1485 1581">The auditor reviewed training curriculum and noted that it covers information related to both male and female offenders. She also reviewed documentation of employee signatures or electronic verification signifying comprehension of the training for staff, contractors, and volunteers.</p> <p data-bbox="242 1612 1477 1706">The training provided by WADOC, addresses both male and female issues in some detail. Employees at CRCC receive training specific to both male and female offenders. Because of this training policy, staff are not retrained when they transfer to a facility that houses offenders that are of a different gender.</p> <p data-bbox="242 1796 477 1823"><u>Substandard 115.31(c)</u></p> <p data-bbox="242 1854 1469 2011">The facility reported, via the PAQ, that between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. WADOC has determined that the strongest strategy is to require this training prior to assignment for new hires and every year thereafter. By using this approach, the agency has exceeded the requirement for refresher training every two years. The frequency with which employees who may have contact with inmates receive refresher training on PREA requirements is yearly.</p> <p data-bbox="242 2042 863 2069">The auditor reviewed a sample of training records for ten staff.</p> <p data-bbox="242 2101 1469 2159">The auditor was provided with a spreadsheet that reflects PREA training – all staff – FY19/20. It is 22 pages in length. The list reflected 69.4% of the staff completed the 2020 PREA Training. She requested a memorandum as to the reason and</p>

received an explanation of what happened. A lot of duplicative names were on the first list that was provided. The auditor was provided with an updated list for 2020 which reflected 685 names on the list and all but 15 staff had completed mandatory training in 2020. The PREA Compliance Specialist indicated he was unsure why the list he had initially received from the training department contained inaccurate information. The list for the 2021 PREA training is 9 pages in length with 800 names. Ten staff have not completed the required 2021 training.

Substandard 115.31(d)

The facility reported, via the PAQ, that it documents employees who may have contact with inmates understand the training they have received through employee signature or electronic verification.

The auditor reviewed documentation of employee signatures or electronic verification signifying comprehension of the training.

WADOC requires employees to sign form DOC 03-483, PREA Training Acknowledgment, upon completion of the class in-class presentations. They mark a box as "true" when they complete the on-line training to indicate they have completed and understood the training materials.

No corrective action was identified for this standard.

115.32	<b>Volunteer and contractor training</b>
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 802 297"><b>Standard 115.32, Volunteer and Contractor Training.</b></p> <p data-bbox="240 329 579 356"><u>Policy related to Standard 115.32</u></p> <p data-bbox="240 387 1236 414">WADOC 490.800 addresses training for contractors and volunteers and is outlined above in 115.31.</p> <p data-bbox="240 445 1477 607">WADOC 530.100, Volunteer Program, states: Volunteer Specialists will be responsible for local oversight of the Volunteer Program, and will ensure eligibility, training, and screening requirements are met. Volunteer Training: Completion of mandatory volunteer orientation training is required before beginning services. All training requires approval from the Headquarters Correctional Program Administrator and will be provided by authorized employees or volunteers trained in the curriculum. Training will include PREA.</p> <p data-bbox="240 692 477 719"><u>Substandard 115.32(a)</u></p> <p data-bbox="240 750 1484 1014">The facility reported, via the PAQ, that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. No volunteers have been at the facility since March 2020, due to restrictions related to COVID-19. There have been 171 volunteers and individual contractors, who have contact with inmates, who have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. WADOC requires all contractors with regular contact with offenders to complete the same training provided to all employees. Certain identified contractors, such as those providing language interpreter services, and all volunteers are required to complete specially designed web-based training. Contracts detail PREA-training requirements.</p> <p data-bbox="240 1046 1481 1135">The auditor reviewed the training curriculum. She was provided with the Brochure given to staff, contractors and volunteers. Also provided with the PREA 102 facilitator guide and training curriculum, training for contractors and volunteers (power point presentation).</p> <p data-bbox="240 1167 1490 1296">Two contractors were interviewed. No volunteers were interviewed because there have been none allowed in the facility since March 2020 – due to COVID restrictions. The contractors provide the education services to the offender population through Walla Walla Community College. Both indicated they had completed PREA training in 2021 and are required to do it annually. They indicated the information provided includes policy, reporting, and confidentiality requirements.</p> <p data-bbox="240 1328 1461 1386">The auditor reviewed a sample of training records of contractors who have contact with inmates. She was provided with a list for contractor training, which had 54 names on it and all had been trained except three.</p> <p data-bbox="240 1417 1493 1610">Per an explanatory memo from the PREA Coordinator: The WADOC requires that all contractors with regular contact with offenders complete the same general training provided to employees. The agency allows for vendors and service providers who have limited, unescorted contact with offenders to complete form 03-478, PREA Acknowledgement, and be provided with the current PREA brochure for staff, contractors and volunteers rather than complete annual training. This typically includes individuals filling vending machines or repairing office equipment, cleaning kitchen equipment, delivering supplies, or performing short-term services in maintenance.</p> <p data-bbox="240 1641 1477 1731">The auditor was provided with the vendor clearance tracking log that is maintained, a list of all approved volunteers, and a list of religious contractors, sign language interpreters, and CRCC volunteer listing. She was also provided with 9 examples of PREA Acknowledgement forms completed by contractors in 2021.</p> <p data-bbox="240 1821 477 1848"><u>Substandard 115.31(b)</u></p> <p data-bbox="240 1879 1461 1973">The facility reported, via the PAQ, that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. All volunteers and contractors have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p data-bbox="240 2004 1452 2063">Both contractors who were interviewed, indicated that the training was a 1 hour class on-line. It covered policy, reporting, confidentiality and zero tolerance.</p> <p data-bbox="240 2094 756 2121">The auditor reviewed a sample of Training Records</p>

Per the explanatory memorandum from the PREA Coordinator: The WADOC requires that all contractors with regular contact with offenders complete the same general training provided to employees. The agency allows for vendors and service providers who have limited, unescorted contact with offenders to complete form 03-478, PREA Acknowledgement, and be provided with the current PREA brochure for staff, contractors and volunteers rather than complete annual training. This typically includes individuals filling vending machines or repairing office equipment, cleaning kitchen equipment, delivering supplies, or performing short-term services in maintenance.

Volunteers and identified contractors are required to complete web-based PREA training. At the conclusion of this training, they are required to sign DOC 03-523, PREA Disclosure and Training Acknowledgement for Volunteers. This form requires participants to acknowledge that they understand all sections of the training course.

Substandard 115.32(c)

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

Relevant documentation was reviewed, as indicated above.

No corrective action was identified for this standard.

115.33	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 624 297"><b>Standard 115.33, Inmate Education.</b></p> <p data-bbox="240 329 579 356"><u>Policy related to Standard 115.33</u></p> <p data-bbox="240 385 691 412">Policy requiring PREA Education of Inmates:</p> <p data-bbox="240 443 1489 703">WADOC 490.800, PREA Prevention and Reporting, outlines the policy on PREA education of offenders. It addresses that individuals under the Department's jurisdiction will be provided PREA related information, which will include information on the Department's zero tolerance stance and ways to report sexual misconduct. Information will be presented in a manner allowing individuals to ask questions of the staff member facilitating the orientation. During intake at any prison, individuals will be given an informational brochure provided by the PREA Coordinator. Individuals will be provided additional PREA information during formal orientation at any prison, or per local procedure for individuals arriving directly to restrictive housing or the infirmary. This information will be communicated in writing and verbally, using either the video or the script approved by the PREA Coordinator, in a manner that is clearly understood.</p> <p data-bbox="240 732 1469 1061">WADOC 310.000, Orientation, addresses admission which will ensure that all newly received incarcerated individuals participate in a program of interviews, testing, and other activities related to the admission process at the receiving facility per DOC 310.150 Reception, Initial Classification, and Custody Facility Plan. Initial reception and orientation will be completed within 4 weeks of admission to the RDC unless medical, mental health, or behavioral issues prevent completion of this process. It addresses orientation and requires that incarcerated individuals arriving at or transferred to a Work/Training Release or Prison, including transfers between an Intensive Management Unit (IMU), will receive an orientation to the new facility unless certain circumstances exist. Prison orientation will be conducted within one week of admission. Employees will document orientation in the incarcerated individual's electronic file and the individual will acknowledge receipt of orientation and the Statewide Inmate Orientation Handbook/facility specific handbook by signing a DOC 21-992 Prison Orientation Checklist in Prison.</p> <p data-bbox="240 1093 1406 1153">WADOC 490.800, PREA Prevention and Reporting, outlines the policy on inmate education in accessible formats. It addresses accommodations due to language barriers and the Americans with Disabilities Act.</p> <p data-bbox="240 1182 798 1209">Policy on consistently available information for inmates:</p> <p data-bbox="240 1240 1484 1402">WADOC 490.800 outlines the policy on consistently available information for offenders. It requires the facility to coordinate monthly checks to verify the PREA hotline telephone number is posted on or near all offender telephones; posters and brochures provided by the PREA Coordinator are posted in areas accessible to individuals and the public, including Health Services areas and Classification Counselor offices; and Report of Prison Rape Elimination Act (PREA) Allegation forms are available for individuals to access in the living units and/or library.</p> <p data-bbox="240 1489 477 1516"><u>Substandard 115.33(a)</u></p> <p data-bbox="240 1547 1484 1709">The facility reported, via the PAQ, inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicion of sexual abuse or harassment. All offenders arriving at this facility are provided information on arrival in the form of a brochure. PREA reporting information as well as information regarding victim advocacy support is provided in the form of posters in the intake area and each living unit. In the inmates admitted during the past 12 months, there were 1111 inmates who were given this information at intake.</p> <p data-bbox="240 1740 1489 1933">During the interview with the intake staff, the auditor was told that when the offenders arrive in the intake area, they are processed by the custody and medical staff. The registered nurse meets with the offender privately and completes a form which addresses a variety of questions. One of the questions is related to prior sexual victimization. If the offender indicates they have been a victim of sexual victimization, the nurse makes a referral to mental health. When the offender receives their new arrival kit, they are provided a copy of a PREA brochure and the orientation handbook. In the orientation handbook, it addresses prior reporting, zero tolerance, and retaliation.</p> <p data-bbox="240 1964 1489 2157">48 random offender interview protocols were completed. Of those, 33 offenders indicated they received information about the facility's rules against sexual abuse and harassment. Most of these indicated they received it on the day they arrived or the next day. Seven offenders indicated they did not receive the information. One offender has been at the facility since before PREA existed and indicated he has seen the video and could get information from the posters, if needed. Seven offenders indicated that they were unsure or didn't remember if they had been provided with information when they arrived at CRCC.</p>

The auditor reviewed intake records of inmates entering the facility in the past 12 months. The list provided shows who arrived and indicates when they completed orientation (comprehensive education). It does not answer (a). The auditor also reviewed PREA education materials to ensure that relevant information is covered. The auditor was provided with the English and Spanish brochures and posters.

The English version of the orientation handbook was being handed out to new arrivals, but the brochure and information in Spanish were not being handed out. This was corrected while the auditor was on-site.

Substandard 115.33(b)

The facility reported, via the PAQ, that the number of those inmates during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education within 30 days of intake was 788. All offenders who are transported to CRCC will receive information on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents via video on the transport bus. CRCC would then complete another comprehensive education on all offender rights in a group setting during offender orientation. Due to COVID restrictions, all group activities were suspended and CRCC had to move to 1 on 1 education between counselor and offender within the units. There was a transition period in which the additional in-person education was not provided. CRCC has since streamlined their intake/quarantine process to include this in-person education and their numbers have improved significantly.

The intake staff member who was interviewed reported, that offenders see the PREA video when they are processed during their initial arrival in the WADOC at Sheldon. When they are transferred, some of the buses show the PREA video. When the offender arrives at CRCC, they receive the offender orientation handbook. The day they arrive or the next day, they are seen by their counselor, who reviews the information with them and completes the risk assessment. Due to COVID – they are not currently offering group orientation, it is provided one-on-one with their counselor.

Of the 48 offenders who completed the random interview protocol, 42 indicated they had been informed that they had a right to not be sexually abused or harassed, how to report an incident of sexual abuse or harassment, and that they should not be punished for making a report. Some of these indicated the information had been given to them prior to coming to CRCC.

Two offenders indicated they had not been given this information and four offenders couldn't remember or were unsure if they had received this information.

The auditor was tasked to review the log or other record corroborating that those inmates received comprehensive PREA education within 30 days of intake. The document provided shows arrivals from July 3, 2020 through June 15, 2021. It contains 1054 names. Of those, 178 were not provided comprehensive education within the required timeframe.

Substandard 115.33(c)

The facility reported, via the PAQ, that of those who were not educated within 30 days of intake, 109 inmates have not been educated subsequently. There has been a large number of offenders moving from institution to institution for quarantine purposes which made it difficult to complete the additional in-person education prior to their departure. Agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. WADOC provides PREA orientation to all offenders when transferring between facilities. Offenders transferring between facilities are shown the PREA orientation video either while in transit or within a short period of time of arrival.

The auditor reviewed inmate education materials, which included the PREA orientation script in English and Spanish. During the materials review, the auditor noted that the information about reporting allegations outside of the WADOC to the Colorado Department of Corrections was very brief and was not thoroughly explained. This avenue of reporting was only very briefly discussed in the orientation handbook. Auditor will recommend in the next revision of the form and handbook, that the information about reporting to Colorado be expanded to include the process and what will happen if they opt to utilize this option for reporting.

The auditor was tasked to review a log or other record corroborating that current inmates received comprehensive PREA education within one year of the effective date of the PREA standards. She requested list of offenders who had been at CRCC prior to 2012 when information for and education of offenders began. The auditor was provided a list of ten offenders, and all had received the orientation.

Ten examples of DOC 21-992 were provided to the auditor. All were signed in 2020 or 2021.

Substandard 115.33(d)

The facility provided, via the PAQ, that inmate PREA education is available in accessible formats for all inmates including those who are outlined in the standard. Offenders arriving at the facility are reviewed to determine if additional venues are needed in order to provide orientation. These include use of materials developed by "End Silence - The Project on Addressing Prison Rape, September 2013" for one-on-one use with offenders with low comprehension. This did not occur during our documentation period.

The auditor was tasked to review inmate education materials to ensure they are in a format accessible to all inmates. Four examples of education materials were provided for individuals identified as low functioning or with low comprehension. In addition, the facilitator guide was provided.

WADOC has several versions of PREA brochures available for low functioning offenders. CRCC 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. The auditor was told that if an offender does not appear to comprehend the information provided, the facilitator in orientation or the offender's counselor takes additional time to explain it to them.

Substandard 115.33(e)

The facility reported, via the PAQ, that it maintains documentation of inmate participation in PREA education sessions. When an offender completes orientation, they sign DOC 21-992 Prison Orientation Checklist which is scanned into OnBase (an electronic document warehouse). In addition, documentation of orientation completion is entered as a certificate in the OMNI system.

The auditor was tasked to review a sample of documentation of inmate participation in education sessions. The auditor was provided with the facility's Orientation Tracking sheet. It documents several offenders who did not receive the comprehensive education within the required timeframes, as discussed above.

The auditor was provided with 10 examples of completed DOC 21-992, PREA Orientation Checklists.

Substandard 115.33(f)

The facility reported, via the PAQ, that it ensures that key information about the PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. When a new offender is received in a prison intake facility, they are given a copy of the statewide Offender Handbook. CRCC provides brochures to all offenders during the intake process, they are also readily available within the living units and classification counselor offices. In addition, PREA posters and brochures are available at all times throughout the facility. Policy also requires that monthly checks be conducted to ensure posters and brochures are located in areas accessible to offenders and the public including Health Services and classification counselor offices.

The auditor was tasked to review education and informational materials in compliance with the standard. Examples of posters in English and Spanish and brochures in English and Spanish were provided to the auditor.

Corrective action was required to attain substantial compliance with this standard. Corrective action was identified as follows:

The auditor was not able to confirm that comprehensive education was completed consistently and within required timeframes. She required the facility to provide a list of new arrivals, monthly. She randomly selected offenders and requested documentation of the comprehensive education being provided. This was monitored for November, December and January. Each month the auditor identified five new arrivals and requested documentation of the comprehensive education being completed. All of the selected new arrivals were provided comprehensive education within the required timeframes.

Through completion of corrective action, the facility demonstrated substantial compliance with the standard.



115.34	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 820 297"><b>Standard 115.34, Specialized Training: Investigations.</b></p> <p data-bbox="240 329 580 356"><u>Policy related to Standard 115.34</u></p> <p data-bbox="240 387 1442 448">WADOC 490.800, PREA Prevention and Reporting, outlines agency training. It establishes the training requirements for agency investigators including the subjects to be included in the lesson plan.</p> <p data-bbox="240 479 1390 539">WADOC 490.860, PREA Investigation, outlines the criteria for PREA investigations and how investigators are to be conducted.</p> <p data-bbox="240 571 1489 598">WADOC 880.100, Corrections Training and Development, outlines mandatory training requirements for agency investigators.</p> <p data-bbox="240 683 477 710"><u>Substandard 115.34(a)</u></p> <p data-bbox="240 741 1489 1001">The facility reported, via the PAQ, that policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. WADOC has established specialized investigator training that provides information regarding the conduct of all PREA-related investigations. This includes but is not limited to: how to conduct an investigation in confined settings; techniques for interviewing sexual abuse victims; the proper use of Miranda and Garrity Warnings; and evidence collection. PREA investigator training was initiated in 2011 when a formal specialized course was launched. When the final PREA standards were released, it was determined that the course content needed to be updated to ensure compliance with the standards. The updated course was launched in November 2013. In order to ensure all prior participants had been provided with the elements that were included in the training update, a PREA Booster Training course was launched. Existing investigators were provided with new information and additional practice in interviewing and report writing. This booster training was only available for a limited period of time and was intended only for those individuals who had completed investigator training prior to the November 2013 update. In order to be a qualified PREA investigator after November 2013, a person must have completed the updated course or the previous version of the training and the PREA booster</p> <p data-bbox="240 1001 1453 1167">The auditor was tasked with reviewing the training curriculum. The auditor was provided with a copy of the Administrative Investigations Training Curriculum and the instructor guide. These documents were reviewed and the auditor found all required component were addressed.</p> <p data-bbox="240 1198 1442 1294">Two WADOC investigators were interviewed. During the interviews, both indicated they had received the specialized training. One indicated he had the training in 2012 and a booster in 2014. The second investigator indicated he had the specialized training about 5-6 years ago.</p> <p data-bbox="240 1326 826 1352">The auditor reviewed training records of investigative staff.</p> <p data-bbox="240 1447 477 1473"><u>Substandard 115.34(b)</u></p> <p data-bbox="240 1505 1474 1713">The two investigators that were interviewed indicated the training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p data-bbox="240 1744 823 1771">The auditor reviewed training records of investigative staff</p> <p data-bbox="240 1803 1493 2018">According to Policy 490.800, PREA Prevention and Reporting, the current training requires that all PREA Investigators be trained in: Crime scene management and investigation, including evidence collection in Prisons and Work Releases; Confidentiality of all investigation information; Miranda and Garrity Warnings, compelled interviews, and the law enforcement referral process; Crisis intervention; Investigation sexual misconduct; Techniques for interview sexual misconduct victims; and Criteria and evidence required to substantiate administrative action or referral for prosecution.</p> <p data-bbox="240 2112 477 2139"><u>Substandard 115.34(c)</u></p>

The facility reported, via the PAQ, that it maintains documentation showing that investigators have completed the required training. A training transcript is maintained for all individuals who have completed official Department training. There are 36 investigators currently employed at CRCC who have completed the required training.

The auditor was tasked to review documentation that investigators have completed training. The auditor was provided with a listing of all WADOC staff who have completed the Investigator training. It was last updated on June 4, 2021. The auditor compared this list to those who completed the investigations that were reviewed to ensure they have completed the required training. A training transcript was provided for the PREA Compliance Specialist at CRCC.

The auditor was provided with a memorandum, authored by the PREA Coordinator, which explains how the investigatory process works including referral to outside law enforcement agencies for any investigation that is determined to potentially contain a criminal element.

No corrective action is required for this standard.

115.35	<b>Specialized training: Medical and mental health care</b>
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1011 297"><b>Standard 115.35, Specialized Training: Medical and Mental Health Care.</b></p> <p data-bbox="240 329 580 356"><u>Policy related to Standard 115.35</u></p> <p data-bbox="240 387 1436 448">WADOC 610.025, Health Services Management of Alleged Sexual Misconduct Cases, outlines specialized medical and mental health training.</p> <p data-bbox="240 479 1477 672">WADOC 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, be trained in: Detecting and assessing signs of sexual misconduct; Responding effectively and professionally to sexual misconduct victims; Completing DOC 02-348 Fight/Assault Activity Review; Preserving physical evidence; Reporting sexual misconduct; and Counseling and monitoring procedures. Additionally all of the contract medical staff must attend the same PREA training that all employees receive every year.</p> <p data-bbox="240 759 475 786"><u>Substandard 115.35(a)</u></p> <p data-bbox="240 817 1477 945">The facility reported, via the PAQ, that there is a policy related to the training of medical and mental health practitioners who work regularly in its facilities. There are 91 medical and mental health care practitioners who work at this facility and have received the training required by agency policy. The percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy is 98%</p> <p data-bbox="240 976 1477 1133">All four medical and mental health staff interviewed indicated they had received specialized training, shortly after they were hired. All indicated the training included instruction on how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom they should report allegations or suspicions of sexual abuse and sexual harassment.</p> <p data-bbox="240 1164 1430 1225">The lesson plan "DOC PREA for Health Services" was provided to the auditor. It was reviewed and found to contain all required content.</p> <p data-bbox="240 1312 475 1339"><u>Substandard 115.35(b)</u></p> <p data-bbox="240 1370 1452 1431">The facility reported, via the PAQ, that medical staff at this facility do not conduct forensic exams. Agency policy requires that all forensic medical examinations be conducted at a health care facility in the community.</p> <p data-bbox="240 1462 1458 1523">The two medical staff who were interviewed, indicated they do not conduct forensic medical examinations at the facility. If one is needed, the offender is taken to an outside medical facility for the examination.</p> <p data-bbox="240 1610 475 1637"><u>Substandard 115.35(c)</u></p> <p data-bbox="240 1668 1484 1796">The facility reported, via the PAQ, that it maintains documentation showing that medical and mental health practitioners have completed the required training. WADOC maintains an official training transcript for all individuals who have completed formal training within the agency. Medical and mental health interns and volunteers are required to complete web based general PREA training and review a Health Services PowerPoint presentation</p> <p data-bbox="240 1827 1474 1919">The auditor was tasked to review documentation that medical and mental health practitioners have completed training. The listing of specialized training for all medical/mental health staff was provided. It was 2 pages in length and contained 141 names and 16 have not completed the training.</p> <p data-bbox="240 2007 475 2033"><u>Substandard 115.35(d)</u></p> <p data-bbox="240 2065 1455 2157">The auditor reviewed training logs of medical and mental health care practitioners to ensure they received the training for employees and contractor/volunteers (depending on their status) in the referenced standards. The auditor was provided with a log of general 2021 PREA training completed by medical and mental health staff. The list contained 87 names and</p>

there were 2 staff who had not completed the training.

Corrective action was required to attain substantial compliance with this standard. The auditor required that the 16 staff who had not received the specialized training be scheduled to complete it. The facility reviewed the list and noted that the staff who were displayed as not completing the training are not assigned to work in the medical or mental health areas. Based on this, the auditor requested a list of all staff assigned to medical and mental health to include their name, classification, date general PREA training was completed and date specialized PREA training was completed. On October 27, 2021, the auditor received the updated list. It had 83 names on it. All but four had completed the general PREA training for 2021 and all had completed the specialized training. Based on this information, the facility is substantial compliance with this standard.

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 999 297"><b>Standard 115.41, Screening for Risk of Victimization and Abusiveness.</b></p> <p data-bbox="240 331 579 358"><u>Policy related to Standard 115.41</u></p> <p data-bbox="240 387 1477 481">WADOC 490.820, PREA Risk Assessments and Assignments, outlines screening procedures including assessments. It requires all PREA Risk Assessments to be completed electronically and in person with the offender. It also addresses initial and intake PREA Risk Assessments.</p> <p data-bbox="240 510 1185 537">WADOC 280.515, Data Classification and Sharing, addresses data classification and handling.</p> <p data-bbox="240 566 1489 696">WADOC 280.310, Information Technology Security, establishes policy. It states that the Department Information Technology (IT) resources are Department property, and the Department is obligated to protect them. The Department will take physical and technical precautions to prevent misuse, unauthorized use, and accidental damage to IT resources, including equipment and data. IT use and access must follow state law, regulations, and Department policies and IT Security Standards.</p> <p data-bbox="240 725 1481 788">Electronic data will be stored and transmitted consistent with their classification per the Data Classification Standards unless a more restrictive data sharing agreement is in place. It also establishes staff responsibilities.</p> <p data-bbox="240 817 1445 880">WADOC 490.820, PREA Risk Assessments and Assignments, outlines PREA reassessments and states that a follow-up PREA Risk Assessment will be completed between 21 and 30 calendar days after the offender's arrival at the facility.</p> <p data-bbox="240 909 1469 1137">WADOC 490.820, PREA Risk Assessments and Assignments, outlines policy on reassessments for cause. It requires For-Cause PREA Risk Assessments will be completed within 10 business days by the assigned Classification Counselor in certain specified circumstances. The Appointing Authority will develop local procedures for notifying the assigned Classification Counselor and PREA Compliance Manager/Specialist of substantiated allegations. The PREA Compliance Manager/Specialist will be notified upon completion of the required PRA. PRAs will be completed for all substantiated offender victims and perpetrators. The assigned Classification Counselor(s) will refer both the perpetrator and victim to Mental Health using DOC 13-509 PREA Mental Health Notification, which will include the reasons for the referral.</p> <p data-bbox="240 1223 475 1249"><u>Substandard 115.41(a)</u></p> <p data-bbox="240 1279 1477 1373">The facility reported, via the PAQ, that it has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. All offenders assigned to WADOC are required to be screened within 72 hours of arrival or transfer between facilities.</p> <p data-bbox="240 1402 1489 1496">There were two counselors, who are responsible to complete risk screening, interviewed on August 17, 2021. Both indicated they are responsible to screen offender for the risk of sexual abuse victimization or sexual abusiveness toward other offenders.</p> <p data-bbox="240 1525 1493 1691">Fifteen of the random offenders interviewed had arrived at CRCC within the last 12 months. Eleven indicated the PREA risk assessment had been completed when they arrived at CRCC. Of the 11, seven indicated the risk screening was done on the first or second day. Two indicated the risk screening was done within a week of arrival and two couldn't remember when it was done. Three offenders indicated the PREA risk assessment was not done when they arrived at CRCC and one wasn't sure if one was done when he arrived at CRCC.</p> <p data-bbox="240 1720 1445 1814">The auditor was not able to observe the intake or screening process while on-site because the facility did not receive any offenders. There were no transports scheduled and the offenders who had arrived the week before had already been screened. The auditor discussed the process with the Sergeant and the Nurse who work in the intake area.</p> <p data-bbox="240 1843 1477 2009">The auditor was provided with a listing of all new arrivals from July 3, 2020 thru June 15, 2021. This list is 38 pages long and has numerous entries on each page. Approximately 1111 names were on the list. Four on the intake PREA Risk Assessments were not completed timely. In addition, the auditor was provided with the movement history and intake PREA Risk Assessment's for 12 of the new arrivals. All examples were completed timely. The auditor was also provided with a copy of the Intra-system Intake Screening that is completed during the intake process by the nurse.</p> <p data-bbox="240 2094 475 2121"><u>Substandard 115.41(b)</u></p>

The facility reported, via the PAQ, that policy requires inmates to be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. During the audit documentation period, 1111 offenders were received at the facility; 1109 offenders were at the facility for 72 hours or more; two left before 72 hours. Assessments were completed within the 72 hours for 1105 offenders.

Two staff who are responsible for risk screening were interviewed. Both staff indicated that they complete the intake risk screening on the day the offender arrives or the next day, depending on time of arrival.

Fifteen of the random offenders interviewed had arrived at CRCC within the last 12 months. Eleven indicated the PREA risk assessment had been completed when they arrived at CRCC. Of the 11, seven indicated the risk screening was done on the first or second day. Two indicated the risk screening was done within a week of arrival and two couldn't remember when it was done. Three offenders indicated the PREA risk assessment was not done when they arrived at CRCC and one wasn't sure if one was done when he arrived at CRCC.

The auditor reviewed records for inmates admitted to the facility within the past 12 months for evidence of appropriate screening within 72 hours.

#### Substandard 115.41(c)

The facility reported, via the PAQ, that risk assessments are conducted using an objective screening instrument. Risk assessments are completed in the Offender Management Network Information (OMNI) system. In the event the system is unavailable, a paper version of the risk assessment can be used and entered into the electronic system as soon as possible.

The auditor was tasked to review the PREA Risk Assessment. The screening instrument is completed electronically and stored in the OMNI system. If the system is not operational, the DOC 07-019, PREA Risk Assessment form, is completed and input into OMNI at a later time.

An explanatory memo from the PREA Coordinator explained: PREA Risk Assessments are completed within a restricted component of the Offender Management Network Information (OMNI) system. Access to this system is restricted to specific classifications of staff.

OMNI maintains all completed assessments along with the response/detail associated with related scoring. All access to this system must be reviewed and approved by the PC to ensure compliance with established restricted access parameters.

The final results of PREA Risk Assessments (potential predator, potential victim, dual identified, or no risk identified) are maintained on the face sheet and in the general status portion of OMNI accessible to staff for use in housing, program, an job assignments.

Nine of the ten criteria listed in PREA 115.41 (d) are included for entry in in the PRA. There is not a location to enter information on civil immigration statues. CRCC does not house offenders solely for civil immigration processing. The PRA also includes fields to enter information about prior acts of sexual abuse, violent offences, and history of prior institutional violence or sexual abuse.

The PRA Assessors guide (08/20) and a power point document (2014) were provided to the auditor. This guide references types of assessment, overdue notifications, navigating the system, accurately completing the PRA, OMNI reports, and some other topics

#### Substandard 115.41(d)

The auditor reviewed the screening instrument. All required components are included in the PREA Risk Assessment, with the exception of item #10. WADOC does not detain individuals solely for civil immigration concerns.

Two staff who are responsible for risk screening were interviewed. Both indicated the risk screening considers stature, size, weight, criminal history, prior victimization, sexual orientation, disabilities, if they feel safe, violence history, status as an LGBTI. Both described the process to including calling the offender into their office, speaking with them about PREA, provide him with additional information about PREA (orientation script is used) and complete the risk screening.

#### Substandard 115.41(e)

Two staff who are responsible for risk screening were interviewed. Both indicated the risk screening considers stature, size, weight, criminal history, prior victimization, sexual orientation, disabilities, if they feel safe, violence history, status as an

LGBTI. Both described the process to including calling the offender into their office, speaking with them about PREA, provide him with additional information about PREA (orientation script is used) and complete the risk screening.

Substandard 115.41(f)

The facility reported, via the PAQ, that it requires a reassessment of each inmate's risk of victimization or abusiveness within a set time, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. All offenders are required to be rescreened between days 21 and 30 calendar days after arrival at the facility. During the audit documentation period, 1058 offenders/residents were received at the facility; 1035 offenders were at the facility for 30 days or more; and, 23 left before 30 days. Follow-up risk assessments (reassessments) were completed within the 21 – 30-day period for 1025 offenders.

Two staff responsible for risk screening were interviewed. Both staff indicated that a follow-up risk screening is conducted between 21-30 days of arrival. This is done in the counselor's office.

Of the 15 offenders who had arrived at CRCC within the past 12 months, seven indicated they had met with their counselor a second time and updated the PREA risk assessment. Eight offenders indicated they had not met with anyone after the initial PREA risk screening was completed.

The auditor was tasked to review records of initial assessment and reassessment for risk of sexual victimization or abusiveness. The auditor was provided with a list of arrivals from July 3, 2020 through June 15, 2021. This list documented the arrival date, the date the follow-up PRA was due and the date it was completed. The list was 36 pages long and contained approximately 1058 names. 10 were not completed within the required timeframes.

The auditor was provided with 11 examples of completed follow up PRA's and the movement history to verify date of arrival. All were completed timely.

Because of the discrepancy between the information received during the offender interviews and the documentation received, the auditor has determined that the risk screening process will be monitored during the corrective action period.

Substandard 115.41(g)

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

Two staff who are responsible for risk screening were interviewed. Both staff indicated they would complete an additional risk screening if they received a referral, request, incident of sexual abuse, or receipt of additional information that could potentially change the offender's risk of sexual victimization or abusiveness.

Of the seven offenders who indicated they had received a follow-up risk screening, only two stated it occurred within 30 days. The remaining five weren't sure when it was done.

The auditor reviewed records of inmates who were reassessed for risk of sexual victimization or abusiveness. The auditor was provided with a list of substantiated cases resulting in a for-cause PRA which contained two names. She also reviewed seven examples of records of inmates who have been victims or perpetrators of sexual abuse for confirmation of reassessment.

Substandard 115.41(h)

The facility reported, via the PAQ, that policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information) related to questions regarding: 1) whether or not the inmate has a mental, physical, or developmental disability; 2) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; 3) whether or not the inmate has previously experienced sexual victimization; or the inmate's own perception of vulnerability.

Two staff who are responsible for risk screening were interviewed. Both staff indicated that offenders are not disciplined for refusing to answer or for failing to provide complete responses to questions about mental, physical, or developmental disabilities; their status as an LGBTI; or whether the offender has previously experienced sexual victimization.

WADOC 490.820 indicates that offenders are not disciplined for refusing to respond to these questions.

Substandard 115.41(i)

The PREA Coordinator indicated, during her interview, that policy 490.820 identifies who has access to the information that is gathered from the PREA Risk Assessments. She indicated that specific groups of staff, based on their classification are given access. The PREA Coordinator reviews and approves requests from any other staff.

The PCM reported, during her interview, that the agency has established who will have access to the information gathered on the risk screening tool. It is limited to counseling staff and management staff. She indicated their designation as a potential victim or potential predator are available to all staff.

The two counselors interviewed indicated that only classification and administrative staff are able to access the information from the PREA Risk Assessment.

WADOC 490.860, PREA Investigations, states that all PREA data containing personal identifying information will be maintained as Category 4 data per WADOC 280.515, Electronic Data Classification.

Corrective action was required to demonstrate compliance with this standard. Corrective action consisted of the following:

The auditor was not able to confirm that follow-up PRAs were being consistently completed and completed within required timeframes. She determined she could use the list of new arrivals provided in standard 115.33, to randomly select PRA reassessments to review for completion within the required timeframes. The auditor received lists of new arrivals for November, December and January. She utilized the same names as were selected in standard 115.33 and requested documentation that the follow-up PRA reassessments had been completed within the required timeframes. All selected offender reassessments were completed within the required timeframe.

The auditor also required the facility to develop a process to have the offender sign the call-out slip or other form, when they see their counselor for the completion of the PRA reassessment. In December, the auditor received the new process that had been developed and noted it was in use for the new arrivals during December and January.

Through corrective action, the facility was able to demonstrate substantial compliance with this standard.



115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 751 297"><b>Standard 115.42, Use of Screening Information.</b></p> <p data-bbox="242 331 580 358"><u>Policy related to Standard 115.42</u></p> <p data-bbox="242 387 1417 450">WADOC Policy 490.820, PREA Assessments and Assignments, outlines the use of screening information. It includes job/programming assignments and housing assignments.</p> <p data-bbox="242 479 1485 705">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="242 734 1477 929">DOC 490.820, PREA Risk Assessments and Assignments, outlines transgender assignments. It includes housing and programming assignments for transgender and intersex offenders and requires the assignments to be reviewed, initially and prior to any transfer, by a local review committee for all offenders who identify as transgender or intersex. Reviews will be documented on DOC 02-384, Protocol for the Housing of Transgender and Intersex Offenders, which will be scanned into a secure site in the electronic imaging system accessible only by the PREA Compliance Manager/Specialist and the Correctional Program Manager/CCS or higher rank.</p> <p data-bbox="242 958 1485 1391">Initial housing reviews will be completed within 10 business days of disclosure by the offender of transgender or intersex status. At a minimum, the assigned Classification Counselor, representative from medical, and representative from mental health, if available on-site, will meet individually with the offender in a location where confidentiality can be maintained before the review committee meets. The committee will meet, either in person or by phone, to discuss the case and determine its recommendation. Housing placement recommendations will be submitted to the PREA Coordinator, who will review and forward the submission to the Prisons Command A Deputy Director for final review and approval. Local FRMT processes will be suspended until the housing review has been approved. A confidential PREA hold will be established in the electronic file as soon as an offender identifies as transgender or intersex. This hold will remain in effect until the offender releases or his/her status as a transgender or intersex offender has been revised. Review committees will reassess placement and programming assignments every 6 months using DOC 02-385 Protocol for Housing Review for Transgender and Intersex Offenders to review any threats to the offender's safety. A Headquarters Multidisciplinary Team (MDT) will meet to review housing assignments as determined and chaired by the Prisons Command A Deputy Director. Housing decisions requiring review by the MDT will be completed within 30 days.</p> <p data-bbox="242 1420 1457 1547">WADOC 490.700, Transgender, Intersex, and/or Gender Non-Conforming Housing and Supervision, addresses intake screening. DOC 02-420, Preference Request will be completed if an individual identifies as Transgender, intersex, and/or gender non-conforming. Housing decisions will be determined based on several factors as identified in DOC 420-140, Cell/Room Assignment.</p> <p data-bbox="242 1637 475 1664"><u>Substandard 115.42(a)</u></p> <p data-bbox="242 1693 1477 1854">The facility reported, via the PAQ, that it uses information from the risk screening required by 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. 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. In addition, the PRA information is used in the following manner in classification decisions:</p> <p data-bbox="242 1883 1485 2145">Prior to an offender transferring from one facility to another, a transfer manifest is prepared by the DOC transportation unit. Designated staff at the receiving facility complete an Incoming Transport Job Screening (ITJS) for each offender on the manifest prior to his/her arrival. The ITJS includes information of any history of predatory violence or predatory sexual violence, history of medical/mental health needs, safety/security concerns that impact housing or programming and appropriateness of specific work assignments. PREA screening results are also documented and if an offender displays an increased potential for sexual victimization or predation, staff are expected to document this in the summary section and note any necessary instructions for any safety plans/monitoring plans for work or programming assignments. This screening is documented in the electronic OMNI system.</p>

Classification staff complete a PREA transfer assessment with 72 hours of arrival and an Intake Classification Custody Facility Plan Review within 30 days of arrival. If a monitoring plan is needed due to an increased potential for sexual victimized or predation, a monitoring plan is developed and entered in an OMNI Chrono and included in the comment section of the Custody Facility Plan (located in OMNI).

Classification staff update the status of a monitoring plan at each classification review held either every six months or annually based on the offender's sentence structure.

The auditor reviewed documentation of use of screening information to make housing, bed, work, education and program assignments. The auditor also reviewed documentation of how decisions are made. The auditor was provided with the 2019 PRA Housing Guide. This document addresses assessments, navigating the OMNI system, screening and housing assignments and monitoring plans. It directs that Local Operational Memorandums should define acceptable housing placements of at-risk offenders in dormitory settings, and what actions are required when potential conflicts in housing assignments are found. The local Operations Memo was forwarded to the Auditor. It has been modified from the statewide policy, but is pretty brief in the detail it provides.

The PCM indicated, during her interview, that the information gained through the PREA Risk Assessment is utilized to make housing and programming decisions.

The staff responsible for risk screening indicated, during their interview, that the information is used to make housing and programming assignments. The information from the PREA Risk Assessment, monitoring plans and counselor interviews is considered when making these decisions.

The auditor was tasked to review documentation of risk-based housing decisions. Twelve examples of PREA risk assessment housing reviews were provided. In addition, six examples of Incoming Transport/Job Screening checklists were provided.

The auditor was provided with a memo authored by the Assistant Secretary of Prisons and the Assistant Secretary of the Reentry Division. This memo is dated February 3, 2020 and set the expectations on how offenders should be handled if they do not have a PREA Risk Assessment on file upon their arrival.

#### Substandard 115.42(b)

The facility reported, via the PAQ, that it makes individualized determinations about how to ensure the safety of each inmate. Within WADOC, all classification, programming, job, and housing assignments are made on the risk-based information obtained for each individual offender/resident. This is documented via the information provided with 115.42 (a).

The staff responsible for risk screening who were interviewed, indicated that the information gathered on the PREA Risk Assessment is used to make housing and programming assignments. The information from the PREA Risk Assessment, monitoring plans and counselor interviews are considered when making these decisions.

The auditor reviewed the IJTS for six offenders and determined that all case factors are considered in making housing and program decisions. In addition, the auditor reviewed monitoring plans for 10 offenders that were provided.

#### Substandard 115.42(c)

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

The PCM indicated, during her interview, that the agency conducts housing reviews for all transgender, intersex and gender non-conforming offenders. It is initiated by the assigned counselor. They consider all case factors when the offender is requesting transfer including medical and mental health consideration, behavior in the institution and any victim or predator consideration. The recommendation from the facility is forwarded to the Deputy Director of Prisons, who make the decision about the transfer. Anytime an offender is moved, this process is done.

Three transgender offenders were interviewed. Two of these offenders indicated they were asked questions about their

safety. One of the offenders indicated they were not asked about their safety and indicated they felt the staff were embarrassed to ask. All three transgender offenders indicated they have not been put in a housing area only for transgender or intersex offenders.

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 one trans-women and one trans-male housed in a facility that does not conform with their birth gender in the State of Washington. This was completed after considering all of their case factors, physical and mental health and the offender's request to be housed in a women's/men's facility for their safety.

A list of transgender and gender non-conforming offenders and many preference forms and MDT committees reviewing housing for these individuals were provided. The committee reviews appear to be specific to the offender and therefore, are on a case-by-case basis.

#### Substandard 115.42(d)

The PCM indicated, during her interview, that transgender, and intersex offenders are reassessed at least once every six months. During the six month review, the counselor calls the offender in into the office to check in with them and see how they are doing, if they have had any issues, if they feel safe, if there have been any changes to their medical or mental health and if there are any significant appearance changes.

The two staff who complete PREA risk assessments, during their interviews, indicated that placement and programming assignments are reassessed at least twice each year. They indicated the computer sends them a reminder when the reassessment needs to be completed.

The auditor reviewed documentation of reassessment of programming assignments for several transgender or intersex inmates in compliance with the standard.

Every six months each transgender and intersex offender is re-evaluated utilizing form DOC 02-385, Protocol for Housing Review for Transgender and Intersex Offenders. These reviews are a comprehensive assessment of the offender's safety concerns, including the offender's own perceived views of his or her safety. The DOC 02-354 is forwarded to the Deputy Director of Prisons Command for final approval.

#### Substandard 115.42(e)

The PCM indicated that the offenders views are considered when making housing and programming decisions.

Two staff responsible for risk screening were interviewed. Both staff indicated that the transgender or intersex offender's view with respect to their safety is given serious consideration in determining programming or housing assignments.

Three transgender offenders were interviewed. Two of these offenders indicated they were asked questions about their safety. One of the offenders indicated they were not asked about their safety and indicated they felt the staff were embarrassed to ask.

#### Substandard 115.42(f)

The PCM indicated, during her interview, that all showers are individual stalls. If the transgender or intersex offender is not comfortable showering in their assigned housing unit, they can request, through the PREA Compliance Specialist to shower in medical.

The two counselors, who are responsible for risk screening, indicated, during their interviews, that transgender and intersex offenders are able to shower separately from other offenders, if they request to do so.

All three transgender offenders indicated they are able to shower separately from other offenders, as all of the showers are individual stalls.

During the tour of the facility, the auditor noted that all showers are in individual shower stalls. Some of the stalls have doors on the front and some have shower curtains.

Substandard 115.42(g)

The PREA Coordinator stated, during her interview, that all housing assignments are made by classification staff. The offender's case factors are considered in making these assignments. It is the responsibility of institution staff to ensure that offenders from the LGBTI community are not grouping up after these initial housing assignments.

The PCM indicated that the facility is not subject to any consent decrees, legal settlements, or legal judgments for the purpose of protecting such inmates.

Five gay and transgender offenders were interviewed. All indicated they have not been put in a housing area only for Gay, Bi-Sexual, Transgender or Intersex offenders.

The auditor was tasked to review the title, status, and findings of any consent decree, legal settlement, or legal judgement requiring a facility to establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates. She was informed, by the PREA Coordinator, that there are none. She reviewed the documentation of housing assignments of inmates identified to be gay, bisexual, transgender, or intersex for compliance with the standard.

Per a memo from the Assistant Secretary , Prisons Division, dated May 19, 2020, Superintendents shall not house transgender or intersex offenders in a specific area of their facilities, based solely on this status. He further indicates this direction will be included in policy, during the next revision.

No corrective action was identified for this standard.

115.43	<b>Protective Custody</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<b>Standard 115.43, Protective Custody.</b>	
<u>Policy related to Standard 115.43</u>	
<p>WADOC 490.820, PREA Risk Assessment and Assignment, outlines protective custody for PREA allegations. It addresses housing assignments for offenders who score as potential victim, potential predator and dual identifiers.</p> <p>WADOC 320.255, Restrictive Housing, addresses general conditions of confinement and conditions of confinement modifications.</p>	
<u>Substandard 115.43(a)</u>	
<p>The facility reported, via the PAQ, that it has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. During the audit documentation period, there were no offenders who were placed in secured / restricted housing based on their risk for sexual victimization. This was confirmed via a memorandum authored by the Superintendent dated August 12, 2021.</p> <p>During the interview with the Superintendent, he indicated that they keep the victim in general population as long as possible. They consider all other alternatives first before impacting the victim and will almost always move the alleged abuser before any movement of the victim.</p> <p>The auditor was tasked to review records and documentation of housing assignments of inmates at high risk of sexual victimization. Checked while on-site and did not identify any offender who had been placed in segregation due to risk of victimization.</p>	
<u>Substandard 115.43(b)</u>	
<p>There were two staff who supervise offenders in segregated housing interviewed. Both indicated that offenders in segregated housing do not have access to programs, education or work opportunities. They are allowed to have a radio and can purchase from the offender store. Both of the staff interviewed indicated they do not document when opportunities are limited, the duration of the limitations, and the reasons for such limitations.</p> <p>The interview protocol for Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse, was not utilized as there were no offenders who met this criteria.</p> <p>The audit team, noted during the facility tour, that there were no offenders housed in segregation, for risk of victimization or after having reported a sexual assault allegation.</p> <p>The auditor was tasked to review documentation of in-cell and out-of-cell programs, privileges, education, and work opportunities for inmates in segregated housing for this purpose. There were none during the review period, so there was no documentation to review.</p> <p>The auditor noted that supervisory staff in segregation did not know about the requirement to document when privileges have been limited, but they have had none during the documentation review period. The auditor will ask this direction be added to procedures or post orders, so when, in the future, a victim is placed in segregated housing, the standard can be complied with.</p>	
<u>Substandard 115.43(c)</u>	
<p>The facility reported, via the PAQ, that there were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing, in the past 12 months, for longer than 30 days while awaiting alternative placement. This was verified via a memorandum authored by the Superintendent, dated August 17, 2021.</p>	
<p>The Superintendent indicated, during his interview, that an offender who is at high risk for sexual victimization or who has reported sexual abuse could be placed in involuntary segregated housing, but it would be only until they could find</p>	

appropriate alternative housing for the individual. They could stay in there from 24 hours up to a maximum of 30 days.

The two staff who provide supervision in segregated housing indicated that a victim or potential victim would only be placed in involuntary segregated housing until appropriate alternative housing is identified. One of the staff indicated it could be for up to a couple of weeks and the other stated it could be for up to a month.

The interview protocol for Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) was not utilized because there were no offenders who met this criteria.

The auditor was tasked to review records for length of placement in segregated housing for those at risk of sexual victimization to verify that: 1) Inmates are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged; and 2) Inmates are placed in involuntary segregated housing for a period that does not ordinarily exceed 30 days. There were no offenders placed in segregated housing for risk of sexual victimization.

Substandard 115.43(d)

The facility reported, via the PAQ that from a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, there were no offenders placed in segregation. During the audit documentation period, there were no offenders who were placed in secured/restricted housing based on their risk for sexual victimization. If an offender was at risk from abusers and there was no alternative, the offender could be placed in secured housing for no longer than 24 hours so that a transfer to a different facility could be facilitated.

There were no case files, of inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months, to be reviewed.

Substandard 115.43(e)

The facility reported, via the PAQ, that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

There were no instances of offender being retained in segregated housing for more than 30-days, so there was no documentation of 30-day reviews available to review.

The staff, who supervise offenders in segregation, interviewed indicated that the offender would be reviewed regularly. One of the staff indicated they are initially seen within the first 2 days, then 14 days later. After that they are required to be seen once every 7 days. They track the time when the offender needs to be seen utilizing a spreadsheet. Both indicated that it is very rare for a sexual assault victim to be placed in involuntary segregated housing. She indicated that she does not recall it happening since she has been working in segregation.

The interview protocol for Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) was not utilized because there were no offenders who met this criteria.

Corrective action was required to attain compliance with this standard. Although there have been no instances when a victim was placed in involuntary segregated housing, the supervisory staff were not aware of the requirement to document the limitation of in-cell and out-of-cell programs, privileges, education, and work opportunities. The auditor requested that training be provided to the staff assigned in segregated housing and if needed, update the internal procedures to include these expectations. On October 21, 2021, the auditor received an e-mail that the supervisory staff in segregation had received training on the requirements of this standard. In addition, the local operational memorandum had been updated to address this information.

Based on the completion of the requested corrective action, the facility is in substantial compliance with standard 115.43.

115.51	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 624 297"><b>Standard 115.51, Inmate Reporting.</b></p> <p data-bbox="240 329 580 356"><u>Policy related to Standard 115.51</u></p> <p data-bbox="240 387 1430 448">WADOC 490.800, PREA Response and Reporting, addresses reporting of incidents. It details the numerous ways that offenders may report PREA allegations.</p> <p data-bbox="240 479 1465 571">WADOC 450.100, Mail for Prison Offenders, addresses legal mail. It states that incarcerated individuals have the ability to correspond by means of legal mail. Legal mail must meet specific requirements and is subject to inspection to ensure the contents qualify as legal mail.</p> <p data-bbox="240 602 1497 795">WADOC 490.850, PREA Response, states that staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident. Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process. A flow chart is provided for Staff to follow.</p> <p data-bbox="240 826 1485 1052">Reporting information is provided to the offenders during orientation (script provided to the auditor) and in the offender handbook (copy provided to the auditor). The Offender's handbook lists seven different options for offenders to report a PREA allegation. These options include: Report verbally to a staff member, volunteer or contractor; Send a kite, written note or written statement to any staff; Send a KIOSK message; Call the PREA hotline toll free; Write the Department PREA Coordinator, State Attorney General or the Governor's Office. Legal mail is an acceptable method for this purpose; Send an Offender Grievance; Send a report of Prison Rape Elimination Act Allegation form (DOC 21-379). Several of these options allow the offender to remain anonymous.</p> <p data-bbox="240 1142 477 1169"><u>Substandard 115.51(a)</u></p> <p data-bbox="240 1200 1489 1491">The facility reported, via the PAQ, that it has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about sexual abuse or sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to such incidents. WADOC provides offenders with multiple reporting venues, to include a confidential toll-free hotline, verbal reports to any staff, kites, grievances, and legal mail to designated individuals. Use of the hotline does not require the offender to input a personal identifying number (IPIN) and calls are exempt from recording or monitoring by the facility. The state's definition of legal mail includes correspondence to and from the agency's PREA Coordinator and correspondence to the PREA auditor. Reporting methods are addressed in the offender orientation video, detailed in offender brochures, and included in offender handbooks.</p> <p data-bbox="240 1523 1409 1583">The auditor reviewed documentation on inmate reporting policies, posters, brochures, the offender handbook and the orientation script.</p> <p data-bbox="240 1673 477 1700"><u>Substandard 115.51(b)</u></p> <p data-bbox="240 1731 1485 1989">The facility reported, via the PAQ, that it provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. Offenders are able to anonymously and confidentially send allegation information to the Colorado Department of Corrections, which serves as the agency's external reporting entity. This is done via DOC 21-379 Report of Prison PREA Allegation form which is available in offender accessible areas of the facility along with pre-addressed envelopes. The agency does not have a policy requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. WADOC does not detain persons solely for civil immigration purposes. They must be incarcerated on a criminal matter.</p> <p data-bbox="240 2020 1465 2112">The auditor reviewed agreements with outside public or private entity responsible for taking reports. The agreement with Colorado DOC expires on 3/1/2022. The tracking log of the allegations received from CDOC was provided and it included four entries. One of those entries was from an unknown sender.</p>

The PCM indicated, during her interview, that they have a Memorandum of Understanding in place with the Colorado Department of Corrections to act as the public agency to accept PREA reports. She indicated that the forms are available in all the housing units, along with an envelope. The offender completes the form, places it into the envelope and drops it in the resolutions box. That box is emptied by the resolutions coordinator 3 times per week. When the resolutions coordinator sees an envelope addressed to the Colorado Department of Corrections, they hand-deliver it to the mailroom. It is mailed out without being searched. The form is not required to be utilized.

Only one of the random interview protocols completed identified the option to report to the Colorado Department of Corrections. When asked about making a report without leaving their name, two offenders did not answer the question. Four indicated they were not sure and 42 indicated they can make a report without leaving their name. WADOC does not detain offenders solely for civil immigration purposes.

During the facility tour, the auditor noted Information about reporting to the Colorado DOC was included on the PREA posters. This reporting mechanism is addressed, very briefly, in the offender handbook. The handbook does not provide a good description of the purpose of reporting to Colorado or what will happen, if the offender sends a report to Colorado DOC. This has been identified as an area that will require corrective action.

We found the reporting forms in most of the housing units, but they were in a slot by the officer's station. There was no sign or indication of what the envelopes/enclosed forms are used for.

The auditor reviewed the offender PREA brochure. It provides ways an offender can report, but does not list the option to send the allegation outside of the agency to Colorado. The auditor also reviewed the orientation script, it indicates "send a Report of PREA Allegations form to the PREA Reporting Office. These forms are available in living units and library.

Eighteen random staff were interviewed. Of those, all provided multiple ways an offender can report an allegation of sexual abuse or sexual harassment. These included dropping a kite, calling the hotline, telling staff, writing a letter to the outside agency in Colorado, file a grievance, tell family or friends, through J-pay, and report to the Ombuds.

48 Random Offender Interview protocols were completed during the on-site portion of the audit. When asked how the offender would make a report, three offenders indicated they weren't sure how they would make that notification. The remaining 45 provided a variety of responses, as follows: tell staff, call the hotline, write a note or kite, write a grievance, report on kiosk. When asked about reporting outside of the WADOC, a summary of the responses from the 45 offenders, were as follows: 31 indicated they could report outside of the WADOC by contacting family, their therapy aide, friends, and the ombuds. One indicated he could send a form to Colorado. Six offenders indicated they could not report outside of the WADOC and eight indicated they were unsure or didn't answer the question.

The auditor noted, during the tour of the facility, that PREA posters were posted in every housing unit and in several other locations around the facility. The Colorado reporting forms were available at the officer's podium, but the area where they were was not marked in any way to identify the purpose of these forms.

The auditor was provided with the CRCC Complaint log 6/16/20 through 6/15/21. This includes a column on how the initial report was made.

#### Substandard 115.51(c)

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

The auditor was tasked to review relevant documentation on inmate reporting. Statewide Offender handbook was provided in English. It provides a lot of detailed information about PREA. It is available in Spanish. Posters and Inmate Brochures were provided in both English and Spanish. She was also tasked to review documentation made from verbal reports. While reviewing a sampling of investigations, the auditor noted that several of the allegations were made verbally by offenders. The report was documented by the staff and included with the investigative documentation.

Eighteen random staff were interviewed. All indicated that offenders can report verbally, in writing, anonymously, or via a third party. All indicated once they receive the report, they would contact the shift commander. All but one indicated they would document the information provided to them as soon as possible, but definitely before the end of their shift. One indicated they would document, if instructed by the shift commander.

48 random offender interview protocols were completed during the on-site portion of the audit. When asked if they can make a report verbally, in writing, anonymously and via a third party, 45 offenders indicated they could. One did not answer the question, one indicated they could not make a report, and one stated he was told he could make a report using a translator.



Substandard 115.51(d)

WADOC 490.850, PREA Response, address staff reporting and specifically states that 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 who fail to report an allegation or incident, or who knowingly submit or coerce/threaten another to submit incomplete or untruthful information may be subject to corrective/disciplinary action.

The facility reported, via the PAQ, that it has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. WADOC policy allows for staff to report allegations of a highly sensitive nature (e.g., allegations against the Shift Commander or Community Corrections Supervisor or in which that person may have a conflict of interest) directly to the Appointing Authority or Duty Officer. This information is also contained in PREA training provided to all staff. Staff are informed of these procedures via the agency policy, addressed in PREA training, and included in a PREA brochure available for staff, contractors and volunteers.

The auditor was tasked to review documentation on staff reporting. The Brochure for staff, contractors and volunteers was provided. It addresses the duty of staff to report, but doesn't address privately reporting.

The 18 random staff indicated that they would make their report to the shift commander unless they needed to report a sensitive issue, then they would report to the duty officer or the appointing authority.

Corrective action was required to attain compliance with this standard. Corrective action required the facility to: 1) provide a more thorough explanation of the purpose of the outside reporting agency during offender orientation and add some additional language to the Offender Orientation Handbook; and 2) provide information in the Offender Orientation Handbook and during offender orientation about where the CDOC forms are available. In addition, the auditor recommended that during the next statewide revision, the agency enhance the information about reporting outside the agency in the Offender Brochure and the statewide Offender Handbook. During the corrective action period, the facility provided the auditor with the local offender handbook. On October 20, 2021, the auditor received a draft copy of the facility handbook with edits to provide additional information about the outside reporting agency and where the forms are located. The auditor was in agreement with the proposed edits. This handbook along with the PREA Brochure are provided to the offender during the intake process. The auditor was informed that Offender Orientation was being done via video due to COVID concerns. That is being changed back to in-person, within the cohort the offender was received with. This will allow the offenders to ask questions about PREA during their orientation.

Based on the corrective action that has been completed, the facility has demonstrated substantial compliance with this standard.

115.52	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 858 297"><b>Standard 115.52, Exhaustion of Administrative Remedies.</b></p> <p data-bbox="240 331 579 358"><u>Policy related to Standard 115.52</u></p> <p data-bbox="240 387 1493 481">WADOC 550.100, Resolution Program, establishes the policy to include that resolution requests alleging sexual misconduct will be forwarded immediately to the applicable authority per DOC 490.850 PREA Response and will not be reviewed through the resolution process.</p> <p data-bbox="240 510 1449 571">WADOC 490.800, PREA Response and Reporting, addresses methods for reporting sexual abuse or sexual harassment allegations.</p> <p data-bbox="240 600 1473 728">WADOC 490.860, PREA Investigation, addresses discipline for offenders under the Department's jurisdiction. It states that individuals in prison may be subject to disciplinary action per DOC 460.050, Disciplinary Sanctions for violating Department PREA policies and that alleged victims are not subject to disciplinary action related to violating PREA policies except when the formal PREA investigation resulted in a determination that the allegation was unfounded.</p> <p data-bbox="240 815 475 842"><u>Substandard 115.52(a)</u></p> <p data-bbox="240 873 1493 967">The facility reported, via the PAQ, that it has an administrative procedure for dealing with inmate grievances regarding sexual abuse. WADOC has formal procedures in place to address offender resolution requests as documented in agency policy 550.100, Resolution Program.</p> <p data-bbox="240 996 1489 1292">The auditor was provided with the Resolution program manual in Spanish and English. The auditor noted during her review of the materials, that if an offender files a request for resolution alleging sexual misconduct, a copy of the grievance is forwarded to the WADOC PREA unit. If it is determined that the issue of the request for resolution is not related to PREA, the offender may pursue the issue through the resolution 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 resolution program manual and the offender handbook.</p> <p data-bbox="240 1379 475 1406"><u>Substandard 115.52(b)</u></p> <p data-bbox="240 1438 1485 1599">The facility reported, via the PAQ, that policy allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred and does not require an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Offenders are not required to use an informal process (grievance or otherwise) to attempt to resolve an alleged incident of sexual abuse or sexual harassment. This information is contained in the Resolution Program Manual available to all offenders.</p> <p data-bbox="240 1628 1434 1688">The auditor reviewed the offender handbook to determine that relevant information regarding appeals is provided. She noted all required information is included.</p> <p data-bbox="240 1718 1485 1845">The auditor was provided with a memorandum authored by the Secretary of Corrections, dated January 22, 2021. It outlines the grievance process for WADOC and explains that offenders are required to exhaust their administrative remedies (i.e., resolutions process) before filing litigation. Since WADOC removed PREA allegations from the established resolutions process, the submission of a formal grievance would not be a prerequisite for an offender to file related litigation.</p> <p data-bbox="240 1933 475 1960"><u>Substandard 115.52(c)</u></p> <p data-bbox="240 1991 1477 2152">The facility reported, via the PAQ, that policy allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Facilities are required to provide conveniently located resolution request boxes for offenders to submit complaints. Resolution staff members maintain the only keys to resolution boxes. When resolution boxes are not available, offenders may request envelopes for their resolution requests. Policy also requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the</p>

complaint. Resolution Requests alleging any form of sexual assault, sexual abuse, and/or staff sexual misconduct are processed in accordance with DOC 490.800 PREA Prevention and Reporting.

Substandard 115.52(d)

The facility reported, via the PAQ, that policy requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months, there were seven grievances filed that alleged sexual abuse/harassment. Of those seven, all reached a final decision within 90 days after being filed and the auditor was provided with a copy of the log, to verify this information. The facility always notifies the inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made. Any resolution request containing a PREA allegation is removed from the formal resolution process. Therefore, the offender's resolution request is promptly responded to and no resolution request response is extended beyond established timeframes.

The auditor was tasked to review supporting logs/records that involved an extension. The auditor reviewed the log and noted there were none. As stated above, PREA grievances are removed from the grievance process upon receipt and moved into the PREA investigation process. The offender is notified of this.

Three offenders who reported a sexual abuse incident were interviewed. When asked if they were told in writing of any decision made about their report, all indicated they were not. One offender indicated he was told verbally about 40 days after he made the allegation. One offender indicated he did not make a report, it was done by a third party, and he never received any information about the outcome of the investigation. None of the three allegations were made via the grievance or resolutions process.

The auditor was tasked to review any grievance that alleged sexual abuse and their final decision. A listing of the grievances that were filed via the resolution process was provided to the auditor. There were 7 filed. Of those, 5 were referred back to the institution for investigation. One was incorporated into an existing investigation, and one was determined not to be PREA.

The auditor was provided with an explanatory memo from the PREA Coordinator – detailing the processing of a grievance filed that contains a PREA allegation.

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.

Substandard 115.52(e)

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

There was no documentation of third-party reports and declination of third party assistance by offenders.

Substandard 115.52(f)

The facility reported, via the PAQ, that policy allows for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The Resolution Program Manual is authorized by agency policy 550.100, Resolution Program as noted in the reference section of the policy. The manual details applicable timeframes and provides specifications regarding the resolution program. Policy for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. There have been no emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months.

The auditor was tasked to review documentation of emergency grievances filed per this standard. After reviewing the grievance log and the PREA Incident Tracking log, the auditor determined there were no emergency grievances filed during the documentation period.

Substandard 115.52(g)

The facility reported, per the PAQ, that it has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. An offender can only be disciplined when the investigation determined that (1) staff did not consent to the contact, and/or (2) the offender provided false information. A report of sexual abuse made in good faith is not considered providing false information. In the past 12 months, there were no inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith.

The auditor was tasked to review documentation of any disciplinary actions taken as a result of an inmate filing a grievance in bad faith. Per a memo authored by the Superintendent on August 12, 2021, there were no offenders disciplined during the review period for filing a grievance in bad faith.

Corrective action has not been identified for this standard.

115.53	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 903 297"><b>Standard 115.53, Inmate Access to Outside Support Services.</b></p> <p data-bbox="240 329 579 356"><u>Policy related to Standard 115.53</u></p> <p data-bbox="240 387 1481 546">WADOC 490.800, PREA Response and Reporting, addresses community victim advocates. It indicates that offenders will have toll-free access to the Sexual Assault Support and Information Line operated by the Office of Crime Victims Advocacy (OCVA). Sexual assault support services may also be obtained through legal mail addressed to Just Detention International and that mail sent to this agency will be handled as legal mail DOC 450.100, Mail for Individuals in Prison. It also indicates that in-person consultations may be available for offenders.</p> <p data-bbox="240 633 475 660"><u>Substandard 115.53(a)</u></p> <p data-bbox="240 692 1485 952">The facility reported, via the PAQ, that it provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers for victim advocacy or rape crisis organizations. CRCC has established a partnership with the OCVA. WADOC has entered into a partnership with the OCVA to provide support services to all offenders under the jurisdiction of the department. This is coordinated centrally, with offenders able to call a toll-free phone line to speak with a support specialist who can then transfer the call to a community sexual assault program partnered with the facility as needed to provide continued support to the offender. The community-based advocate can make arrangements for the offender to call the line at designated times to speak with the advocate, or the advocate can make arrangements with the facility, on a case-by-case basis, to provide on-site support to the offender. OCVA sub-grants funds to the local advocacy agency partnered with each facility to support this work. It is noted that during COVID-19 response, access was temporarily limited, and restrictions were placed on both the facility and local hospitals. Advocacy supports were temporarily limited to telephone contact only. Offenders/residents were notified of this temporary process. The agency does not provide mailing addresses and telephone numbers for immigrant services agencies for persons detained solely for civil immigration purposes, because the WADOC does not detain offender solely for immigration concerns. The facility strives to enable reasonable communication between inmates and these organizations in as confidential a manner as possible.</p> <p data-bbox="240 1218 1453 1312">The auditor was tasked to review handbooks or written materials prepared for inmates pertinent to reporting sexual abuse and access to support services. The auditor was provided with a copy of the In-Person Victim Advocacy Services Guide (2015), that is given to offender victims.</p> <p data-bbox="240 1344 1493 1771">Of the 45 random offenders who responded to this question, 36 indicated that there are outside emotional support services available to them for dealing with sexual abuse, one offender indicated these types of services were not available to him, six offenders were not sure, and two offenders did not answer this question. Of the 36 offenders who were aware of the services being available, following is a breakdown of what they thought the services might include: 7 indicated victim support, five indicated they could use mental health at the facility and didn't know about outside stuff, four indicated they could use mental health at the facility but knew they could speak to a victim advocate, six indicated the services would include counseling and knew this was through OCVA, five knew the services were from a victim advocate through OCVA, two indicated they could get help when you need it by calling the number on the posters, and seven didn't know what the services might include. In response to the question about the contact information being available, four offenders weren't sure where they could access the information and 32 offenders indicated the information is posted in many areas of the facility. All indicated they believe the phone number was toll free. When asked when they would be able to speak with people from these support services, 28 indicated anytime phones are on in the dayroom, one indicated he could request to use the TTY phone, two indicated they could put in a kite and be seen in a day or two, and five indicated they didn't know or did not answer the question.</p> <p data-bbox="240 1803 1477 1928">Three offenders who reported a sexual abuse incident were interviewed. Two indicated they were not provided with contact information for these outside services, and one indicated it is available on the posters. Two of the offenders were not sure when they would be able to contact these services and one offender indicated he could contact them anytime the phones in the dayroom were on.</p> <p data-bbox="240 1960 1477 2018">During the tour of the Medium Security Complex, the auditor noted the OCVA posters in all of the housing units and in many other locations around the facility. At the Minimum Custody Unit, the OCVA posters were missing in several housing unit.</p> <p data-bbox="240 2027 1477 2085">This was brought to the attention of the PCM, staff were directed to print copies of the posters and get them put back up on the walls. These areas were re-visited, and the posters were in place.</p> <p data-bbox="240 2116 1445 2143">An all employee memorandum was issued in January 2021, which updated a previous 2015 memorandum regarding the</p>

requirement for victims to have access to confidential advocacy services.

The auditor was provided with a copy of the agreement with OCVA to provide victim advocate services. This agreement expired 6/30/21. The auditor received an amendment that extends the services.

The auditor was provided with meeting minutes from 2/25/20 regarding a joint meeting between the facility and the service provider. The auditor was also given an e-mail string about limiting in-person services due to COVID, that was dated March 16, 2020 and a memorandum to the population dated March 27, 2020 notifying them that the in-person services have been restricted due to COVID.

Substandard 115.53(b)

The facility reported, via the PAQ, that it informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. Offenders are informed via noted mechanisms that calls to advocates do not require an IPIN and are not recorded or monitored. The facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosure of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. Offenders are informed of the limits to confidentiality via brochures and handbooks provided on intake.

45 offenders were asked this question. Of those, 34 indicated that they believed that what they said to these people remain private, two believed it would not remain private, and nine were not sure or didn't answer this question. Of the 34 offenders, 23 believed the conversation could be listened to or repeated to someone else, two did not, and nine were not sure or didn't answer the question. Of the 34 offenders who answered yes to the prior question, they believe the reasons the call could be listened to by someone else or repeated to someone else would include 10 offenders indicated if they stated they were going to hurt themselves or someone else, eight indicated there are mandatory rules about what needs to be reported, three indicated if they said they were suicidal or made threats, one indicated anything they said would be repeated and 12 were not sure or did not answer the question.

Of the three offenders who were interviewed, one indicated he could not communicate with people from the OCVA in a confidential manner, one indicated he wasn't sure, and one indicated he could communicate with them in a private way.

The auditor was provided with the Advocate Confidentiality Summary (2016) which outlines the basis for the confidentiality that is provided. It also provides the exceptions to confidentiality, which include mandatory reports, permissive reports, and court orders.

Substandard 115.53(c)

The facility reported, via the PAQ, that the agency maintains MOUs with community service providers that are able to provide inmates with emotional support services related to sexual abuse. WADOC has entered into a partnership with the OCVA to provide support services to all offenders under the jurisdiction of the department. The agency and facility maintain copies of the agreements.

The auditor reviewed the MOUs and noted they had expired. She requested updated MOUs or an amendment extending the expiration date and received a copy of the amendment extending the expiration date.

Corrective Action was required for this standard. The facility was directed to provide a more thorough explanation of the Emotional Support Services being offered by OCVA, during offender orientation and add some additional language to the Offender Orientation Handbook. As a best practice, the auditor is recommending that offenders, who make an allegation of sexual abuse, be provided with information about the emotional support services that are available to them. On October 20, 2021, the CRCC Orientation Handbook was provided to the auditor. The facility has added additional information regarding the emotional support services. The auditor is supportive of the additional information that was included. Offender orientation was being done via video due to COVID concerns. That is being changed back to in-person, within the Cohort the offender was received with. This will allow the offenders to ask questions about PREA and the emotional support services available to offenders. In addition, they have developed an informational message that will be sent out quarterly to all offenders at CRCC via the Kiosk.

Based on the corrective action that was completed, the facility has demonstrated substantial compliance with this standard.



<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 671 297"><b>Standard 115.54, Third-Party Reporting.</b></p> <p data-bbox="244 331 580 358"><u>Policy related to Standard 115.54</u></p> <p data-bbox="244 387 1458 481">WADOC 490.800, PREA Prevention and Reporting, outlines facility and staff responsibilities, to include monthly checks of the PREA hotline number, that posters are up where expected, and that brochures are available in areas accessible to offenders and the public.</p> <p data-bbox="244 568 464 595"><u>Substandard 15.54(a)</u></p> <p data-bbox="244 629 1485 786">The facility reported, via the PAQ, that it provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. This process is described as: Visitors, offender family members/ associates, and other community members can report allegations by calling the PREA hotline, writing a letter to the PREA Coordinator, or sending an email to DOCPREA@doc.wa.gov. This information is posted in public access and the visitation room. The facility publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates, and is described as:</p> <p data-bbox="244 792 1490 853">Information regarding reporting, the investigative process, and frequently asked questions is available on the agency's public website. This information is accessible at <a href="http://www.doc.wa.gov/corrections/prea/resources.htm#reports">http://www.doc.wa.gov/corrections/prea/resources.htm#reports</a>.</p> <p data-bbox="244 887 1458 947">The auditor reviewed publicly distributed information including the website mentioned above. Family and Friends posters and brochures were provided to the auditor.</p> <p data-bbox="244 1032 767 1059">Corrective action was not identified for this standard.</p>



115.61	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 807 297"><b>Standard 115.61, Staff and Agency Reporting Duties.</b></p> <p data-bbox="240 329 699 356"><u>Policy outlining staff reporting responsibilities:</u></p> <p data-bbox="240 387 1493 680">WADOC 490.850, PREA Response, outlines staff reporting responsibilities including that 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. Individuals will be informed of the requirements of mandatory reporting at Reception, and information will be posted in Health Services areas where it can be seen by incarcerated individuals. Staff who fail to report an allegation or incident, or who knowingly submit or coerce/threaten another to submit incomplete or untruthful information, may be subject to corrective/disciplinary action. Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process.</p> <p data-bbox="240 712 1469 772">It also establishes the PREA Response Plan, which includes that each Prison, Work/Training Release, and Field Office will maintain a PREA Response Plan providing detailed instructions for responding to allegations of sexual misconduct.</p> <p data-bbox="240 860 475 887"><u>Substandard 115.61(a)</u></p> <p data-bbox="240 918 1477 1043">The facility reported, via the PAQ, that it requires all staff to report immediately and according to agency policy: 1) any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; 2) any retaliation against inmates or staff who reported such an incident; and/or 3) any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="240 1075 1458 1167">Eighteen random staff were interviewed. All indicated they are required to report any incident of sexual abuse or sexual harassment, retaliation against offenders or staff for reporting, or staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="240 1254 475 1281"><u>Substandard 115.61(b)</u></p> <p data-bbox="240 1312 1473 1574">The facility reported, via the PAQ, that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Agency policy prohibits revealing any information related to a sexual misconduct report or incident other than as necessary for related treatment, investigation, and other security and management decisions. Staff who breach confidentiality may be subject to corrective / disciplinary action. In Lieu of reporting allegations to designated investigators, agency policy requires all staff to immediately report information about an allegation or incident of sexual misconduct directly and confidentially to the Shift Commander or the Appointing Authority for allegations of a highly sensitive nature.</p> <p data-bbox="240 1606 1463 1697">Staff indicated during the random interviews, that other than reporting to the shift commander and any contact with outside law enforcement or investigators, they are not supposed to discuss the incident with any other person. This included their co-workers, other offenders, or anyone else.</p> <p data-bbox="240 1785 475 1812"><u>Substandard 115.61(c)</u></p> <p data-bbox="240 1843 1481 2004">Four medical and mental health staff were interviewed. All indicated they provide the offender with the limitations of confidentiality before they initiate services with them. All reported that they are required to notify the shift commander if they become aware of an incident of sexual abuse or sexual harassment. Two indicated they have taken a report of sexual harassment or sexual abuse from offenders in the past and both reported it to the shift commander. The other two indicated they have not received a report of sexual abuse or harassment from an offender.</p> <p data-bbox="240 2036 1449 2128">The auditor reviewed documentation of the clinician's duty to report and the limitations of confidentiality at the initiation of services. Eight copies were provided via the DOC 13.685 form. This form is in English on one side and Spanish on the reverse side.</p>

Substandard 115.61(d)

WADOC 490.850, PREA Response, states that the Appointing Authority/designee will ensure that notification is made to: 1) Child Protective Services (CPS), if the alleged incident occurred in any correctional setting and the alleged victim is/was under the age of 18 at the time; or 2) Adult Protective Services (APS), if the alleged victim is classified as a vulnerable adult.

WADOC 350.550, Reporting Abuse and Neglect/Mandatory Reporting, states that the Department will report suspected child abuse/neglect and incidents of abuse, abandonment, financial exploitation, or neglect involving vulnerable adults to the appropriate authority. It also establishes reporting requirements.

The Superintendent indicated they do not house offenders who are under the age of 18. If they become aware of an allegation of a person who is considered a vulnerable adult, they are required to notify Adult protective services. The checklist that is used by the shift commander includes this notification requirement.

The PREA Coordinator reported, during her interview, that the WADOC does not house offenders who are under the age of 18. If an allegation is received from an individual who has been identified as a vulnerable adult, the Shift Commander is tasked to notify Adult Protective Services. The WADOC or outside law enforcement will complete the investigation and provide closure information to Adult Protective Services, as the conclusion of the investigation.

The auditor was tasked to review documentation of the agency's report to the appropriate state or local service agency for victims under the age of 18 or considered a vulnerable adult. There was one case during the audit documentation period, that was identified and reviewed by the auditor. When the auditor requested documentation that showed notification to Adult Protective Services had been made, she was told that they were unable to locate documentation of this notification being made.

The PREA Coordinator provided an explanatory memo explaining how this process works. A copy of the agreement with Adult Protective Services was provided.

The auditor was provided with the CRCC Vulnerable Adults listing. It contains the names of 41 active offenders.

Substandard 115.61(e)

The Superintendent indicated, during his interview, that once an allegations has been reviewed by the PREA Triage Unit, if it is determined to meet the criteria for PREA, it is referred back to the facility for assignment to an investigator.

The auditor reviewed a sample of reports to investigators of all allegations of sexual abuse including from 3rd party or anonymous sources. This was reviewed by looking at the tracking log provided by the PREA Coordinator.

Corrective action was required to attain compliance with this standard. Corrective action consisted of the following:

The auditor was not able to confirm that notification to Adult Protective Services was made for the one case which involved a vulnerable adult. The auditor required the facility to provide supervisory staff training to ensure they understand the requirement of this standard. On January 11, 2022, the auditor was provided with the training materials that were used and training verification for all staff who act as Shift Commanders at the facility.

The auditor also required the facility to provide a copy of the allegations log and a list of the offenders who were identified as vulnerable adults on a monthly basis, for review. If any of the allegations involved a person identified as a vulnerable adult, the auditor reviewed the investigation package to ensure documentation is included that addresses that the appropriate notification was completed. The auditor reviewed allegations log for November, December, and January. There were no allegations made in which the potential victim was considered a vulnerable adult.

Based on the corrective action completed, the facility demonstrated substantial compliance with the standard.

115.62	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 711 297"><b>Standard 115.62, Agency Protection Duties.</b></p> <p data-bbox="240 331 579 358"><u>Policy related to Standard 115.62</u></p> <p data-bbox="240 387 1430 479">WADOC 490.820, PREA Risk Assessments and Assignments, addresses monitoring plans for offenders who are at increased risk for sexual victimization or predation, offenders who score as a dual identifier and transgender or intersex offenders.</p> <p data-bbox="240 510 1382 571">WADOC 490.850, PREA Response, addresses the appointing authority's response to offender-on-offender sexual misconduct or staff sexual misconduct.</p> <p data-bbox="240 660 475 687"><u>Substandard 115.62(a)</u></p> <p data-bbox="240 719 1490 1077">The facility reported, via the PAQ, that when they learns an inmate is subject to a substantial risk of imminent sexual abuse, they take immediate action to protect the inmate. When an offender is assessed as a potential victim according to a PREA Risk Assessment (PRA), a monitoring plan is developed. This plan is individualized based on the needs and identified risk for the offender. Additionally, whenever a housing assignment is made, offender risk identifiers are reviewed to ensure compatibility with a potential cellmate(s). Both monitoring plans and housing reviews are documented in the offender's electronic record. When an allegation is received, the Shift Commander, Duty Officer, and/or Appointing Authority review all available information regarding named victim needs, timeframes, severity, housing and job assignments of named individuals, and other factors to determine if immediate actions are needed to prevent harm. This may include reassignments, housing unit changes, or facility transfers. These actions are documented on response checklists and in Incident Management Report System (IMRS) reports. In the past 12 months, there was one instance when an inmate was potentially subject to a substantial risk of imminent sexual abuse.</p> <p data-bbox="240 1108 1425 1135">The auditor reviewed IMRS printouts for 12 housing reviews, 10 monitoring plans, and 5 transgender monitoring plans.</p> <p data-bbox="240 1167 1490 1258">The Secretary indicated, during her interview, that each prison has a facility risk management team. These staff, which includes the counselor and sergeant, review the monitoring plan to see if it needs to be changed. They increase contact with the offender and watch for changes in their baseline behavior. Actions are based on the outcome of all these actions.</p> <p data-bbox="240 1290 1490 1417">The Superintendent, during his interview, indicated that staff will be directed to pay close attention to the offender and call them in to see what is happening. They will evaluate the situation through the Facility Risk Management Team and establish checks and balances to ensure monitoring is effective. At times, they might consider moving the offender to a location that is closer to direct supervision.</p> <p data-bbox="240 1449 1477 1541">Eighteen random staff were interviewed. A summary of their responses about becoming aware of an offender who is at risk of imminent sexual abuse are as follows: take the offender to a safe location, report information to the shift commander, follow directions of the shift commander. All indicated they would take these actions immediately.</p> <p data-bbox="240 1572 1420 1632">One example of a potential imminent threat was received, and the documentation of the actions taken by the facility to address the concern were also provided to the auditor.</p> <p data-bbox="240 1720 767 1747">Corrective action was not identified for this standard.</p>

115.63	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 884 297"><b>Standard 115.63, Reporting to Other Confinement Facilities.</b></p> <p data-bbox="240 331 580 358"><u>Policy related to Standard 115.63</u></p> <p data-bbox="240 387 1453 481">WADOC 490.850, PREA Response, states that the Appointing Authority will notify the appropriate Appointing Authority or facility administrator within 72 hours of receipt of an allegation when the alleged incident occurred in another Department location or another jurisdiction or involved a staff who reports through another Appointing Authority.</p> <p data-bbox="240 510 1458 672">WADOC 490.860, PREA Investigation, establishes the policy to include that the Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving individuals under the jurisdiction or authority of the Department. Investigations will be completed even if the individual is no longer under Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department. Allegations may be referred to law enforcement agencies for criminal investigation.</p> <p data-bbox="240 759 477 786"><u>Substandard 115.63(a)</u></p> <p data-bbox="240 815 1485 1043">The facility reported, via the PAQ, that it has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined to another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. In the past 12 months, there were five allegations the facility received that an inmate was abused while confined at another facility. The auditor was provided with a log for all 5 allegations. The facility's description of its response to allegations is that notifications are made to the administrator of the applicable facility. The Superintendent makes notification unless another individual is officially serving in an acting capacity in the absence of the Superintendent.</p> <p data-bbox="240 1075 1474 1169">The auditor was tasked to review documentation of allegations that an inmate was abused while confined at another facility. Five instances occurred during the documentation review period. A log was provided. The notification to the other facility were provided for 3 of the cases. All were completed within the 72 hours.</p> <p data-bbox="240 1256 477 1283"><u>Substandard 115.63(b)</u></p> <p data-bbox="240 1312 1493 1375">The facility reported, via the PAQ, that policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p data-bbox="240 1462 477 1489"><u>Substandard 115.63(c)</u></p> <p data-bbox="240 1518 1445 1581">The facility reported, via the PAQ, that it documents that is has provided such notification within 72 hours of receiving the allegation.</p> <p data-bbox="240 1612 1420 1639">The auditor reviewed documentation of notifications, to verify they occurred within 72 hours of receiving the allegation.</p> <p data-bbox="240 1727 477 1753"><u>Substandard 115.63(d)</u></p> <p data-bbox="240 1783 1481 1912">The facility reported, via the PAQ, policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. In the past 12 months, there were 14 allegations of sexual abuse the facility received from other facilities. All allegations, regardless of the source, are processed through the PREA Triage Unit. If the allegation is determined to fall within PREA definitions, it is formally investigated.</p> <p data-bbox="240 1944 1442 2007">The Secretary reported, via her interview, that the point of contact for reports from other agencies is the statewide PREA Coordinator. She is responsible to take report and contact the facility within the WADOC to make notification.</p> <p data-bbox="240 2036 1466 2166">When asked about what happens when a report of sexual abuse or harassment is received from another agency or facility, the Superintendent indicated they are handled the same as allegations that are made within his facility. It is evaluated by PREA Triage Unit and if it meets PREA criteria, then it is returned to the facility for an investigation to be initiated. He indicated they have had between 10-15 allegations received from other agencies or facilities in the last couple of years.</p>

The auditor was tasked to review documentation of allegations from other facilities and documentation of responses (i.e., evidence that allegation has been investigated in accordance with the standard). Incident tracking log was provided for the 14 cases and all had been reviewed by the PREA Triage Unit.

Corrective Action was not identified for this standard.

115.64	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 740 297"><b>Standard 115.64, Staff First Responder Duties.</b></p> <p data-bbox="240 331 580 358"><u>Policy related to Standard 115.64</u></p> <p data-bbox="240 387 1477 481">WADOC 490.850, PREA Response, outlines the agency's response plan. It addresses the response strategy, the medical response, and who is to be involved in the response. It provides checklists for staff to follow when responding to allegations of sexual abuse.</p> <p data-bbox="240 510 1406 571">DOC 420.365, Evidence Management for Work Release, describes the methods utilized by the agency to collect and properly secure, maintain and destroy evidence collected at all crime scenes.</p> <p data-bbox="240 600 1174 627">DOC 420.375, Contraband and Evidence Handling, describes the evidence handling process.</p> <p data-bbox="240 714 477 741"><u>Substandard 115.64(a)</u></p> <p data-bbox="240 772 1493 1368">The facility reported, via the PAQ, that it has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. All staff are trained in emergency response procedures to include isolation and containment of emergency situations. Any actions beyond the initial containment of emergency incidents would be managed under the direction of the Shift Commander, Duty Officer, or Appointing Authority. If an offender reported an allegation of offender-on-offender sexual assault or abuse and/or staff sexual misconduct regardless of whether or not it was to a security staff member, the victim and suspect would be separated. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy also requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. It also requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. In the past 12 months, there have been 30 allegations that an inmate was sexually abused. Of these allegations, all incidents included the first security staff member to respond to the report separated the alleged victim and abuser. There were no allegations where staff were notified within a time period that still allowed for the collection of physical evidence.</p> <p data-bbox="240 1400 1484 1561">Five staff who have acted as first responders were interviewed. In summary, they indicated the actions they would take, if they were the first responder to an allegation of sexual abuse, were to isolate and contain the scene, separate the offenders, notify the shift commander, ask the victim to not take any actions that may destroy evidence, don't allow the suspect to take any actions that may destroy evidence, collect evidence and place in separate bags, take the victim for medical review and potential forensic examination, place the suspect in segregation after medical evaluation, and complete the incident report.</p> <p data-bbox="240 1592 1490 1787">Three offender who reported a sexual abuse incident were interviewed. One reported that he didn't feel the allegation had ever been investigated. The second indicated that staff came to his assistance immediately after he reported the incident, he indicated he spoke with the Sergeant and then the Lieutenant and then he was moved to a different housing unit. He felt the response was very prompt. The third offender indicated he did not make a report, it was reported by a third party. He didn't know that his relationship with a female staff member had been reported until the staff came and started asking him questions about it. He indicated that the relationship was over, and he hadn't seen the staff member in a while.</p> <p data-bbox="240 1816 887 1843">The auditor reviewed documentation of responses to allegations.</p> <p data-bbox="240 1930 477 1957"><u>Substandard 115.64(b)</u></p> <p data-bbox="240 1989 1490 2150">The facility reported, via the PAQ, that policy requires if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. Of the allegations that an inmate was sexually abused made in the past 12 months, 25 of the allegation were made to a non-security staff member. In all cases, the non-security staff member requested that the alleged victim not take any actions that could destroy physical evidence and notified security staff.</p>

Five staff who have acted as first responders were interviewed. In summary, they indicated the actions they would take, if they were the first responder to an allegation of sexual abuse, were isolate and contain the scene, separate the offenders, notify the shift commander, ask the victim to not take any actions that may destroy evidence, don't allow the suspect to take any actions that may destroy evidence, collect evidence and place in separate bags, take the victim for medical review and potential forensic examination, place the suspect in segregation after medical evaluation, and complete the incident report.

Eighteen random staff were interviewed. A summary of their responses to the actions they would take if they were the first staff member to arrive upon a scene of sexual abuse are as follows: Separate the victim from the abuser, put victim in a safe location and don't leave them alone, secure the crime scene, notify shift command, place the suspect in a holding cell, assess the victim's medical needs, wait for further instructions, and/or wait for the local police. The 18 random staff indicated they would not share the information about this incident with co-workers or other offenders, or they would only share with those who had a need to know

The auditor reviewed documentation of response to allegations.

Corrective action was not identified for this standard.

115.65	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Standard 115.65, Coordinated Response.</b></p> <p><u>Policy related to Standard 115.65</u></p> <p>WADOC 490.850, PREA Response Plan, requires that each Prison, Work Release, and Field Office maintain a PREA Response Plan providing detailed instructions for responding to allegations of sexual misconduct. It states that the PREA Response Plan will consist of four sections composed of the documents listed in PREA Response Plan Contents. The plan is to be maintained by the PREA Compliance Manager.</p> <p><u>Substandard 115.65(a)</u></p> <p>The facility reported, via the PAQ, that it has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The cover page was provided to show elements that are present in the Response book. The book was reviewed while the auditor was on-site. Response book is located in the Shift Commander's Office.</p> <p>Operational Memorandums were reviewed that address Prevention and Reporting, Risk Assessments and Assignments, Response, and Investigation. These appear to be addendums to the statewide policy and provide institution specific information and procedures for staff.</p> <p>During the interview with the Superintendent, he indicated that the facility has a plan for a coordinated response to an allegation of sexual abuse. It includes first responders, medical and mental health staff, investigators, and facility managers. The written plan is maintained by the PCS/PCM and is kept in the Shift Commanders Office.</p> <p>No corrective action was identified for this standard.</p>



115.66	<b>Preservation of ability to protect inmates from contact with abusers</b>
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318"><b>Standard 115.66, Preservation of Ability to Protect Inmates from Contact with Abusers.</b></p> <p data-bbox="229 318 1509 380"><u>Substandard 115.66(a)</u></p> <p data-bbox="229 380 1509 600">The facility reported, via the PAQ, that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit. The agency functions under the interest only arbitration system as the impasse procedure for negotiations over changes in mandatory subjects of bargaining. This process has no impact on the agency's ability to remove an alleged staff abuser from contact with any offender during the course of an investigation or upon determination of whether, and to what extent, discipline is warranted</p> <p data-bbox="229 600 1509 725">The auditor was tasked to review all agreements entered into since last PREA audit. The bargaining unit agreements for CBA Teamsters and CBA Federation were provided. Both expired on 6/30/21. Auditor has requested and received updated information and the expiration date has been extended.</p> <p data-bbox="229 725 1509 828">The Secretary indicated, during her interview, that the agency has entered into collective bargaining agreements since the last PREA audit. She indicated that the current MOU's do not preclude the agency from moving forward with staff discipline for failure to follow mandated PREA policies.</p> <p data-bbox="229 909 1509 1014">No corrective action was identified for this standard.</p>

115.67	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 847 297"><b>Standard 115.67, Agency Protection Against Retaliation.</b></p> <p data-bbox="240 331 580 358"><u>Policy related to Standard 115.67</u></p> <p data-bbox="240 387 1485 745">WADOC 490.860, PREA Investigations, outlines protection of offenders against retaliation. It states that retaliation against anyone for opposing or reporting sexual misconduct or participating in an investigation of such misconduct is prohibited. Individuals may be subject to disciplinary actions if found to have engaged in retaliation, failed to report such activities, or failed to take immediate steps to prevent retaliation. It further indicates that anyone who cooperates with an investigation will report all concerns regarding retaliation to the Appointing Authority. The Appointing Authority/designee will take appropriate measures to address the concerns. It states when an investigation of individual on individual sexual assault/abuse or staff sexual misconduct is initiated, the Appointing Authority/designee of the facility where the alleged victim is housed will monitor to assess indicators or reports of retaliation against alleged victims and reporters. If another Appointing Authority is assigned to investigate, s/he or his/her designee will notify the applicable Appointing Authority to initiate monitoring. For allegations of sexual harassment, retaliation monitoring for reporters and alleged victims may occur at the discretion of the Appointing Authority.</p> <p data-bbox="240 835 477 862"><u>Substandard 115.67(a)</u></p> <p data-bbox="240 891 1474 1218">The facility reported, via the PAQ, that it has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. Any individual who participates as a witness in a PREA investigation is provided with DOC 03-484 Interview Acknowledgement form. This form advises interviewees that, "The Department prohibits retaliation against any person because of their involvement in the reporting or investigation of a complaint. The Department will treat retaliation as a separate offense subject to investigation, discipline, and/or corrective action. Any concerns regarding retaliation are to be reported to the Appointing Authority. The agency designates staff members at the level of Correctional Unit Supervisor and Correctional Counselor 3 with monitoring for possible retaliation. Facility PREA Compliance Specialist will complete retaliation monitoring on incarcerated individuals who are being monitored by outside facilities in order to maintain confidentiality.</p> <p data-bbox="240 1249 1425 1310">The log of retaliation monitoring was provided. Specific cases were selected and the 13-503 forms were reviewed. All required cases were monitored.</p> <p data-bbox="240 1400 477 1426"><u>Substandard 115.67(b)</u></p> <p data-bbox="240 1456 1474 1583">During the interview with the Secretary, she indicated that the agency protects staff and offenders from retaliation for sexual abuse or harassment allegations by considering changes in housing, removal of the alleged abuser, and referral for emotional support services. They monitor retaliation for a minimum of 90 days, monitoring includes active interactions with the offender/staff. They can monitor for a longer time, if needed.</p> <p data-bbox="240 1615 1434 1709">The Superintendent reported, during his interview, that if he suspects retaliation might be occurring, he would initiate an investigation, ramp up support for the person via advocacy or intervention. HE would hold people accountable for their actions and determine appropriate sanctions or discipline.</p> <p data-bbox="240 1740 1495 1899">Two staff were interviewed who are tasked with monitoring for retaliation. Both indicated they initiated the monitoring as soon as they are assigned. They look for retaliation and have interactions with the offender. They look for things like infractions, bed moves, and changes in baseline of the offender. When they meet with the offender, they talk to them and try to find out if they are having any trouble. They are required to contact the offender at least once a month for a minimum of 3 months. Beyond that, they keep an eye on the offender and can stop by the cell anytime to check on them.</p> <p data-bbox="240 1930 1426 1991">There was an interview protocol for offenders in segregated housing (for risk of sexual victimization/who allege to have suffered sexual abuse. It was not utilized, as we did not have any offenders who met this criteria.</p> <p data-bbox="240 2022 1453 2083">Three offenders who reported a sexual abuse incident were interviewed. All indicated they feel protected enough against possible revenge from staff or other offenders because of reporting what happened to them.</p> <p data-bbox="240 2114 1482 2141">The auditor reviewed documentation of any protective measures taken. The log provided gives detail of what the issue was</p>

and the actions taken to address the situation.

Substandard 115.67(c)

The facility reported, via the PAQ, that it monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The facility monitors the conduct or treatment of these individuals for a minimum of 90 days, unless the case is unfounded. The facility acts promptly to remedy any such retaliation. The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The Appointing Authority may extend monitoring beyond 90 days if deemed necessary. There were no cases of retaliation extended beyond 90 days. There was one incident of retaliation that occurred in the past 12 months.

The Superintendent indicated, during his interview, that he will direct staff to provide closer supervision and offer additional support, if retaliation is suspected.

The two staff interviewed, who are responsible for retaliation monitoring, indicated they monitor infractions, bed moves, changes to job assignments for a minimum of 90 days unless told the allegation was unfounded. The Superintendent can extend the time beyond 90 days, if there are circumstances that warrant it. There is no maximum time, it is determined by the Superintendent.

The auditor reviewed 22 examples of documentation of monitoring efforts including reports of retaliation and agency response.

Substandard 115.67(d)

Both staff who were interviewed, who are responsible to conduct retaliation monitoring, indicated they have at least monthly interactions with the offenders who are being monitored.

The auditor reviewed documentation of monitoring of inmates.

Substandard 115.67(e)

The Secretary indicated, during her interview, that if an individual who cooperated with an investigation expresses a fear of retaliation, they would initiate an investigation and closely monitor the individual. She indicated they would consider temporarily moving staff. Your actions should not create additional trauma.

The Superintendent reported, during his interview, that if he suspects retaliation might be occurring, he would initiate an investigation, ramp up support for the person via advocacy or intervention. He would hold people accountable for their actions and determine appropriate sanctions or discipline. The Superintendent indicated that he will direct staff to provide closer supervision and offer additional support, if retaliation is suspected.

The auditor reviewed documentation of any such protective measures taken.

Substandard 115.67(f)

The facility reported, via the PAQ, that policy eliminates the obligation to monitor if the agency determines that the allegation is unfounded.

No corrective action was identified for this standard.

115.68	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 810 297"><b>Standard 115.68, Post-allegation Protective Custody.</b></p> <p data-bbox="242 331 580 358"><u>Policy related to Standard 115.68</u></p> <p data-bbox="242 387 1062 414">WADOC 490.850, PREA Response, addresses the appointing authority response.</p> <p data-bbox="242 501 477 528"><u>Substandard 115.68(a)</u></p> <p data-bbox="242 560 1490 853">The facility reported, via the PAQ, that it has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. There have been no instances where inmates who allege to have suffered sexual abuse were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. During the audit documentation period, a total of 20 offenders were named as victims of offender-on-offender sexual assault/abuse and/or staff sexual misconduct. Of these, none of the offenders were placed in segregated housing following the submission of an allegation. There were no inmates who alleged sexual abuse who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.</p> <p data-bbox="242 884 1474 945">The auditor was tasked to review documentation of instances when segregated housing was used to protect an inmate who is alleged to have suffered sexual abuse. There were none.</p> <p data-bbox="242 976 1485 1236">During the interview with the Superintendent, he indicated that they try to maintain the victim's housing in general population, for as long as possible. They typically will move the alleged perpetrator to other housing or segregated housing in response to the allegation. This would only change if there was some other immediate or significant situation that made other housing alternatives unsafe. He indicated that if the need for placement in segregated housing arises, the alleged victim is only held there until other appropriate housing is identified. The length of time could vary but would never exceed 30 days. When asked if he could think of any recent circumstances in which segregated housing was utilized, he indicated he could not think of any. He stated that the victims occasionally decide they can't remain in general population and will request protective custody.</p> <p data-bbox="242 1267 1481 1359">Two staff who provide supervision in segregated housing were interviewed. Both indicated that it is rare for an offender who has alleged sexual victimization to be placed in segregated housing unless they request it. This placement would be for a short period of time until other housing alternative could be identified.</p> <p data-bbox="242 1391 1418 1482">There was an interview protocol for Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse). This protocol was not utilized because the auditor did not identify any offenders who met that criteria.</p> <p data-bbox="242 1514 1490 1644">The auditor was tasked to review records and documentation of housing assignments of inmates who allege to have suffered sexual abuse. The auditor reviewed several examples and noted that one of the offenders had been placed in segregated housing. When researching the reason for placement, the auditor noted that the offender had been placed in segregation for reasons unrelated to the PREA allegation.</p> <p data-bbox="242 1675 1474 1805">There was no documentation of in-cell and out-of-cell programs, privileges, education, and work opportunities for inmates in segregated housing for this purpose or documentation that they have been limited; the duration of the limitations; and the reasons for such limitations. There were also no case files of inmates who alleged to have suffered sexual abuse held in involuntary segregated housing in the past 12 months.</p> <p data-bbox="242 1836 1465 2063">The auditor was reviewing an additional investigative report, related to something that was said during an interview. While reviewing this additional investigative report, the auditor noted that the offender had made an allegation of offender on offender abusive sexual contact. He was interviewed and then placed in segregation. There was nothing in the report that documented the reason for this placement. The auditor followed up with the facility and requested the offender's housing history. It noted that he was placed in segregated housing on January 11, 2021 and returned to general population on January 11, 2021, less than 24 hours later. The entry in the housing history was not completed until the next day, but the auditor was provided with the actual transfer slips, which noted the specific times of the movement.</p> <p data-bbox="242 2094 775 2121">No corrective action will be required for this standard.</p>

115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 979 297"><b>Standard 115.71, Criminal and Administrative Agency Investigations.</b></p> <p data-bbox="242 331 579 358"><u>Policy related to Standard 115.71</u></p> <p data-bbox="242 387 1485 582">DOC 490.800, PREA Prevention and Reporting, addresses criminal and administrative agency investigations. It requires PREA investigators to will be trained in: 1) crime scene management/investigation, including evidence collection in Prisons and Work Releases; 2) confidentiality of all investigation information; 3) Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process; 4) crisis intervention; 5) investigating sexual misconduct; 6) techniques for interviewing sexual misconduct victim; and 7) criteria and evidence required to substantiate administrative action or prosecution referral.</p> <p data-bbox="242 611 1449 772">WADOC 490.860, PREA Investigations, establishes policy which requires the Department to thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving individuals under the jurisdiction or authority of the Department. Investigations will be completed even if the individual is no longer under Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department. Allegations may be referred to law enforcement agencies for criminal investigation.</p> <p data-bbox="242 801 1477 996">WADOC 420.375, Contraband and Evidence Handling, addresses evidence handling. It also states that the Shift Commander/investigator will ensure evidence collected is handled using standard precautions. Employees/contract staff must wear gloves whenever handling evidence. Investigators will be assigned by the Appointing Authority/designee and must be trained per DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting. The Appointing Authority will review the report and prior complaints/reports of sexual misconduct involving the accused, when available, and ensure DOC 02-382 PREA Data Collection Checklist is completed.</p> <p data-bbox="242 1084 475 1111"><u>Substandard 115.71(a)</u></p> <p data-bbox="242 1142 1474 1337">The facility reported, via the PAQ, that it has a policy requiring any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. There were 66 criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months. Of the alleged sexual abuse investigations that were completed in the past 12 months, all of inmates were notified, verbally or in writing, of the results of the investigation:</p> <p data-bbox="242 1366 1466 1494">Two institutional investigators were interviewed. Both indicated the investigation is initiated within a couple of days of receiving the information. Both indicated that if they receive a third party report or an anonymous report, they try to identify the victim. Third party reports or anonymous reports are investigated in the same manner as any other allegation that is received.</p> <p data-bbox="242 1523 1323 1550">The auditor reviewed a total of 13 investigative reports for allegations of sexual abuse or sexual harassment.</p> <p data-bbox="242 1579 1477 1675">The auditor was provided with the training curriculum used to train appointing authorities in the investigative review process. She was also given a list of Investigators who have completed the training, and their current status. It was updated on June 4, 2021.</p> <p data-bbox="242 1704 1466 1767">The auditor was provided with the CRCC Investigations Monthly Status Report for May and June 2021. May has five open investigations included on it and June has five investigations. Only one is on both reports.</p> <p data-bbox="242 1796 1466 1823">The auditor was provided with an explanatory memo from the PREA Coordinator, which explains the investigatory process.</p> <p data-bbox="242 1910 475 1937"><u>Substandard 115.71(b)</u></p> <p data-bbox="242 1968 1378 1995">The auditor reviewed training records for staff at CRCC who have completed the specialized investigatory training.</p> <p data-bbox="242 2024 1441 2121">Two WADOC investigators were interviewed. During the interviews, both indicated they had received the specialized training. One indicated he had the training in 2012 and a booster in 2014. The second investigator indicated he had the specialized training about 5-6 years ago.</p>

Substandard 115.71(c)

The two investigators who were interviewed indicated that their steps in initiating and completing an investigation would include: reading the allegation and any supporting documentation, will try to identify witnesses both staff and offenders, develop questions for the interviews, identify if video is potentially available, collect all supporting evidence, interview the victim, interview all potential witnesses and lastly interview the suspect. Once all information is collected, write a report and return it to the PREA Coordinator.

The auditor reviewed 13 completed investigative reports, the Record Retention Schedule, and copies of case records detailing allegations of abuse.

Substandard 115.71(d)

Both investigators who were interviewed indicated if they determined the case was potentially criminal, they would notify the Superintendent, who would refer the case to outside law enforcement. It would be the responsibility of the outside law enforcement agency to interact with the prosecutors about conducting compelled interviews.

The auditor reviewed 13 investigative reports. She noted there was one case where the auditor felt the case should have been referred to outside law enforcement. This concern was discussed with the Superintendent. There were two other cases that were referred to outside law enforcement.

Substandard 115.71(e)

WADOC 400.360, Polygraph Testing of Offenders, establishes the policy to read: Individuals who are alleged victims, reporters, or witnesses in Prison Rape Elimination Act (PREA) investigations will not be asked or required to submit to a polygraph examination regarding the alleged misconduct under investigation.

WADOC 190.860, PREA Investigations, states: Investigators will submit the investigation report and DOC 02-382 PREA Data Collection Checklist to the appropriate Appointing Authority/designee. All reports will follow DOC 02-351 Investigation Report Template.

Both investigators indicated, during their interview, that the credibility of the involved parties is based on what they say and if it can be supported by facts. Both indicated that an offender who makes an allegation of sexual abuse would never be required to submit to a polygraph examination as a condition for proceeding with the investigation.

Three offenders who reported a sexual abuse incident were interviewed. All three indicated that they were not required to take a polygraph test as a condition for proceeding with a sexual abuse investigation.

The auditor noted on some of the investigative packages that the appointing authority, who is tasked with evaluating the credibility of the victim, witnesses and suspect, wrote very little to no documentation about how he arrived at his decision.

These packages were determined to be older and the more current documentation showed improvement in this area. It was also discussed with the Superintendent by the auditors, to ensure it continues in the future.

Substandard 115.71(f)

The two investigators who were interviewed indicated they would document in their written report any evidence or facts that were gathered during the investigation including whether staffs actions or failure to act contributed to the abuse.

The auditor reviewed a sample of administrative investigation reports and a sample of cases involving substantiated allegations to ensure that they were referred for prosecution.

The auditor noted, in some of the earlier investigations, that the effort to determine whether staff actions or failure to act contributed to the abuse, was not addressed by the appointing authority. This was corrected in all of the more recent cases that were reviewed. This issue was also discussed with the appointing authority,

Substandard 115.71(g)

Two facility investigators were interviewed. They indicated that criminal investigations are conducted by the Connell Police

Department and are documented. The facility is provided a copy of the written documentation to include in their investigative package.

The auditor reviewed a sample of Criminal Investigation Reports.

Substandard 115.71(h)

The facility reported, via the PAQ, that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Any PREA allegation that appears to be criminal in nature is referred to local law enforcement or the Washington State Patrol for criminal investigation. Subsequent referrals for prosecution are made by the responding law enforcement agency. Prosecutors are consulted with prior to the conduct of any compelled interviews associated with these investigations. Referrals are noted in the administrative investigation report and associated documentation is included in the report packet. Criminal investigations are documented in written reports that are included with applicable administrative investigation reports. There was one substantiated allegations of conduct that appear to be criminal that was referred for prosecution since the last PREA audit.

Both investigators who were interviewed indicated they do not refer cases for prosecution. They make a referral to the outside law enforcement agency, so conducts the criminal investigation and potentially make the referral for prosecution.

The auditor reviewed two cases referred for prosecution. One of the cases was accepted and one is pending a decision about prosecution. Auditor reviewed both investigations.

The auditor was provided with a copy of the MOU with WSP which expires on June 30, 2025.

Substandard 115.71(i)

WADOC 490.860, addresses record retention. It requires that records associated with allegations of sexual misconduct be maintained according to the Records Retention Schedule. The Appointing Authority/designee will maintain original PREA case records as general investigation reports per the Records Retention Schedule. The PREA Coordinator/designee will maintain electronic PREA case records per the Records Retention Schedule. It mandates that prior to destruction, all investigation records will be reviewed to ensure the accused has been released from incarceration or Department employment for a minimum of 5 years. If a review of the investigation records reveals that the accused individual does not meet this 5 year requirement, the records will be maintained until this requirement is met, even if it exceeds the established retention schedule.

The facility reported, via the PAQ, that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Records retention systems were established as follows: (1) The Appointing Authority / designee maintains all hard copy investigation reports for a period of 5 years; and, (2) The PREA Coordinator / designee maintains electronic versions of all investigations for a period of 50 years. Prior to destruction of electronic records, the investigation record is reviewed to ensure the accused has been released from incarceration or Department employment for a minimum of 5 years. If not, the records are retained until this requirement is met.

The auditor reviewed a sample of investigation reports.

The record retention schedule was provided with the PAQ. It states: Investigations – PREA, records will include, but are not limited to: incident and investigation reports; copies of evidence cards; photographs; and interview acknowledgment forms. Retain for 50 years after close of investigation then destroy.

Substandard 115.71(j)

Both investigators interviewed stated that the investigation is not closed if the alleged abuser or victim resign their position or leave the facility. Investigations are continued until they are finished.

Substandard 115.71(k) is not applicable.

Substandard 115.71(l)

When asked about how they stay in touch with the outside agency who is conducting the investigation, the Superintendent indicated that staff from the Intelligence and Investigations Unit (IU) at the facility acts as a liaison with the outside law

enforcement agency and/or the courts.

During her interview, the PREA Coordinator stated that they remain informed of the progress of the investigation by outside law enforcement by assigning a staff member, usually the Chief of the Intelligence and Investigations Unit, to act as a liaison.

This person would interact, as needed, with the outside law enforcement agency. She also indicated that a report of open investigations is provided to the Superintendent once a month, with any investigation that has been open for more than 90 days highlighted. This affords the Superintendent the opportunity to follow-up and find out the status.

The PCM reported, during her interview that the chief of the IIU acts as the local contact with the outside law enforcement entities. She stated they have a good rapport with the Connell Police Department.

When asked about the role they play when an outside agency is conducting the investigation, both investigators indicated they would assist the outside agency with obtaining all of the needed information.

No corrective action was identified for this standard.



115.72	<p data-bbox="231 71 1508 1279"><b>Evidentiary standard for administrative investigations</b></p> <p data-bbox="231 145 1508 190"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="231 212 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 280 1508 324"><b>Standard 115.72, Evidentiary Standard for Administrative Investigation.</b></p> <p data-bbox="231 336 1508 369"><u>Policy related to Standard 115.72</u></p> <p data-bbox="231 392 1508 526">WADOC 490.860, PREA Investigations, establishes a directive for investigations which states that for each allegation in the report, the Appointing Authority will determine whether the allegation is: 1) Substantiated: The allegation was determined to have occurred by a preponderance of the evidence; 2) Unsubstantiated: Evidence was insufficient to make a final determination that the allegation was true or false; or 3) Unfounded: The allegation was determined not to have occurred.</p> <p data-bbox="231 548 1508 616">RCW 72.09.225 directs the actions expected by the Secretary of Corrections when they believe that sexual intercourse or sexual contact between an employee and an offender has occurred.</p> <p data-bbox="231 694 1508 728"><u>Substandard 115.72(a)</u></p> <p data-bbox="231 750 1508 817">The facility reported, via the PAQ, that the agency imposes a standard of a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="231 840 1508 940">Two agency investigators were interviewed. One indicated that the Superintendent makes the determination of the case based on the evidence he provides in his written report. The other investigator indicated the determination is based upon a preponderance of the evidence.</p> <p data-bbox="231 963 1508 1030">The auditor was tasked to review documentation of administrative findings for proper standard of proof. She reviewed 14 examples and found all cases to have an appropriate finding.</p> <p data-bbox="231 1052 1508 1153">The auditor was provided with a memo from the PREA Coordinator which outlines the investigatory process including roles and responsibilities of those involved. It specifically states that the responsibility for determining the outcome of the investigation lies with the Appointing Authority.</p> <p data-bbox="231 1232 1508 1265">No corrective action was identified for this standard.</p>
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115.73	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 663 297"><b>Standard 115.73, Reporting to Inmates.</b></p> <p data-bbox="240 331 580 358"><u>Policy related to Standard 115.73</u></p> <p data-bbox="240 387 1430 414">WADOC 490.860, PREA Investigation, outlines offender notifications including on-going notifications to alleged victims.</p> <p data-bbox="240 501 477 528"><u>Substandard 115.73(a)</u></p> <p data-bbox="240 560 1493 752">The facility reported, via the PAQ, that it has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally, or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. There were 26 criminal and/or administrative investigations of alleged sexual abuse that were completed by the agency/facility in the past 12 months. Of the 26 alleged sexual abuse investigations that were completed in the past 12 months, all inmates were notified, verbally or in writing, of the results of the investigation.</p> <p data-bbox="240 784 1466 909">Two institutional investigators were interviewed. Both indicated the investigation is initiated within a couple of days of receiving the information. Both indicated that if they receive a third party report or an anonymous report, they try to identify the victim. Third party reports or anonymous reports are investigated in the same manner as any other allegation that is received.</p> <p data-bbox="240 940 1441 1001">The auditor reviewed a sample of alleged sexual abuse investigations and a sample of responses provided to inmate for alleged sexual abuse investigations completed by agency. The auditor was provided with 14 examples of notifications.</p> <p data-bbox="240 1088 477 1115"><u>Substandard 115.73(b)</u></p> <p data-bbox="240 1146 1490 1308">The facility reported, via the PAQ, that when an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. In the past 12 months, there was two investigations of alleged inmate sexual abuse in the facility completed by an outside agency. Of the investigations completed by the outside agency, one inmate was notified verbally or in writing of the results of the investigation. The other investigation remains open.</p> <p data-bbox="240 1339 1305 1366">The auditor reviewed two examples of alleged sexual abuse investigations completed by outside agencies.</p> <p data-bbox="240 1397 1461 1523">Upon completion of a criminal investigation, a copy of the law enforcement investigation is requested and attached to the final administrative PREA investigation. Referrals are noted in the administrative investigation report and associated documentation is included in the report packet. Administrative findings are documented on the Investigative Finding sheet along with documentation of notification to the victim.</p> <p data-bbox="240 1554 1474 1615">There were (2) investigations during the documentation period that involved a law enforcement referral. One is still pending. The other was completed in conjunction with the criminal investigation.</p> <p data-bbox="240 1702 477 1729"><u>Substandard 115.73(c)</u></p> <p data-bbox="240 1760 1493 2119">The facility reported, via the PAQ, that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever: 1) the staff member is no longer posted within the inmate's unit; 2) the staff member is no longer employed at the facility; 3) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or, 4) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There has been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 months. In each case, the agency subsequently informed the inmate whenever: 1) the staff member is no longer posted within the inmate's unit; 2) the staff member is no longer employed at the facility; 3) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p>

The auditor reviewed two examples of documentation of founded complaints and the associated offender notifications.

This question was not applicable to the 3 offenders who were interviewed.

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

The auditor was provided with a list of unsubstantiated and substantiated cases of staff sexual misconduct – monitored staff list. It is 4 pages in length and appears to list any case where a staff member was accused of Staff Sexual Harassment or Staff Sexual Misconduct.

Substandard 115.73(d)

The facility reported, via the PAQ, that following an inmate's allegation that he or she has been sexually abused by another inmate in an agency/facility, the agency subsequently informs the alleged victim whenever: 1) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Due to the movement of individuals between facilities and to community release, the master tracking document regarding applicable inmate-on-inmate on-going notifications is maintained by the HQ PREA Unit. Copies of notifications made maintained in agency electronic case records and are provided to the applicable Appointing Authority for inclusion in the local hardcopy investigation folder.

The auditor completed a review of documentation of notifications.

There were three offenders who reported sexual abuse interviewed. One offender indicated he was not notified of either of these incidents. The auditor reviewed this case and noted the case was unsubstantiated. There was no indictment or conviction in this case.

Substandard 115.73(e)

The facility reported, via the PAQ, that it has a policy that all notifications to inmates described under this standard are documented. In the past 12 months, there were no notifications to inmates that were provided pursuant to this standard.

Substandard 115.73(f)

The facility's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

No corrective action was identified for this standard.

115.76	<b>Disciplinary sanctions for staff</b>
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 770 297"><b>Standard 115.76, Disciplinary Sanctions for Staff.</b></p> <p data-bbox="240 329 580 356"><u>Policy related to Standard 115.76</u></p> <p data-bbox="240 387 1465 512">WADOC 490.800, PREA Prevention and Reporting, states the policy as follows: The Department recognizes the right of individuals to be free from sexual misconduct. The Department has zero tolerance for all forms of sexual misconduct. The Department will impose disciplinary sanctions for such conduct, up to and including dismissal for staff. Incidents of sexual misconduct will be referred for criminal prosecution when appropriate.</p> <p data-bbox="240 544 1150 571">WADOC 490.860, PREA Investigation, addresses PREA investigations and staff discipline.</p> <p data-bbox="240 602 1369 629">WADOC 450.050, Prohibited Contact, addresses restriction process for staff sexual misconduct and harassment.</p> <p data-bbox="240 714 477 741"><u>Substandard 115.76(a)</u></p> <p data-bbox="240 772 1453 898">The facility reported, via the PAQ, that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The RCW 72.09.225 details state law regarding Custodial Sexual Misconduct. WAC 357-40-010 details disciplinary actions AA may take for just cause. Collective bargaining agreements detail disciplinary processes for represented employees.</p> <p data-bbox="240 987 477 1014"><u>Substandard 115.76(b)</u></p> <p data-bbox="240 1046 1481 1135">The facility reported, via the PAQ, that in the past 12 months, there were two staff from the facility who have violated agency sexual abuse or sexual harassment policies. There were two staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse and sexual harassment policies.</p> <p data-bbox="240 1167 1458 1234">The auditor reviewed a sample of records for terminations, resignation, or other sanctions for violations of sexual abuse or sexual harassment policy.</p> <p data-bbox="240 1265 1473 1422">The auditor was provided with WAC 357-40-010 which addresses adverse action against employees and RCW 72-09-225 which addresses sexual misconduct by state employees, contractors. She was also provided with Bargaining Agreement – Teamsters Local Union 117. It expired on June 30, 2021, when questions about this, an extension was provided. She also received Bargaining Agreement – Washington Federation of State Employees which expired on June 30, 2021. When questioned about this, the auditor was provided with an extension.</p> <p data-bbox="240 1512 440 1538"><u>Standard 115.76(c)</u></p> <p data-bbox="240 1570 1489 1762">The facility reported, via the PAQ, that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, there have been no staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies. During the audit documentation period, there have been no substantiated investigations involving agency employees.</p> <p data-bbox="240 1794 1485 1883">The auditor was tasked with reviewing records of disciplinary sanctions taken against staff for violations of the agency sexual abuse or sexual harassment policies in the past 12 months. The auditor noted there were none after reviewing the PREA incident tracking log.</p> <p data-bbox="240 1915 1348 1942">Clarification memo provided by the previous Agency Secretary, dated 1/22/21, regarding staff discipline issues.</p> <p data-bbox="240 2031 440 2058"><u>Standard 115.76(d)</u></p> <p data-bbox="240 2089 1497 2152">The facility reported, via the PAQ, that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies,</p>

unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, there was one staff member from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

The auditor was tasked to review reports to law enforcement for violations of agency sexual abuse or sexual harassment policies. The auditor was provided with a copy of the case which alleged that the staff member had been involved since 2018 with an offender. Investigation paperwork indicates that the totality of the investigation supports allegation (preponderance). The case was referred to Connell Police Department.

No corrective action has been identified for this standard.

115.77	<b>Corrective action for contractors and volunteers</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 962 300"><b>Standard 115.77, Corrective Action for Contractors and Volunteers.</b></p> <p data-bbox="240 331 579 358"><u>Policy related to Standard 115.77</u></p> <p data-bbox="240 389 1489 448">WADOC 490.860, PREA Investigation, establishes when substantiated allegations should be identified as potentially criminal and outside law enforcement must be notified. It addresses Staff Discipline, including contract staff and volunteers.</p> <p data-bbox="240 479 1353 506">WADOC 450.050, Prohibited Contact, addresses restriction process for staff sexual misconduct or harassment.</p> <p data-bbox="240 595 475 622"><u>Substandard 115.77(a)</u></p> <p data-bbox="240 654 1489 878">The facility reported, via the PAQ, that policy requires any contractor or volunteer who engages in sexual abuse to be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Policy also requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. The Revised Code of Washington (RCW), Section 72.09.225 details state law regarding Custodial Sexual Misconduct and a copy was provided to the auditor. In the past 12 months, there have been no contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates. There were no contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates.</p> <p data-bbox="240 909 1469 967">The auditor was tasked to review reports of sexual abuse of inmates by contractors or volunteers; however, after reviewing the incident log, there were none noted.</p> <p data-bbox="240 999 1457 1057">The auditor was provided with a memorandum dated January 22, 2021, authored by the Deputy Secretary of Correctional Operations, where she outlines the policy on volunteers with a sexual criminal history.</p> <p data-bbox="240 1146 475 1173"><u>Substandard 115.77(b)</u></p> <p data-bbox="240 1205 1485 1299">The facility reported, via the PAQ, that it takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="240 1330 1469 1388">The auditor was tasked to review reports of sexual abuse of inmates by contractors or volunteers; however, after reviewing the incident log, there were none noted.</p> <p data-bbox="240 1420 1489 1550">The Superintendent reported, during his interview, that if he becomes aware of a potential violation of agency sexual abuse or harassment policies by a contractor or volunteer, he generally does not conduct remediation. He has the person removed from grounds and puts a gate stop in place. The eliminate all contact between the contractor/volunteer and the offender pending completion of the investigation.</p> <p data-bbox="240 1635 759 1662">No corrective action was identified for this standard.</p>

115.78	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 805 297"><b>Standard 115.78, Disciplinary Sanctions for Inmates.</b></p> <p data-bbox="240 329 579 356"><u>Policy related to Standard 115.78</u></p> <p data-bbox="240 387 1345 414">WADOC 490.860, PREA Investigation, addresses discipline for individuals under the Department's jurisdiction.</p> <p data-bbox="240 445 1469 504">WADOC 460.000, Disciplinary Process for Prisons, addresses the assignment of staff to complete the disciplinary process, serious infraction procedures, and reporting to law enforcement.</p> <p data-bbox="240 535 1473 593">WADOC 460.050, Disciplinary Sanctions, establishes the general requirement for the disciplinary hearing officer and PREA violations.</p> <p data-bbox="240 683 477 710"><u>Substandard 115.78(a)</u></p> <p data-bbox="240 741 1473 898">The facility reported, via the PAQ, that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse. They provided sections of the Washington Administrative Code (WAC) which details the disciplinary processes. Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse.</p> <p data-bbox="240 929 1473 1023">During the audit documentation period, there have been no substantiated administrative investigations of inmate-on-inmate sexual abuse/assault. During the audit documentation period, there have been no substantiated criminal investigations of inmate-on-inmate sexual abuse/assault.</p> <p data-bbox="240 1055 1153 1081">The auditor was provided with several section of the WAC related to disciplinary infractions.</p> <p data-bbox="240 1171 477 1198"><u>Substandard 115.78(b)</u></p> <p data-bbox="240 1229 1457 1391">The Superintendent indicated, during his interview, that a sanction would be similar to other situations of the same nature. The sanctions imposed could be done by the court, if a criminal case is prosecuted. In addition, the Department has a disciplinary system. The sanctions would vary depending on the charges, but could include loss of good time credit, placement on single cell housing status or a change in custody level and transfer to an appropriate institution. He further stated that the offender's mental disability or mental illness is considered when determining sanctions.</p> <p data-bbox="240 1480 477 1507"><u>Substandard 115.78(c)</u></p> <p data-bbox="240 1538 1489 1700">The Superintendent indicated that sanctions would be similar to other situations of the same nature. The sanctions imposed could be done by the court, if a criminal case is prosecuted. In addition, they have a disciplinary system. The sanctions would vary depending on the charges, but could include loss of good time credit, placement on single cell housing status or a change in custody level and transfer to an appropriate institution. He further indicated that the offender's mental disability or mental illness is considered when determining sanctions.</p> <p data-bbox="240 1789 477 1816"><u>Substandard 115.78(d)</u></p> <p data-bbox="240 1848 1473 2103">The facility reported, via the PAQ, that it offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. They stated that WADOC policy allows for offenders found guilty of infractions 611 (committing sexual assault against a staff member), 613 (committing an act of sexual contact against a staff member), 635 (committing a sexual assault against another offender), or 636 (committing sexual abuse against another offender) violations to be sanctions to a multidisciplinary Facility Risk Management Team review for consideration of available interventions (e.g., mental health therapy, sex offender treatment program, anger management, etc.) The facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.</p> <p data-bbox="240 2134 1473 2161">The four medical and mental health staff, who were interviewed, indicated that the facility offers therapy, counseling or other</p>

intervention services designed to address and correct any underlying reasons for sexual abuse. They consider whether to offer the same services to the potential suspect. They do not offer sex offender therapy at CRCC. One staff was unaware if the offender's participation in the investigation was a condition of access to these programming opportunities. The remaining staff indicated that participation in the investigation is not a condition that would limit access to these programming opportunities.

Substandard 115.78(e)

The facility reported, via the PAQ, that inmates are disciplined for sexual conduct with staff only upon finding that the staff member did not consent to such contact. They indicated that during the audit documentation period, no offenders were disciplined for sexual conduct with a staff member.

The auditor was tasked to review a sample of records of disciplinary actions against inmates for sexual conduct with staff. However, she noted after reviewing the disciplinary logs, that there were not samples to review for the documentation review period.

Substandard 115.78(f)

The facility reported, via the PAQ, that it prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. WADOC policy prohibits offenders from being infraacted or disciplined for a report made in good faith. The policy indicates that this does not constitute providing false information even if the investigation does not establish sufficient evidence to substantiate the allegation. Infractions for violation 549 (providing false or misleading information during any stage of an investigation of sexual misconduct, as defined per DOC 490.860, PREA Investigation) requires the completion of a formal investigation with an unfounded finding and a determination by the Appointing Authority that the allegation was not made in good faith.

Substandard 115.78(g)

The facility reported, via the PAQ, that it prohibits all sexual activity between inmates. WADOC policy clearly defines PREA-related prohibited behaviors. Consensual sexual activity between offenders is not included in the PREA definitions. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

The 2017 version of the Statewide Offender Handbook was provided. Beginning on page 10, it addresses PREA, Sexual Harassment, and sexual misconduct, including the expectation that sexual activity is not authorized between offenders.

No corrective action has been identified for this standard.



115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Standard 115.81, Medical and Mental Health Screenings; History of Sexual Abuse</b></p> <p><u>Policy related to Standard 115.81</u></p> <p>WADOC 490.820, PREA Risk Assessments and Assignments, outlines medical and mental health treatment including prison mental health services.</p> <p>WADOC 630.500, Mental Health Services, addresses routine mental health services including assessments.</p> <p>WADOC 610.025, Health Services Management of Offenders in Cases of Alleged Sexual Misconduct, states: Any offender in partial or total confinement alleging sexual assault, sexual abuse, and/or staff sexual misconduct will be referred to a health care provider to evaluate any injury and provide treatment and follow-up care. The offender will be offered medical and mental health treatment services that are clinically indicated based upon the evaluation. All forensic medical examinations will be provided at a health care facility in the community. It addresses medical and mental health treatment services and follow-up procedures.</p> <p><u>Substandard 115.81(a)</u></p> <p>The facility reported, via the PAQ, that all offenders at this facility who have disclosed any prior sexual victimization during a screening are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting is offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. DOC 13-509, PREA Mental Health Notification forms are filed in the individual's health record.</p> <p>The auditor was tasked to review a sample of medical/mental health secondary materials (forms, logs). The auditor was provided with the DOC 13-509 Listing, Referral to Mental Health, as a result of responses on the PRA or other specific circumstances. The auditor requested five examples of completed DOC 13.509 forms from the names on the list. The auditor reviewed the five that were provided and all were completed within the required 14 days.</p> <p>Five offenders were interviewed, who disclosed prior sexual victimization during risk screening. Two indicated they were offered a referral to mental health and three indicated they were not. The auditor reviewed the written materials and noted that all were offered a referral. The three who stated they were not declined the referral to Mental Health, when offered, according to the documentation.</p> <p>Two staff who are responsible for risk screening were interviewed. Both staff indicated that if a screening indicates an offender has experienced prior sexual victimization, they offer a referral to mental health. This is made using the DOC 13-509 form. Neither of the staff knew how soon after the referral was made that the meeting with mental health would be completed.</p> <p>The auditor reviewed additional medical/mental health secondary materials. 20 examples were provided to the auditor. Some of the examples had individuals who accepted the MH referral and some declined the referral.</p> <p>The auditor was provided with a memo from the PREA Coordinator which described the intake/risk assessment process for WADOC facilities.</p> <p><u>Substandard 115.81(b)</u></p> <p>The facility reported, via the PAQ, that all offenders who have previously perpetrated sexual abuse, as indicated during the PREA risk screening, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. In the past 12 months, 100% of the inmates who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow-up meeting with a mental health practitioner. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>The auditor was tasked to review a sample of mental health secondary materials (forms, logs). The auditor collected two additional copies while on-site of an identified perpetrator being offered a referral to mental health. One of the cases, the offender refused the services. In the second, he accepted the referral. The document does not show whether he was seen by mental health. The auditor followed up on this and was provided documentation that addressed this issue.</p>

Two staff who are responsible for risk screening were interviewed. Both indicated that if a screening indicates an offender has previously perpetrated sexual abuse, they offer a referral to mental health. The referral is completed using the DOC 13-509 form. Neither of the staff knew how soon after the referral was made that the meeting with mental health would be completed. The auditor recommended during the corrective action period that all classification staff be reminded of the timeframes for submission of the mental health referral forms. This was accomplished via e-mail on October 14, 2021.

Substandard 115.81(d)

The facility reported, via the PAQ, that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. All health information related to the evaluation and subsequent follow-up care is confidential. Information is only disclosed when necessary for related treatment, investigation, and other security and management decision. Information will be disclosed per the Health Record Guidelines.

Information shared with other staff is strictly limited to informing security and management decision, including treatment plans, housing, bed, work, education, and program assignments. Health Services may share specific information concerning an offender's health status to other facility employees/contract staff only when the Health Authority has determined it is essential for the management of the offender's health and safety. A PREA investigation may have access to medical/mental health information directly related to an incident. Information not directly related to the incident is redacted.

The auditor reviewed a sample of inmate confinement records/other records available to custody staff or non-health personnel. The auditor was provided with 12 examples.

During the tour of the facility, the auditor noted that access to screening information on the computers is limited to specific classifications. This was confirmed through discussions with various staff.

WADOC 490.800 (11/20/20) states that Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation, and other security and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action.

WADOC 640.020, Health Records Management, states that information contained in the health record, including information shared with health care professionals, is confidential and will only be disclosed/photographed as authorized by statute. Request will be processed per the HRP.

The auditor was provided with the Health Record Management Procedure and the Health Record Procedure, to assist in understanding release of information protocols.

Substandard 115.81(e)

The facility reported, via the PAQ, that medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. During the documentation period, there were no instances where medical/mental health information was shared regarding sexual victimization that did not occur in an institutional setting.

The auditor reviewed consent documentation or logs and a memo received from the Superintendent addressing this issue.

All four of the medical and mental health staff interviewed indicated they obtain informed consent from offenders before reporting about prior sexual victimization that did not occur in an institutional setting. CRCC does not house offenders who are under the age of 18.

WADOC 610.025, Health Services Management of Offenders in Cases of Alleged Sexual Misconduct, states that medical and mental health practitioners will obtain informed consent before reporting information about prior sexual victimization that did not occur in an incarcerated setting, unless the patient is under the age of 18.

The classification staff that were interviewed were not aware of the timeframes for Mental Health referrals to be made or the timeframes in which the offenders are to be seen by the clinician. The auditor recommended that this information be shared with all classification staff during a future staff meeting. On October 14, 2021, the PREA Compliance Specialist sent out an e-mail to all Classification staff reminding them of the requirement to ensure the referral (DOC 13-509) is completed and submitted to mental health within the required 14 days.

No corrective action was not identified for this standard.

115.82	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1050 297"><b>Standard 115.82, Access to Emergency Medical and Mental Health Services</b></p> <p data-bbox="240 329 579 356"><u>Policy related to Standard 115.82</u></p> <p data-bbox="240 387 1465 714">WADOC 490.850, PREA Response, outlines medical/mental health treatment for sexual abuse and includes response to allegations of sexual misconduct. For all allegations except aggravated sexual assault, the Shift Commander/designee will implement appropriate security procedures and initiate DOC 02-011, PREA Response and Containment Checklist. For allegations of aggravated sexual assault, the Shift Commander/CCS/designee will initiate the DOC 02-021, Aggravated Sexual Assault Checklist, and the PREA Response Team will conduct a coordinated, multidisciplinary response to the allegation. For all investigated allegations, the Superintendent will ensure alleged victims of sexual misconduct under the Department's jurisdiction are provided with PREA Investigation Process for Offenders. The Appointing Authority will notify the appropriate Appointing Authority or facility administrator within 72 hours of receipt of an allegation when the alleged incident: 1) occurred in another Department location or another jurisdiction; 2) Involved a staff who reports through another Appointing Authority. It also addresses medical and mental health services.</p> <p data-bbox="240 745 1490 938">WADOC 600.000, Health Services Management, states that offenders will be provided health services per RCW 72.10 and in accordance with all applicable Department policies, and the Health Services Division Standard Operations and Procedure Manual, including the Offender Health Plan and DOC-DOH Health, Environmental, &amp; Safety Standards established under RCW 43.70.130(8). Medical and mental health services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting will be provided at no cost to the offender.</p> <p data-bbox="240 969 1490 1064">WADOC 600.025, Health Care Co-Payment Program, states that offenders will be charged a co-payment for all visits, except when Medical and Mental Health Services allowed under the Offender Health Plan are related to sexual misconduct as defined in DOC 490.800 PREA Prevention and Reporting.</p> <p data-bbox="240 1151 477 1178"><u>Substandard 115.82(a)</u></p> <p data-bbox="240 1209 1490 1469">The facility reported, via the PAQ, that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. During the audit documentation period, there were no allegations of aggravated sexual assault that indicated a forensic medical examination.</p> <p data-bbox="240 1500 1437 1527">The auditor reviewed a sample of medical/mental health secondary materials (forms, logs) regarding access to services.</p> <p data-bbox="240 1559 1458 1684">All four of the medical and mental health staff interviewed indicated that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The services are offered as soon as the victim arrives in the medical area or the medical/mental health staff arrive on-scene. The nature and scope of the services are determined by the professional judgement of the medical or mental health staff.</p> <p data-bbox="240 1715 1490 1809">This question is not applicable to any of the offenders that were interviewed because there was no physical injuries or penetration or exchange of body fluids. In the one case where there was alleged physical contact with the alleged victims, he was offered a referral to mental health but declined.</p> <p data-bbox="240 1897 477 1924"><u>Substandard 115.82(b)</u></p> <p data-bbox="240 1955 1490 2049">Five first responders were interviewed. The general response was that first responders take whatever steps are necessary to protect the victim, separate the victim from the aggressor, and notify the shift commander of the incident. They have medical staff on duty 24-hours per day.</p> <p data-bbox="240 2080 1433 2139">The auditor reviewed documentation demonstrating immediate notification of the appropriate medical and mental health practitioners.</p>

Substandard 115.82(c)

The facility reported, via the PAQ, that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

The auditor was tasked to review a sample of medical/mental health secondary materials (forms, logs) regarding access to services. The auditor received a memorandum authored by the Superintendent, which indicated there were no incidents during the documentation review period that would have required emergency contraception or sexually transmitted infections prophylaxis.

Three of the four medical and mental health staff interviewed indicated that victims of sexual abuse are offered timely information about and timely access to sexually transmitted infections prophylaxis. One of the staff, from mental health, indicated this was a medical question and they were unaware of the answer.

Three offenders who reported a sexual abuse were interviewed. This question is not applicable to any of the offenders that were interviewed because there was no penetration or exchange of body fluids.

Substandard 115.82(d)

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

No corrective action has been identified for this standard.

115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1294 297"><b>Standard 115.83, On-going Medical and Mental Health Care for Sexual Abuse Victims and Abusers</b></p> <p data-bbox="242 331 579 358"><u>Policy related to Standard 115.83</u></p> <p data-bbox="242 387 1465 448">WADOC 490.850, PREA Response addresses on-going medical/mental health treatment for victims and abusers including medical and mental health services.</p> <p data-bbox="242 477 1481 638">WADOC 600.000, Health Services Management, states that medical and mental health services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800 PREA Prevention and Reporting will be provided at no cost to the offender. The Health Services Division Standard Operations and Procedure Manual, approved by the Assistant Secretary for Health Services and Chief Medical Officer, includes the current operational procedures and standards that are expected practice for health services employees and contract staff.</p> <p data-bbox="242 667 1473 728">WADOC 610.025, Health Services Management of Alleged Sexual Misconduct Cases, addresses actions to be taken when sexual assault incident occur.</p> <p data-bbox="242 757 1485 853">WADOC 630.500, Mental Health Services, addresses mental health services provided under the offender health plan including crisis services, routine mental health services, assessments and release planning for offenders with serious mental illness.</p> <p data-bbox="242 943 475 969"><u>Substandard 115.83(a)</u></p> <p data-bbox="242 999 1477 1193">The facility reported, via the PAQ, that it offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. CRCC did not have any cases in which penetration or exchange of bodily fluids was alleged throughout the documentation period. This was verified by reviewing the investigation tracking log that was provided to the auditor. The auditor also received a memorandum, authored by the Superintendent, certifying there were no incidents where penetration or exchange of bodily fluids was alleged.</p> <p data-bbox="242 1223 1477 1283">Per a memo from the PREA Coordinator, the following mental health process has been implemented to ensure continuity of care for offenders:</p> <p data-bbox="242 1312 1473 1408">The Primary Therapist will develop and implement a treatment plan consistent with the OHP, if/as medically appropriate. In the event the patient is scheduled for transfer or release prior to completion of the treatment plan, the Primary Therapist will offer release planning services per mental health services policy.</p> <p data-bbox="242 1438 1449 1498">For patients who are releasing and who are screened as eligible for Department of Social and health Services benefits, a Behavioral health Discharge Summary will be completed and uploaded into SharePoint.</p> <p data-bbox="242 1527 1493 1588">The Primary Therapist or social worker will document referral efforts and results via a 12-435 Primary Encounter Report entry in the patient's medical record.</p> <p data-bbox="242 1617 1441 1713">For S3 (current, active symptoms of mental illness, moderate severity with some noted problems with functioning) cases being referred to another DOC facility, the Primary Therapist and Psychologist 4 will complete and distribute the 13-465 transfer form.</p> <p data-bbox="242 1742 1251 1769">The auditor was provided with five examples. All were reviewed and found to meet the requirements.</p> <p data-bbox="242 1859 475 1886"><u>Substandard 115.83(b)</u></p> <p data-bbox="242 1915 1473 2045">The four medical and mental health staff who were interviewed, indicated that evaluation and treatment of the victim might include assessment of emergent needs, transfer to outside hospital for forensic examination and return, follow-up on return orders from hospital and check-in with the offender after they return, ensure they receive prescribed medication before they are housed. They would also ensure an appropriate treatment plan is in place, and make any necessary referrals.</p> <p data-bbox="242 2074 1481 2134">The auditor was tasked to interview offenders who reported a sexual abuse. None of the offenders interviewed were offered follow-up services, treatment plans or referrals for continued care. In reviewing the cases, it was noted that the</p>

circumstances of the incidents would not have required these services.

The auditor reviewed medical records or secondary documentation that demonstrate victims receive follow-up services and appropriate treatment plans and, when necessary, referrals for continued care following their transfer to or placement in other facilities, or their release from custody. Three additional examples were reviewed that included case notes from the clinician.

Substandard 115.83(c)

All four medical and mental health staff who were interviewed indicated that the services provided to the victim are consistent or better than what is offered in the community.

The auditor reviewed medical records and secondary documentation that demonstrate victims received medical and mental health services consistent with community level of care.

Substandard 115.83(d) & (e)

These sub-standards address female offenders. There are no female offenders housed at CRCC; therefore, this substandard is not applicable.

Substandard 115.83(f)

The facility reported, via the PAQ, that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections, as medically appropriate. Any individual alleging sexual assault, sexual abuse, and/or staff sexual misconduct is referred to a health care provider to evaluate any injury and provide treatment and follow-up care. The individual is provided medical and mental health treatment services that are clinically indicated based upon the evaluation.

There was an interview protocol for offenders who reported a sexual abuse. This question is not applicable as there were no instances of penetration or exchange of bodily fluids.

The auditor was tasked to review medical records and secondary documentation that demonstrate that victims were offered tests for sexually transmitted infections as medically appropriate. There were not records to review and this was confirmed via a memorandum authored by the Superintendent, no situations occurred which would have required these services.

Substandard 115.83(g)

The auditor was tasked to interview offenders who reported a sexual abuse. None of the offenders interviewed were offered follow-up services, treatment plans or referrals for continued care. In reviewing the cases, it was noted that the circumstances of the incidents would not have required these services.

Standard 115.83(h)

The facility reported, via the PAQ, that it attempts to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners. There were no substantiated allegations of inmate-on-inmate sexual assault and/or abuse during the documentation period. If such a situation occurs, a mental health referral would be forwarded for the perpetrator, who would be scheduled for an evaluation to be completed within the required timeframes. If the agency learns of substantiated allegations of assault or abuse committed by an individual in another jurisdiction, the individual would also be referred for a mental health evaluation as soon as the information was obtained. The PREA risk assessment would also be reviewed to ensure the newly learned information was added and housing assignments reviewed accordingly. No applicable information was received during the documentation period.

The two mental health staff who were interviewed indicated they conduct a mental health evaluation on all known offender-on-offender abusers and offer treatment if appropriate. They do not conduct a formal sex offender evaluation, but they see the offender within two to four weeks.

The auditor reviewed mental health records or secondary documentation that demonstrates evaluations of inmate-on-inmate abusers.

No corrective action was identified for this standard.

115.86	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 767 297"><b>Standard 115.86, Sexual Abuse Incident Reviews</b></p> <p data-bbox="240 331 580 358"><u>Policy related to Standard 115.86</u></p> <p data-bbox="240 387 1461 481">WADOC 490.860, PREA Investigation, addresses multidisciplinary PREA reviews and requires the Appointing Authority or designee to convene a local PREA Review Committee to examine the case for all substantiated and unsubstantiated investigations of individual-on-individual sexual assault/abuse and staff sexual misconduct.</p> <p data-bbox="240 568 475 595"><u>Substandard 115.86(a)</u></p> <p data-bbox="240 627 1493 786">The facility reported, via the PAQ, that it conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, there were 11 criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding "unfounded" incidents. This information was confirmed by reviewing the local review committee tracking log. It had 11 entries from 2/20/20 through 4/21/21.</p> <p data-bbox="240 817 1426 911">The auditor was tasked to review documentation of incident reviews. Ten of the 11 reviews that were completed, were provided with the PAQ. The auditor reviewed four of the ten that were provided. She also reviewed several completed criminal or administrative investigations of sexual abuse, which had a incident review included in the documentation.</p> <p data-bbox="240 999 475 1025"><u>Substandard 115.86(b)</u></p> <p data-bbox="240 1057 1493 1252">The facility reported, via the PAQ, that ordinarily they conduct a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. As needed, the Local PREA Review Committee is scheduled within 30 days of findings by the Appointing Authority. One case was completed past 30 days, it was completed 42 days after Appointing Authority findings because there was miscommunication on 30 day time period. In the past 12 months, there were ten criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding "unfounded" incidents.</p> <p data-bbox="240 1283 1477 1341">The auditor reviewed documentation of incident reviews and a sample completed criminal or administrative investigations of sexual abuse, if incident review documents were included.</p> <p data-bbox="240 1429 475 1456"><u>Substandard 115.86(c)</u></p> <p data-bbox="240 1487 1485 1646">The facility reported, via the PAQ, that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The committee is generally made up of the following individuals: Appointing Authority, IIU Investigator 3 or designee; PREA Compliance Specialist; PREA Compliance Manager; Assigned case investigator; Health Services Manager; Mental Health Supervisor/Psychology Associate.</p> <p data-bbox="240 1677 1442 1736">The Superintendent indicated, during his interview, that he participates in the sexual abuse incident review team and the team includes upper level managers, supervisors, investigators and medical or mental health staff.</p> <p data-bbox="240 1767 954 1794">The auditor reviewed documentation of review team minutes or reports.</p> <p data-bbox="240 1881 475 1908"><u>Substandard 115.85(d)</u></p> <p data-bbox="240 1939 1493 2134">The facility reported, via the PAQ, that it prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) – (d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. Elements required by the standard are documented in DOC form 02-383, Local PREA Investigation Review Checklist. The form also includes an action plan section that identifies the action needed, the person responsible, the planned completion date and the date completed. This form is reviewed and signed off by the Appointing Authority and forwarded to the agency PREA</p>



Coordinator/designee for inclusion with the electronic investigation report file.

The auditor reviewed documentation of incident reviews and the reports of findings from sexual abuse incident reviews

The Superintendent stated, during his interview, that as part of the review, they look at the findings of the investigation and determine if there are design issues, supervisory issues, or line of sight issues that need to be corrected. The review also considers whether the incident was motivated by race ethnicity, gender identity, LBGTI identification or status, gang affiliation or other group dynamics at the facility. They may go to the site of the alleged incident, if staff are unaware of the physical location. To assess the adequacy of the staffing on the shift when the incident occurred as well as other shifts, and assess whether additional monitoring technology could supplement staff supervision of the area. If so, a corrective action plan is developed.

The PCM stated, after the review is completed, a report from the meeting is prepared which addresses all of the requirements in 115.86(d) and any recommendations for improvement. The PCM stated she is part of the committee that conducts the review, reviews the written documentation and would be responsible to create a Corrective Action Plan, if needed. The PCM indicated that after the report is submitted, her responsibility would be to follow-up on any corrective action items to ensure the issue is properly addressed.

Two staff who participate in the PREA Incident Review Committee were interviewed. Both indicated that the review considers whether the incident was motivated by race ethnicity, gender identity, LBGTI identification or status, gang affiliation or other group dynamics at the facility. They may go to the site of the alleged incident, if staff are unaware of the physical location. They assess the adequacy of the staffing on the shift when the incident occurred as well as other shifts, and assess whether additional monitoring technology could supplement staff supervision of the area. If so, a corrective action plan is developed.

Substandard 115.86(e)

The facility reported, via the PAQ, that it implements the recommendations for improvement or documents its reasons for not doing so. DOC form 02-383, Local PREA Investigation Review Checklist, includes an action plan section that identifies the action needed, the person responsible, the planned completion date, and the date completed.

The auditor reviewed documentation supporting implementation of recommendations and reasons for not implementing recommendations.

No corrective action was identified for this standard.

115.87	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 600 297"><b>Standard 115.87, Data Collection.</b></p> <p data-bbox="242 331 579 358"><u>Policy related to Standard 115.87</u></p> <p data-bbox="242 392 1493 548">WADOC 280.310, Information Technology Security, states: Department Information Technology resources are Department property, and the department is obligated to protect them. The Department will take physical and technical precautions to prevent misuse, unauthorized use, and accidental damage to IT resources, including equipment and data. IT use and access must follow state law, regulations, and Department policies and IT Security Standards. It also addresses access rights and privileges, the authentication process, and the duty to protect.</p> <p data-bbox="242 580 1238 607">WADOC 490.860, PREA Investigation addresses data collection and reporting and record retention.</p> <p data-bbox="242 638 1461 728">WADOC 490.800, PREA Prevention and Reporting, establishes definitions for the following terms: sexual misconduct including aggravated sexual assault, individual-on-individual sexual assault, sexual abuse, and sexual harassment. It also includes staff-on-individual sexual harassment and staff sexual misconduct.</p> <p data-bbox="242 819 475 846"><u>Substandard 115.87(a)</u></p> <p data-bbox="242 880 1445 1003">The facility reported, via the PAQ, that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual violence conducted by the Department of Justice.</p> <p data-bbox="242 1034 1430 1124">The auditor conducted a review of the definitions in the PREA Policy. In addition, she reviewed the data collection instrument. Per a memo from the PREA Coordinator, WADOC has established a PREA allegation and case database within the OMNI system. This system allows for the standardized collection of all required data elements.</p> <p data-bbox="242 1216 475 1243"><u>Substandard 115.87(b)</u></p> <p data-bbox="242 1276 1414 1303">The facility reported, via the PAQ, that the agency aggregates the incident-based sexual abuse data at least annually.</p> <p data-bbox="242 1335 753 1361">The auditor reviewed a sample of aggregated data.</p> <p data-bbox="242 1453 475 1480"><u>Substandard 115.87(d)</u></p> <p data-bbox="242 1514 1398 1568">The facility reported, via the PAQ, that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigations files, and sexual abuse incident reviews.</p> <p data-bbox="242 1659 475 1686"><u>Substandard 115.87(e)</u></p> <p data-bbox="242 1720 1493 1809">The facility reported, via the PAQ, that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The data collected from private facilities complies with SSV reporting regarding content.</p> <p data-bbox="242 1841 1493 1964">The auditor was tasked to review a sample of incident-based and aggregated data from private facility, if applicable. She noted, that the WADOC contracts with American Behavioral Health Systems for the residential substance abuse treatment of offenders on community supervision and includes incident-based and aggregated data in the annual agency PREA report. Annual reports are available on the website.</p> <p data-bbox="242 2056 475 2083"><u>Substandard 115.87(f)</u></p> <p data-bbox="242 2116 1461 2170">The facility reported, via the PAQ, that the agency provides the Department of Justice with data from the previous calendar year upon request.</p>

The agency submits data annually in response to the DOJ, BJS Survey of Sexual Victimization. Data submitted is for the previous calendar year. Auditor was provided with SSV for 2018 and 2019.

No corrective action has been identified for this standard.

115.88	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 799 297"><b>Standard 115.88, Data Review for Corrective Action.</b></p> <p data-bbox="240 331 579 358"><u>Policy related to Standard 115.88</u></p> <p data-bbox="240 387 1445 450">WADOC 490-860, PREA Investigation, addresses Data Collection and Reporting. It establishes the PREA Coordinator's responsibility in generating the annual report of findings and identifies what must be included in the report.</p> <p data-bbox="240 535 475 562"><u>Substandard 115.88(a)</u></p> <p data-bbox="240 593 1437 719">The facility reported, via the PAQ, that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including: Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</p> <p data-bbox="240 750 1481 813">The auditor reviewed documentation of corrective action plans and the annual report of findings from data reviews/corrective actions via the 2020 Annual Report.</p> <p data-bbox="240 844 1453 938">The Secretary indicated, during her interview, that the agency collects all data that is input into the IMRS. Each facility generates a report annually including local plans of correction. At the agency level, the strategic plan information and any identified trends are included, as appropriate.</p> <p data-bbox="240 969 1477 1126">The PREA Coordinator, during her interview, indicated that the agency reviewed data collected pursuant to standard 115.87 to assess and improve the effectiveness of their PREA policies and training. She stated the reviews are done annually in February. The information from these reviews feeds the annual report. The information is shared with the PREA advisory panel, who review the materials to discuss what has been done to address concerns that have been expressed. They also try to identify trends at the institution or agency level to correct any identified deficiencies.</p> <p data-bbox="240 1158 1461 1252">The PCM indicated, during her interview, that the facility completes a Data Collection Checklist for each incident of sexual abuse or sexual harassment. This form is sent to headquarters and is used to create the annual report. The annual report also looks at trends and any corrective action that was identified.</p> <p data-bbox="240 1337 475 1364"><u>Substandard 115.88(b)</u></p> <p data-bbox="240 1395 1437 1458">The facility reported, via the PAQ, that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and an assessment of the agency's progress in addressing sexual abuse.</p> <p data-bbox="240 1489 1469 1615">The auditor was tasked to review the annual report of findings from data reviews/corrective actions. She identified that the annual agency PREA report from previous calendar years, including identified agency and facility level issues and corresponding action/strategic plans, are accessible at <a href="https://www.doc.wa.gov/corrections/prea/resources.htm#reports">https://www.doc.wa.gov/corrections/prea/resources.htm#reports</a>. Reports beginning with calendar years 2013 were posted to this site.</p> <p data-bbox="240 1700 475 1727"><u>Substandard 115.88(c)</u></p> <p data-bbox="240 1758 1445 1821">The facility reported, via the PAQ, that the agency makes its annual report readily available to the public at least annually through its website, after the report is reviewed and approved by the Agency Secretary.</p> <p data-bbox="240 1852 1469 1915">The Secretary indicated, during her interview, that she will review and approve the annual report, that is written pursuant to 115.88. She hasn't done it yet because she had only been in the job for one month, at the time of the interview.</p> <p data-bbox="240 2000 475 2027"><u>Substandard 115.88(d)</u></p> <p data-bbox="240 2058 1461 2152">The facility reported, via the PAQ, that the agency does not redact material from an annual report for publication because specific materials that may present a clear and specific threat to the safety and security of the facility are never included in the report.</p>

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

The PREA Coordinator indicated, during her interview, that they do not include any personal identifying information in the data that is collected; therefore, there is nothing that will need to be redacted before the report is published.

No corrective action was identified for this standard.

115.89	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>115.89, Data Storage Publication, and Destruction.</b></p> <p><u>Policy related to Standard 115.89</u></p> <p>WADOC 280.310, Information Technology Security, states: Department Information Technology (IT) resources are Department property, and the Department is obligated to protect them. The Department will take physical and technical precautions to prevent misuse, unauthorized use, and accidental damage to IT resources, including equipment and data. IT use and access must follow state law, regulations, and Department policies and IT Security Standards.</p> <p>WADOC 280.310, Information Technology Security, also addresses PREA data availability.</p> <p>WADOC 280.515, Data Classification and Sharing, establishes that the Chief Information Security Officer will be the point of contact for addressing privacy and data classification issues and data beaches.</p> <p>WADOC 490.860, PREA Investigation, states that information related to investigations of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, security, and management decision. It further directs that staff who breach confidentiality may be subject to corrective/disciplinary action. The policy instructs investigators to submit written reports including the DOC 02-382,, PREA Data Collection Checklist to the Appointing Authority, upon completion of the investigation.</p> <p><u>Substandard 115.89(a)</u></p> <p>The facility reported that the agency ensures that incident-based and aggregate data are securely retained.</p> <p>The PREA Coordinator indicated, during her interview, that the agency reviews data collected pursuant to standard 115.87 to assess the effectiveness of their PREA policies and training materials.</p> <p>The auditor was provided with a breakdown of who has access to the OMNI PREA database. The auditor was provided with a memorandum authored by the PREA Coordinator explaining the systems that are in place to ensure restricted access is maintained for all PREA allegations, investigations, and related data within the WADOC.</p> <p><u>Substandard 115.89(b)</u></p> <p>The facility reported, via the PAQ, that policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.</p> <p>The auditor reviewed the WADOC website and identified that required information is available for review.</p> <p><u>Substandard 115.89(c)</u></p> <p>The facility reported, via the PAQ, that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. They indicated that none of the PREA annual reports published to date include information for which redaction was indicated due to safety and security. Aggregate data did not include any personal identifying information, only statistical data regarding investigations and demographics. Data is included in annual reports in its entirety. The agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection.</p> <p>The auditor reviewed a sample of publicly available sexual abuse data to check that personal identifiers were not included.</p> <p><u>Substandard 115.89(d)</u></p> <p>The facility reported, via the PAQ, that the agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection.</p> <p>The auditor reviewed historical data which has been posted on the website since August 20, 2012.</p>

The auditor was provided with the Records Retention Schedule for State Government Agencies. It was last updated in April 2018.

No Corrective Action was identified for this standard.

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	All provisions of standard 115.401 were met.



115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The auditor reviewed the agency website and noted that there are multiple audits posted for each of the institutions or facilities.

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	no
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes



<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	no
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	no

<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	no
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(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 administrative or criminal sexual abuse investigations. See 115.21(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 administrative or criminal sexual abuse investigations. See 115.21(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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes



<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

<b>115.51 (b)</b>	<b>Inmate reporting</b>	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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 inmate 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: Monitor inmate 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 inmate 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 reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(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 115.21(a).)	yes

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes



<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate'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 an inmate'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 an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes