

# PREA Facility Audit Report: Final

**Name of Facility:** Longview Work Release

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 05/04/2022

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> Michele Morgenroth	<b>Date of Signature:</b> 05/04/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Morgenroth, Michele
<b>Email:</b>	MMorgenroth@mt.gov
<b>Start Date of On-Site Audit:</b>	03/29/2022
<b>End Date of On-Site Audit:</b>	03/30/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Longview Work Release
<b>Facility physical address:</b>	1821 1st Avenue, Longview, Washington - 98632
<b>Facility mailing address:</b>	Washington

Primary Contact	
<b>Name:</b>	James McLane
<b>Email Address:</b>	jrmclane@doc1.wa.gov
<b>Telephone Number:</b>	1.360.578.1431

Facility Director	
<b>Name:</b>	James McLane
<b>Email Address:</b>	jrmclane@doc1.wa.gov
<b>Telephone Number:</b>	1.360.578.1431

Facility PREA Compliance Manager	
<b>Name:</b>	Tessa Bisconer
<b>Email Address:</b>	trbisconer@doc1.wa.gov
<b>Telephone Number:</b>	
<b>Name:</b>	James McLane
<b>Email Address:</b>	jrmclane@doc1.wa.gov
<b>Telephone Number:</b>	

Facility Characteristics	
<b>Designed facility capacity:</b>	100
<b>Current population of facility:</b>	14
<b>Average daily population for the past 12 months:</b>	41
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	27-66
<b>Facility security levels/resident custody levels:</b>	M11 Minimum
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	30
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

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

Agency Chief Executive Officer Information:	
<b>Name:</b>	Dr. Cheryl Strange
<b>Email Address:</b>	cheryl.strange@doc.wa.gov
<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>	
41	
<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:	2022-03-29
2. End date of the onsite portion of the audit:	2022-03-30

### 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, Emergency Support Shelter, Longview Police Department

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	100
15. Average daily population for the past 12 months:	41
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" 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:	6
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:	0
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:	0
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:	0

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:	0
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:	0
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:	0
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:	0
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:	0
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:	0
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:	26
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:	0
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:	6
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 type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	All residents were interviewed as there were only 6 at the facility at the time of the onsite audit.
If "None," explain:	All residents were interviewed as there were only 6 housed at the time of the onsite audit.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	All residents were interviewed as there were only 6 at the facility at the time of the onsite audit.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	All residents were interviewed as there were only 6 at the facility at the time of the onsite audit.
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:	0
<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>	

<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>All residents were interviewed as there were only 6 at the facility at the time of the onsite audit. Through these interviews, it was evident that none of the targeted interview categories were applicable. Staff onsite also verified this information.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>All residents were interviewed as there were only 6 at the facility at the time of the onsite audit. Through these interviews, it was evident that none of the targeted interview categories were applicable. Staff onsite also verified this information.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>All residents were interviewed as there were only 6 at the facility at the time of the onsite audit. Through these interviews, it was evident that none of the targeted interview categories were applicable. Staff onsite also verified this information.</p>

<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>All residents were interviewed as there were only 6 at the facility at the time of the onsite audit. Through these interviews, it was evident that none of the targeted interview categories were applicable. Staff onsite also verified this information.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>All residents were interviewed as there were only 6 at the facility at the time of the onsite audit. Through these interviews, it was evident that none of the targeted interview categories were applicable. Staff onsite also verified this information.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>All residents were interviewed as there were only 6 at the facility at the time of the onsite audit. Through these interviews, it was evident that none of the targeted interview categories were applicable. Staff onsite also verified this information.</p>



<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>All residents were interviewed as there were only 6 at the facility at the time of the onsite audit. Through these interviews, it was evident that none of the targeted interview categories were applicable. Staff onsite also verified this information.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>All residents were interviewed as there were only 6 at the facility at the time of the onsite audit. Through these interviews, it was evident that none of the targeted interview categories were applicable. Staff onsite also verified this information.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>All residents were interviewed as there were only 6 at the facility at the time of the onsite audit. Through these interviews, it was evident that none of the targeted interview categories were applicable. Staff onsite also verified this information.</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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The facility does not have segregated housing. All residents were interviewed as there were only 6 at the facility at the time of the onsite audit. Through these interviews, it was evident that none of the targeted interview categories were applicable. Staff onsite also verified this information.
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.

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	13
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 type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	All staff who were on duty while the audit team was onsite were interviewed. This included custody and non-custody staff and accounted for 50% of the total staff employed at the facility.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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.

### 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.

<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>12</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p>Yes</p> <p>No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Agency contract administrator</li> <li><input 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</li> <li><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</li> <li><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</li> <li><input type="checkbox"/> Medical staff</li> <li><input type="checkbox"/> Mental health staff</li> <li><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</li> <li><input checked="" type="checkbox"/> Administrative (human resources) staff</li> <li><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</li> <li><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</li> <li><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</li> <li><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</li> <li><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</li> <li><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</li> <li><input checked="" type="checkbox"/> First responders, both security and non-security staff</li> <li><input checked="" type="checkbox"/> Intake staff</li> <li><input checked="" type="checkbox"/> Other</li> </ul>
<p><b>If "Other," provide additional specialized staff roles interviewed:</b></p>	<p>staff responsible for grievances</p>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>The facility does not have contractors and has not had volunteers since prior to March 2020.</p>

# SITE REVIEW AND DOCUMENTATION SAMPLING

## Site Review

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

<b>84. Did you have access to all areas of the facility?</b>	<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:

<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<b>88. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b>	<p>During the onsite portion of the audit, the auditor and support staff (audit team) inspected all areas of the facility. This included housing areas, bathrooms, maintenance areas, kitchen, dining area, and administrative offices. During the inspection, the auditor informally questioned staff regarding resident supervision, movement, and physical plant. The audit team noted PREA posters or brochures with reporting and advocacy information in key areas such as near the phones and day rooms. The facility has a camera system that covers key areas. Camera views were observed by the audit team to ensure no cross-gender concerns. Bathrooms are designed in a way to protect against cross-gender viewing. In the kitchen an area that should not be accessible to residents was not labeled. The facility staff immediately put a sign on the door to ensure no resident access. Other details related to observations and tests of critical functions are noted in applicable sections throughout this report.</p>
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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.).	<p>Additional documents selected included staff personnel files, resident files for risk assessments and PREA education documents, and investigation files. The auditor viewed applicable portions of the Offender Management Network Information (OMNI) system for resident records. The auditor ensures the minimum number of resident files reviewed meets or exceeds the minimum number of random resident interviews required for this size of facility, which is 10. In conformity with standard auditing methods which rely on reviewing a sample representation of documents*, the audit team randomly selected documents related to each standard. In some cases, due to limited examples, all documentation was reviewed.</p> <p>Details of documents selected are included in each applicable section of this report.</p> <p>*Please note that standard audit practices rely on reviewing a sample or random selection of documents related to each standard. If the samples conform to the requirements, no additional documents are reviewed. This allows the audit team to focus their efforts on areas where concerns are noted and not on areas that are meeting substantial compliance.</p>
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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
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	1	0	0	1
<b>Total</b>	1	0	0	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>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	1	0	0	0	0
<b>Total</b>	1	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	1	0	0	0
<b>Total</b>	1	0	0	0

### Sexual Harassment Investigation Outcomes

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	1
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:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" 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 type="radio"/> Yes <input type="radio"/> No <input checked="" 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:	1
104. Did your sample of STAFF-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 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:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no sexual harassment allegations at the facility during the review period for the audit.
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 type="radio"/> No <input checked="" 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:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" 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 type="radio"/> Yes <input type="radio"/> No <input checked="" 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>There was only one allegation for sexual abuse or sexual harassment during the 12-months prior to the submission of the pre-audit questionnaire. That allegation was still pending criminal investigation and therefore did not have a case file to review. The auditor requested and reviewed the case file for the one additional allegation that occurred since the last audit. This was not a criminal investigation.</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 type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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### 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 checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>0</p>

## 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>
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<b>Identify your state/territory or county government employer by name:</b>	Montana Department of Corrections
<b>Was this audit conducted as part of a consortium or circular auditing arrangement?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> 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.

115.211	<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 1485 398">(a) DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting section I.A states, "The Department has zero tolerance for all forms of sexual misconduct." WADOC has five policies that cover all areas of the PREA standards including prevention and reporting, risk assessments, response, investigation, and transgender/intersex/gender non-conforming policies.</p> <p data-bbox="240 432 1493 857">(b) DOC Policy 490.800 section II.A outlines the expectations of the PREA Coordinator. This includes develop and implement PREA related policies; identify, monitor, and track incidents of sexual misconduct; coordinate and track referrals to law enforcement and prosecutors; implement a system to audit facilities; keep management informed of PREA-related issues, etc. The PREA Coordinator reports to the Correctional Programs &amp; Services Administrator who is in the chain of command of the Deputy Secretary. The PREA Coordinator position description outlines the responsibilities of the position including development, implementation, and maintenance of policies and procedural operations for PREA. The PREA Coordinator was interviewed by the audit team. She confirmed that she has the time and authority to fulfill her duties. She described her communication with staff at all levels of the agency and her ability to seek immediate corrections to compliance issues when needed. She communicates with all PREA compliance managers throughout the agency on a regular, almost daily, basis. Even though community confinement facilities are not required under the standards to have PREA compliance managers, WADOC has designated the facility administrators to fulfil this role to ensure compliance at the location. WADOC also has a PREA advisory council with representatives from each facility, mental health, policy staff, and others. They meet to talk about issues with PREA compliance, brainstorm solutions, etc.</p> <p data-bbox="240 947 480 974">Supporting Documents:</p> <p data-bbox="240 1003 1078 1030">DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting</p> <p data-bbox="240 1059 1185 1086">DOC Policy 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments</p> <p data-bbox="240 1115 925 1142">DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response</p> <p data-bbox="240 1171 951 1198">DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation</p> <p data-bbox="240 1227 1262 1254">DOC Policy 490.700 Transgender, Intersex, and/or Gender Non-Conforming Housing and Supervision</p> <p data-bbox="240 1283 590 1310">Correctional Operations Org Chart</p> <p data-bbox="240 1339 636 1366">PREA Coordinator Position Description</p> <p data-bbox="240 1462 1441 1489">Based on supporting documents and the interview with the PREA coordinator, the facility is compliant with this standard.</p>

115.212	<b>Contracting with other entities for the confinement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>(a) DOC Policy 490.800 section IX.A states, "Any new or renewed contracts for the confinement of individuals will include the requirement that the contracted facility comply with federal PREA standards and allow the Department to monitor PREA compliance." WADOC currently contracts with American Behavior Health Systems (ABHS). The contract with ABHS was initiated in 2015 and has been extended by amendments through June 2023. Section VII of the contract requires the contractor to comply with PREA.</p> <p>(b) DOC Policy 490.800 section IX.A states, "Any new or renewed contracts for the confinement of individuals will include the requirement that the contracted facility comply with federal PREA standards and allow the Department to monitor PREA compliance." The ABHS contract, section VII states "The department is required to monitor the Contractor's compliance with the PREA standards. Monitoring may include, but is not limited to site visits, access to contractor's data, and review of applicable documentation." The contract also states that should the contractor fail to comply with PREA standards, the Department will terminate the agreement. The auditor reviewed the website for ABHS at <a href="https://www.americanbehavioralhealth.net/prea/">https://www.americanbehavioralhealth.net/prea/</a>. The website has PREA audit reports, annual reports, and reporting information.</p> <p>(c) This standard is not applicable as their current contractor is complying with PREA.</p> <p>A contracts administrator was interviewed via telephone by the audit team for another WADOC audit in October. Since no information changed in the four months since that time, the auditor relied on the same interview for this audit. This person confirmed that the language required by the standard is included in each contract for confinement. WADOC utilizes interstate compacts for the transfer of inmates between state confinement agencies. However, only two have been updated since 2012. Those agreements are with Minnesota and Iowa and contain language that they must comply with PREA. Their compliance is monitored by checking those state agency's websites for completed PREA audit reports. The PREA Coordinator was interviewed for this standard. She reports that every contract has a contract monitor. For the ABHS contracts that is the agency substance abuse administrator. She oversees general compliance with the contract terms. In addition, the PREA Coordinator is in regular contact with the ABHS agency administrator. She can go to any of the ABHS facilities at any time, she checks their PREA audit reports, and receives data from the ABHS facilities. She confirmed that nothing has changed since the initial review in October.</p> <p>Supporting Documents:</p> <p>DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting</p> <p>Contract No. K10802 with American Behavioral Health Systems</p> <p>ABHS Website</p> <p>Iowa Contract K10681</p> <p>Minnesota Contract CDOP448</p> <p>Based on review of policy, contracts, and other documentation, as well as interviews, the facility is compliant with this standard.</p>

115.213	<b>Supervision and monitoring</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 1485 533">(a) DOC Policy 490.800 section VI.A states, "Each Superintendent and Work/Training Release CCS will use the PREA Compliant Staffing Plan template maintained on the PREA Audit SharePoint site to develop, maintain, and annually review a staffing plan that includes an objective analysis of the facility's staffing needs and established staffing model." DOC Policy 110.110 states the Reentry Center Community Corrections Supervisor (CCS) will annually review staffing levels to ensure adequate staffing plans are in place. The Longview staffing plan includes information on the physical layout of the facility, composition of resident population, prevalence of substantiated and unsubstantiated abuse incidents, video monitoring, and other relevant factors. The plan was reviewed in April/May of 2021 and June 2020. Additional supporting documents are included such as budget requests, union discussions regarding staffing, etc.</p> <p data-bbox="240 564 1461 622">(b) The facility reports there have been no deviations from the staffing plan in the 12 months prior to the submission of the pre-audit questionnaire on 02/17/22.</p> <p data-bbox="240 654 1493 815">(c) The Longview staffing plan includes information on the physical layout of the facility, composition of resident population, prevalence of substantiated and unsubstantiated abuse incidents, video monitoring, and other relevant factors. The plan was reviewed in April/May of 2021 and June 2020. Additional supporting documents were provided such as budget requests, union discussions regarding staffing, etc. The PREA coordinator stated in her interview that she reviews the staffing plan and vulnerability assessments made by the facility each year.</p> <p data-bbox="240 904 1485 1128">The Community Corrections Supervisor (CCS) was interviewed as the facility director. He discussed the process for reviewing the staffing plan annually. This includes review of the facility's vulnerability assessment. The PREA coordinator reviews and approves the staffing plan and any reviews. The CCS stated the facility always has 2 staff on first shift, 3 on second shift, and 4 on third shift. There is always one female staff member on every shift with backup plans should a female staff not be available, including having staff on standby. If the facility were to fall below required staffing, this would be logged, and the appropriate staff notified. The CCS confirmed that the next staffing plan review is due in April 2022. The audit team observed staff well placed throughout the facility.</p> <p data-bbox="240 1218 480 1245">Supporting Documents:</p> <p data-bbox="240 1276 879 1303">DOC Policy 110.110 Reentry Center Management Expectations</p> <p data-bbox="240 1335 1078 1361">DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting</p> <p data-bbox="240 1393 528 1420">Staffing Plan 2020 and 2021</p> <p data-bbox="240 1509 1334 1536">Based on review of policy, staffing plan documents, and interviews, the facility is compliant with this standard.</p>

115.215	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>(a) The facility reports that cross-gender strip searches or visual body cavity searches would only be conducted in an exigent circumstance. DOC Policy 420.325 states strip searches of male offenders require that one of the employees conducting the search be male. If the second person conducting the strip search is female, she positions herself to observe the employee doing the strip search but is not in direct line of sight with the offender. The gender of the searching officers is noted on the strip search log. Strip searches of females will be conducted by female employees. DOC Policy 490.700 outlines the requirements for searches of transgender, intersex, or gender non-conforming residents. The search will be conducted in accordance with the stated preference of the resident unless circumstances do not allow for the preference to be implemented. If unable to accommodate, the employee will notify the CCS/designee and document the search in the individual's electronic file. The facility reports they have not had to conduct cross-gender strip or visual body cavity searches in the 12 months prior to the submission of the pre-audit questionnaire on 2/17/22. DOC Policy 420.325 requires the Work Release Administrator to approve transport to a designated facility to conduct a body cavity search.</p> <p>(b) DOC Policy 420.325 states pat searches will be conducted by a trained employee of the same gender as the individual being searched, except in emergency situations. If a male employee pat searches a female, a report must be completed in the Incident Management Reporting System (IMRS). The facility reports that females are not restricted access to regularly available programming or other opportunities if a female staff member is not available to conduct a pat search. The facility reports there were no cross-gender pat searches of female residents in the 12 months prior to the submission of the pre-audit questionnaire on 02/17/22. 13 employees were interviewed during the onsite audit. All reported that female residents are not restricted from programming if there are no female staff onsite. There are backup plans to ensure a female resident is searched when needed. No female residents were housed at the facility during the onsite audit.</p> <p>(c) DOC Policy 420.325 requires employees to document all searches including when the search was done, by whom and the results of the search. Strip searches are to be documented as a report in the IMRS.</p> <p>(d) DOC Policy 490.800 section VIII.A states, "Individuals will be provided the opportunity to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This includes viewing via surveillance systems." Section VIII.C states, "An announcement will be made by anyone who does not identify with the facility's gender designation, loud enough and often enough to reasonably be heard by the occupants of a housing unit, including the living area (e.g., where incarcerated individuals sleep), or any common area designated for individuals to disrobe or change their clothing (e.g., bathrooms, showers)." In addition, the facility has signs posted which state female/male personnel may be in the area at any given time and that residents are responsible for their own privacy and maintaining proper clothing attire.</p> <p>(e) DOC Policy 490.820 section VII.C states, "Employees/contract staff will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it will be determined by health care providers during conversations with the offender, by reviewing medical records, or, if necessary, as part of a broader medical examination conducted in private by a health care practitioner." This same language is repeated in DOC Policy 490.700.</p> <p>(f) DOC Policy 490.800 section X.D states, "Employees/contract staff who may conduct pat searches will be trained in cross-gender searches and searches of transgender and intersex individuals." The facilitator guide for pat search training was reviewed by the auditor. It includes instructions for training employees on conducting cross-gender and transgender searches that are in accordance with this standard. New employees receive this training during Correctional Worker Core or Reentry Center Academy. The training materials were reviewed by the auditor. The back of the hand/blade of the hand technique is taught. 12 employees were randomly selected from the employee roster to review training records. Two of the 12 are not responsible for pat searches so an additional 2 were selected for this standard. All 12 had record of receiving pat search training.</p> <p>All staff present while the audit team was onsite were interviewed. This amounted to 13 random staff interviews, including male and female staff, both custodial and non-custodial. All staff who would be responsible for searches reported that they do not conduct unclothed/strip searches. All reported they were trained to conduct all clothed body searches using the back of the hand/blade of the hand technique. They do not conduct cross-gender searches. All female staff said they do not search the male residents and all male staff said they do not search female residents. They did express an understanding of how to conduct a cross-gender search in exigent circumstances and correctly identified when those circumstances would be. All staff interviewed, both custodial and non-custodial, confirmed that opposite gender announcements are routinely made</p>



when entering housing units.

Longview housed 6 residents at the time of the onsite audit. All 6 were interviewed by the audit team. All confirmed they can dress, shower, and use the toilet without being seen by opposite gender staff. They all confirmed that staff routinely announce their presence when entering housing units.

The audit team conducted a facility inspection and did not note any concerns with cross gender viewing. All showers had curtains. Staff will knock on the door and announce themselves before entering a resident's room. The audit team observed staff making cross-gender announcements before entering housing units.

Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 420.325 Searches and Contraband for Work/Training Release

DOC Policy 490.700 Transgender, Intersex, and/or Gender Non-conforming Housing and Supervision

Correctional Worker Core Facilitator Guide: Pat Searches

Work Release Academy Curriculum

Training Rosters and tracking logs

Based on policy, interviews, and onsite inspection, the facility is compliant with this standard.

115.216	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>(a) DOC 310.000 outlines orientation including that residents are given information on ADA accommodations. Orientation is provided in Spanish and closed-captioned. The orientation script is also provided in both English and Spanish for individuals to read. This orientation includes information on PREA. The offender handbook is provided in English and Spanish. DOC Policy 690.400 outlines the process of identifying individuals with disabilities and providing reasonable accommodations. DOC Policy 490.800 states the confidential PREA hotline is available for teletype (TTY) for residents who are deaf or hard of hearing. PREA posters and brochures are provided in English and Spanish, and this was noted during the inspection. The facility provided a list of available sign language interpreters. WADOC also has a Deaf Services Coordinator and a position description for this job was provided to the auditor. A Facilitator Guide for offenders with limited intellectual capacity was also provided. This has cartoon images to help explain the purpose of PREA. Staff review the work release health screening form for each resident during orientation which will give them the information to know if a resident will need assistance.</p> <p>(b) DOC Policy 490.800 section II.A states, "Professional interpreter or translation services, including sign language, are available to assist individuals in understanding this policy, reporting allegations, and/or participating in investigations of sexual misconduct per DOC 450.500 Language Services for Limited English Proficient Individuals." DOC 450.500 details how to access language services. The facility provided interpreter service contract information and a list of available interpreters for a variety of languages. Interpreters are available by phone and in-person.</p> <p>(c) DOC Policy 490.800 states individuals are not authorized to use interpretation/translation services from other individuals, family members, or friends for the purposes of understanding PREA policy, reporting allegations, and/or participating in investigations. The policy guides staff to use professional interpreter or translation services. The facility reports no interpreters were necessary over the 12 months prior to submission of the pre-audit questionnaire on 02/17/22.</p> <p>During the onsite audit, the facility did not have any residents who were limited English proficient or anyone with disabilities. The audit team noted both English and Spanish posters and brochures throughout the facility. All 13 random staff interviewed and those responsible for resident PREA education knew not to use resident interpreters. They all stated there were staff onsite who could translate some languages if needed or to use the interpreter service line. Staff stated that if someone needed accommodations, they would know this before a resident arrived at the facility and could work to provide those accommodations before the resident arrived.</p> <p>Supporting Documents:</p> <p>DOC 450.500 Language Services for Limited English Proficient Individuals</p> <p>DOC Policy 310.000 Orientation</p> <p>DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting</p> <p>DOC Policy 690.400 Individuals with Disabilities</p> <p>Facilitator Guide for offenders with limited intellectual capacity</p> <p>Spanish Brochure</p> <p>Spanish Posters</p> <p>PREA Orientation script in Spanish and English</p> <p>Offender Handbook</p> <p>Contract 03514 Interpreter Services, Spoken</p> <p>Based on supporting documents, onsite inspection, and interviews, the facility is compliant with this standard.</p>

## 115.217 Hiring and promotion decisions

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

(a) DOC Policy 490.800 section V.A.1 states, "To the extent permitted by law, the Department will not knowingly hire, promote, or enlist the services of anyone who: a. Has engaged in sexual misconduct in a Prison, jail, lockup, community confinement facility, juvenile facility or other institution as defined in 42 U.S.C. 1997, b. Has engaged in sexual misconduct with an individual on supervision, c. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or d. Has been civilly or administratively adjudicated to have engaged in the activity described above." Each person hired or promoted and each contractor who may have contact with offenders completes form DOC 03-506 Sexual Misconduct and Institutional Employment/Service Disclosure. This form asks the individual to disclose information relevant to this standard. Contractors are required in the contract language to comply with the PREA standards and to certify that they have not engaged in the acts listed in this subsection. The auditor randomly selected 12 employees and reviewed hiring packets for each. All 12 employees completed this disclosure form prior to or at the time of hire.

(b) DOC Policy 490.800 section V.B states, "The Department will consider any incidents of sexual harassment in determining whether to hire, promote, or enlist the services of anyone who may have contact with the individuals under its jurisdiction." DOC 03-506 asks applicants/new employees if they have ever engaged in any incident of sexual harassment. The reference check form asks the applicant's reference, "Are you aware of any corrective or disciplinary action, including sexual harassment?" The HR employee interviewed stated the consideration is made by the appointing authority and is dependent on the type of allegation, frequency, recency, etc.

(c) DOC Policy 810.800 requires completion of DOC 03-506 Sexual Misconduct and Institutional Employment /Service Disclosure and completion of a criminal background check. The disclosure form requires applicants to provide the names and locations of any previous institutions where they worked. DOC Policy 810.800 states, "To the extent possible for external candidates, including former employees/contract staff/volunteers, all previous institutional employers will be contacted for information on substantiated allegations of sexual misconduct or any resignation pending investigation of alleged sexual misconduct." DOC Policy 810.015 requires a criminal background check and fingerprinting prior to hire. This check is a Washington State Identification System, Washington Crime Information Center, and National Crime Information Center (NCIC) national database check. DOC Policy 810.800 also has an attached hiring checklist to remind the hiring manager to ensure the steps required in this standard are completed. Of the 12 employee files reviewed, three employees had prior institutional employment. All three had documentation of institutional reference checks completed on form 03-506. All 12 employee files showed documentation of a criminal records background check prior to hire.

(d) DOC Policy 810.015 states, "Any contract staff or intern will be fingerprinted if, as part of his/her duties s/he has access to offenders and/or Department criminal records." Fingerprints are processed by the Washington State Patrol. DOC Policy 400.320 requires a full criminal background check for all contractors and volunteers. Background checks for 5 contractors/vendors were reviewed by the auditor.

(e) DOC Policy 810.015 requires a criminal background check at least every five years. Annual criminal background checks are required for all armed employees. In addition, DOC Policy 810.015 requires employees to report all arrests, criminal citations, and court-imposed sanctions that may affect their fitness for duty. All 12 employee files reviewed had completed background checks within the last 5 years. Longview maintains a tracking sheet for employees that shows when their next 5-year background check is required. According to this tracking sheet, all are current with no checks due until 2023.

(f) Current employees and contract staff are required to answer the following questions in the electronic Learning Center (LC) as part of annual PREA training: "I acknowledge and understand that I have a continuing affirmative duty to disclose and immediately report to my Appointing Authority my involvement in any form of sexual misconduct. Therefore, I confirm the following: I have not knowingly engaged in sexual misconduct with an offender on supervision. I have not engaged in sexual abuse in a prison/jail/lockup/community confinement/juvenile or other institution...I have never been convicted of or otherwise found (e.g., civilly, administratively) to have engaged or attempted to engage in sexual abuse/assault in any setting. I have not engaged in any incident of sexual harassment or sexual misconduct not addressed above...I understand that untruthful answers or deliberate omissions may be cause for disciplinary action or termination of services." DOC Policy 810.015 requires employees to report all arrests, criminal citations, and court-imposed sanctions that may affect their fitness for duty. Training curriculum for the Annual Inservice (AIS) training was provided. The curriculum lists PREA as part of the training, including the annual disclosure form related to this standard. All 12 employee files reviewed had documentation showing annual disclosure of this information.

(g) DOC Policy 810.015 states, "Failure to fully divulge criminal information on the part of an individual subsequently employed, promoted, or authorized to provide services for the Department may be cause for disciplinary action, up to and including dismissal or termination of services." The Sexual Misconduct and Institutional Employment/Service Disclosure form

which is filled out and signed by applicants states, "I understand that, if hired, untruthful or misleading answers or deliberate omissions may be cause for rejection of my application, removal of my name from eligible registers, or dismissal, if employed or serving as a contract staff or volunteer."

(h) DOC Policy 810.800 states HR has provided results from the Offender Management Network Information PREA database for information on substantiated allegations of sexual misconduct or resignations pending investigation. There were no specific examples of this occurring for the facility over the previous year. The auditor was aware that Montana Department of Corrections had recently made several requests to WADOC for these reference checks for other former WADOC employees. An HR representative in Montana was interviewed and she stated they had received several reference checks over the last several months from WADOC and all the PREA related information was provided. She also provided two example reference checks from WADOC for the auditor's documentation.

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

Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 810.800 Recruitment, Selection, and Promotion

DOC Policy 810.015 Criminal Record Disclosure and Fingerprinting

DOC PREA Disclosure – Learning Center

DOC Policy 400.320 Terrorism/Extremism Activity

Applicant Authorization to Release Information form

Washington General Service Hiring Checklist

Pre-Employment Reference Check form

Sexual Misconduct and Institutional Employment/Service Disclosure form

Contract shell language

Hiring Checklist

Annual In-service Curriculum

Based on supporting documents, staff personnel records, and interviews, the facility is compliant with this standard.

## 115.218 Upgrades to facilities and technology

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

(a) DOC Policy 490.800 section VII.B states, "The Department will consider possible effects on its ability to protect individuals from sexual misconduct when: 1. Designing or acquiring a new facility, 2. Planning substantial expansions or modifications of existing facilities..." The facility reports there have been no substantial expansions or modifications to the existing facility since the last audit. However, there are plans to modify portions of the building in the coming year. Facility staff explained these changes during the onsite inspection. It was clear that staff were well versed on what needed to be considered during the remodel to ensure sexual safety.

(b) DOC Policy 490.800 section VII.B states, "The Department will consider possible effects on its ability to protect individuals from sexual misconduct when: ...3. Installing or updating video monitoring systems, electronic surveillance systems, or other monitoring technology." The facility reports there have been no new cameras or updates to video monitoring systems since the last audit.

In his interview, the Deputy Secretary stated that design teams account for line of sight, safety, blind spots, cameras, etc. He stated that individuals involved with capital projects are well-versed on PREA requirements.

Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

Based on policy, interviews, and onsite inspection, the facility is compliant with this standard.

## 115.221 Evidence protocol and forensic medical examinations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

- (a) The agency conducts administrative investigations, completed by specially trained staff. Criminal investigations are conducted by Longview Police Department. If the police department declines to take a case, it can also be referred to the Cowlitz County Sheriff's Department or the Washington State Patrol. The facility reports there was one allegation during the 12 months prior to submission of the pre-audit questionnaire that was reported to law enforcement. The Aggravated Sexual Assault Checklist, PREA Response and Containment Checklist, and Crime Scene Containment/Preservation/Processing Checklist attached to DOC Policy 490.850 outline steps for staff to take to preserve evidence, including asking the victim to not destroy evidence, photographing the crime scene, securing and maintaining the crime scene, and turning evidence over to law enforcement. These are the type of instructions and processes correctional staff would typically follow, given the department is not responsible for criminal investigations. The auditor also reviewed the Sexual Assault Evidence Collection: Uniform Evidence Protocol. This document appropriately outlines the process to collect evidence. WADOC also has forensic medical exam transport staff procedures to ensure proper evidence handling during transport to a forensic exam.
- (b) The Sexual Assault Evidence Collection: Uniform Evidence Protocol used by WADOC is developmentally appropriate to all ages and appropriate for all genders. The facility would not collect forensic evidence in the form of a sexual assault exam. That would be collected at a community health care facility. Evidence collection conducted by staff would be limited to collection of clothing, and anything found in the cell or location of the incident. The facility does not house youth.
- (c) Forensic medical exams are conducted at community health care facilities and are not conducted on-site. DOC Policy 490.850 requires forensic exams to be performed only at designated health care facilities in the community by a SAFE/SANE or a qualified medical practitioner. Longview would transport someone for an exam to Peace Health Longview. DOC Policy 610.300 covers health services for work release residents, including medical care related to a sexual assault.
- (d) DOC Policy 490.800 section XI.D states, "If an individual requires a forensic medical exam, the CSAP (Community Sexual Assault Program) Victim Advocate will be notified prior to transport to the designated community health care facility." The policy goes on to state, "Unless the individual declines services directly to the advocate, the advocate will be present during the exam and any investigatory interview..." WADOC has an interagency agreement with the Office of Crime Victims Advocacy to provide services described under this standard. Specially designated and trained advocates respond to the community health care facility whenever a resident is transported for a forensic medical examination. Peace Health Longview is partnered with Emergency Support Shelter for these services.
- (e) DOC 490.800 Section XI.D.2.b states, "If the community health care staff determine a forensic medical exam is not needed, an advocate will not be scheduled by the facility during subsequent investigatory interviews." Standard 115.21(e) requires as requested by the victim for an advocate for investigatory interviews and does not qualify that this is based on the need for a forensic exam. This language and process will need to be updated to meet the standard.
- (f) DOC Policy 490.800 requires each superintendent to meet with law enforcement officials annually to review investigation requirements under the PREA standards, establish procedures for conducting criminal investigations, and establish points of contact. Longview Police Department would be the first notified in a criminal allegation. WADOC maintains an MOU with the Washington State Patrol in the event they must respond to a criminal event at a WADOC facility. For criminal cases, state law outlines rights of victims and how sexual assault investigations must be conducted. Related state laws were reviewed by the auditor.
- (g) WADOC maintains an MOU with the Washington State Patrol in the event they must respond to a criminal event at a WADOC facility. Longview Police Department would be notified first for criminal PREA allegations. For criminal cases, state law outlines rights of victims and how sexual assault investigations must be conducted. Related state laws were reviewed by the auditor.
- (h) Longview utilizes community-based advocates. The Washington State Department of Commerce Office of Crime Victims Advocacy training requirements state advocates are required to have 30 hours of initial sexual assault/abuse training and 12 hours of ongoing training annually. Advocates providing sexual assault support services to residents are specifically identified within the organization and receive additional specialized training on supporting incarcerated survivors of sexual assault. This specialized training is provided by Washington Coalition of Sexual Assault Programs with information from Just Detention International. The training materials were reviewed by the auditor.

Meeting notes from a meeting on 02/16/22 between Longview staff, hospital staff, and advocacy center staff were reviewed by the auditor. The notes outline the process taken when a victim is taken for an exam. The facility has not had a situation during the documentation period that warranted a forensic exam or advocacy services.

On 04/15/22, the auditor conducted an interview with two representatives of the Emergency Support Shelter utilized by Longview for victim advocacy services. They stated that they meet with facility representatives at least yearly, with the last meeting a few months ago. They have not been called to provide any services over the last year. The services they would provide are ongoing support, counseling referrals, support groups, etc. Their training includes extensive training on advocacy services and roles, with particular attention to sexual assault exams, protection orders, victim rights, PREA-specific information, boundaries and limitations to services.

Supporting Documents:

DOC Policy 610.300 Health Services for Work Release Offenders

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response

Aggravated Sexual Assault Checklist

PREA Response and Containment Checklist

Crime Scene Containment/Preservation/Processing Checklist

Sexual Assault Evidence Collection: Uniform Evidence Protocol

Forensic Medical Exam Procedures – Transport Staff

K11494 Office of Crime Victims Advocacy interagency agreement

Revised Code of Washington 7.69.030

Services for Sexual Assault Survivors Behind Bars presentation

Sexual Assault Advocacy with Incarcerated Individuals webinar

02/16/22 SANE Meeting Notes

02/16/22 Law enforcement meeting notes

Corrective Action Plan:

The policy and process described in part (e) must be updated to ensure advocates are provided as requested during investigatory interviews for sexual abuse even if a forensic exam does not occur.

Corrective Action Completed:

On 4/14/22 the auditor received confirmation from the PREA coordinator that the policy and process concerning section (e) of this standard was corrected. Included in the documents submitted were updated policies. DOC 490.800 section XI.E now states an alleged victim may request to have a victim advocate present during an investigatory interview of sexual abuse by notifying the assigned investigator. DOC 490.800 I.C details how investigators are to arrange for a victim advocate. The victim advocacy brochure was updated to include information about advocates being available during an investigation and how an offender can request this service. Victim Advocates Responsibilities provided to staff and advocates now lists responsibilities during the investigative process. The agency developed and is in the process of distributing an updated bulletin to all existing PREA-trained investigators, which will also be incorporated into the investigator training prior to the next class. The information is also included in the triage results letter provided to the applicable offender whenever an allegation is received. The updated documents and instructions were distributed to all PREA Advisory Council members to ensure they are distributed to all responsible parties.

Based on supporting documents, interviews, and the documentation showing corrective action for part (e), the facility is compliant with this standard.





**115.222 Policies to ensure referrals of allegations for investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) The agency conducts administrative investigations, completed by specially trained staff. Criminal investigations are conducted by Longview Police Department. If the police department declines to take a case, it can also be referred to the Cowlitz County Sheriff's Department or the Washington State Patrol. The facility reports there was one allegation during the 12 months prior to submission of the pre-audit questionnaire that was reported to law enforcement.

(b) DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation is published on the agency website at: <https://www.doc.wa.gov/information/policies/showFile.aspx?name=490860>. This policy states that all allegations that appear to be criminal in nature will be referred to law enforcement. The referral to law enforcement noted in the Investigation Report should include the date/time of the referral, name of agency, assigned case number, name and phone number of contact person, and list of dates/times follow-up contacts were made and if none, reason for no contact. There was one case during the 12 months prior to the submission of the pre-audit questionnaire on 02/17/22 which was referred to law enforcement. The documentation of this referral on the DOC 03-505 law enforcement referral form was reviewed by the auditor.

(c) DOC Policy 490.860 outlines the referral process to law enforcement and that investigation reports from law enforcement will be attached to the final PREA investigation report submitted internally.

(d) For criminal cases, state law outlines how sexual assault investigations must be conducted. Related state laws were reviewed by the auditor. Criminal investigations for Longview are conducted by the Longview Police Department. These officers would be required to complete basic law enforcement training. Revised Code of Washington (RCW) 36.28A.435 has provisions for providing victim-centered, trauma-informed training for law enforcement as part of the sexual assault kit initiative project. RCW 43.101.272 Sexual assault – Training for persons investigating adult sexual assault outlines additional provisions for training to be research-based, victim-centered, etc. RCW 43.101.270 states that each year the criminal justice training commission shall offer an intensive, integrated training session on investigating and prosecuting sexual assault cases.

(e) This substandard is not applicable.

The auditor reviewed notes from a meeting with Longview Police Department on 02/16/22. The notes outline the protocols and responsibilities of LPD and Longview Work Release. During staff interviews, all staff confirmed that in the event of a sexual assault, they would call 911 to respond. A contact at the Longview Police Department confirmed they would respond to criminal allegations at Longview. The responding officer will either handle the call to its completion, submit a report for the major crime unit to review, or call the major crime unit in if necessary, to take over the investigation. Statements, interviews, photos, evidence, etc. would all be handled by the Longview Police Department. He confirmed that they have not been called for any allegations over the previous 12-months.

Supporting Documents:

Agency Website

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

Revised Code of Washington

DOC 03-505 law enforcement referral

02/16/22 Longview Police Department Meeting Notes

Based on supporting documents and interviews, the facility is compliant with this standard.

**115.231 Employee training**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) DOC Policy 490.800 section X.B states, "All new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training. When initial training is not conducted prior to assignment, the person will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity."

This form includes that they have been provided copies of the PREA policies and it details how to report allegations. The policy goes on to list the required elements of training as outlined in items 1-10 of this substandard. The facility reports new employee training is provided through the online Learning Center. The PREA 101 Online Training which is used for new employee orientation was reviewed by the auditor. The course covers all the elements required in this standard. Of the 12 employee files reviewed, 11 files showed these employees received PREA training at the start of service. One employee file was unclear as to whether training was received prior to contact with residents, due to the 03-478 form not being located at the facility. Due to turnover and transfers of staff from other locations in the agency, some of their documentation was not moved with them. Because of this, the facility has begun scanning all documents to HR and maintaining at the facility both an electronic file and binder with all current and past employees for 3 years to have readily available for auditors to review. Because only one staff member was missing this documentation, the facility is still in substantial compliance with this standard and has adopted a new approach to ensure proper documentation in the future. In addition, all 13 random employees who were interviewed stated they received PREA training and were well versed in the topics covered. The auditor is satisfied the facility is compliant with this standard given the familiarity and knowledge of PREA demonstrated in employee interviews, employee verification of ongoing PREA training, and the coverage of the requirements of this standard in the training documents.

(b) DOC Policy 490.800 states PREA training provided will include gender-specific issues. A review of training presentations shows training covers information for working with both male and female offenders. Therefore, employees do not need additional training if reassigned.

(c) DOC Policy 490.800 section X.B states, "All new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training." The facility reports that refresher training emails are sent to employees each year to ensure there is not more than a year that spans from one training to the next for any employee, due to scheduling. All 12 employee training records which were reviewed showed annual PREA training documentation. It was noted that some employees were missing 2021 annual PREA training. The facility clarified that the refresher notification was not sent from a facility supervisor to staff for the 2021 refresher. The new facility supervisor stated that he caught this as he took on the PREA duties while preparing for this audit. He sent an email on 2/11/2022 to rectify this. This email was reviewed by the auditor. He also set a reminder for 2022 and Longview Reentry Center Operational Memorandum (OM) 490.800 Sec. X. b.1 h, will be revised during the next review to say, "Washington State Department of Corrections PREA Annual Refresher will be disseminated to all facility staff upon receipt." Staff will be provided a roster to track completion of the refresher. The facility still meets substantial compliance on this standard because all staff files reviewed showed they received training in other years, not all of them were missing 2021 training, and the facility has already taken steps to ensure this is corrected and not missed in the future.

(d) DOC Policy 490.800 states staff will acknowledge their understanding of the training. DOC PREA Training Acknowledgment form states, "By signing below, I am verifying that I have reviewed and understand all sections of this Prison Rape Elimination Act (PREA) training course." When a staff member attends in-person training they will sign the acknowledgment form. If they take online training through the Learning Center, they complete an electronic acknowledgment form. They can only complete the course by completing the acknowledgment. Therefore, if the employee's training record shows completion, they have fulfilled documentation requirements. Employee training records were reviewed by the auditor.

#### Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC PREA Training Acknowledgment form

PREA 101 Online Training

PREA 102 Curriculum and Facilitator Guide

Based on review of supporting documents, training records, and interviews with employees, the facility is compliant with this standard.

## 115.232 Volunteer and contractor training

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

(a) DOC Policy 490.800 section X.B states, "All new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training. When initial training is not conducted prior to assignment, the person will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity."

DOC Policy 530.100 lists PREA training as one of the required elements of volunteer training. The PREA and Sexual Misconduct training for contractors and volunteers was reviewed by the auditor. This training is provided as a web-based training to certain identified contractors based on their level of service and to all volunteers. The training covers prevention, detection, response, and reporting.

(b) DOC Policy 490.800 section X.C states, "Vendors and service providers with limited unescorted contact with individuals under the Department's jurisdiction are not required to attend PREA training but must sign DOC 03-478 PREA Acknowledgment." Training is based on the level of contact with offenders and the individual's role. Those with regular contact complete the same training as employees.

(c) WADOC PREA Acknowledgment form is filled out for "persons who may have direct contact with supervised individuals and have not been provided Department PREA training..." This form, signed by the individual, outlines the zero-tolerance policy, how to report, provision of related PREA policies, and provision of the PREA informational brochure. The PREA Disclosure and Training Acknowledgment (03-523) form requires the individual to acknowledge completion of the PREA volunteer training. The PREA brochure includes the zero-tolerance statement, including residents' right to be free from sexual abuse, sexual harassment, and retaliation for reporting. The brochure lists signs of abuse, reporting mechanisms, and additional resources. The auditor reviewed form DOC 03-478 examples for five vendors which were provided in the pre-audit documents.

Longview does not utilize contractors. They have not had any volunteers in the facility since March 2020 due to COVID-19. This was confirmed by multiple staff while onsite. The facility provided a list of vendors who may have limited, unescorted contact with residents. The auditor randomly selected four vendors to review in addition to the five provided in the pre-audit documents. All nine, including the randomly selected, completed the 03-478 form showing they received information on the zero-tolerance policy and reporting requirements. Staff responsible for allowing vendors in the facility demonstrated good knowledge of the approval process for vendors, including PREA acknowledgment forms. No vendors were interviewed since they only have limited, unescorted contact with residents and none were scheduled to be onsite during the onsite audit.

### Supporting Documents:

DOC Policy 530.100 Volunteer Program

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

WADOC PREA Acknowledgment form

PREA Disclosure and Training Acknowledgment (03-523) form

PREA Acknowledgment 03-478 form

PREA Brochure for Staff, Volunteers, and Contractors

PREA and Sexual Misconduct training for contractors and volunteers

Based on review of supporting documents and interviews with staff, the facility is compliant with this standard.

## 115.233 Resident education

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

(a) DOC Policy 490.800 states individuals will be provided PREA-related information, which will include information on the Department's zero-tolerance policy and ways to report sexual misconduct. Individuals will be given an informational brochure and PREA information may be provided in the Orientation Handbook. The Offender Handbook states that residents have a right to be free from sexual abuse and harassment and retaliation. It also lists the ways they can report. The Orientation Handbook and posters contain this information as well.

(b) All residents receive the PREA brochure and complete facility orientation within 48 hours of arrival. DOC Policy 310.000 states orientation will be conducted within 48 hours of admission to a reentry center.

(c) PREA brochures and posters are provided in English and Spanish. A transcript of the PREA video is available. See comments under 115.16 for additional information on interpreter services, etc. Case managers identify any offenders with limitations, ADA needs, or limited-English and ensure appropriate services or accommodations are provided.

(d) The Work/Training Release Orientation Checklist is where PREA education is documented. It lists the PREA DVD, brochures, advocacy information, and zero-tolerance statement. Residents sign acknowledgment of receiving orientation and the handbook on this form. The facility also maintains a tracker to document that each resident completed orientation.

(e) The information is continuously and readily available through posters, brochures, and the handbook.

During the onsite portion of the audit, the audit team observed PREA information posted throughout the facility on "PREA boards" as well as brochures in convenient areas. All 6 residents who were interviewed confirmed they received information at intake regarding zero-tolerance and how to report. All 6 also confirmed they received a more detailed orientation that included PREA information. The audit team reviewed the OMNI system for 12 residents who entered the facility over the last year, including the 6 currently at the facility. All 12 records showed documentation of resident education on PREA. In addition, staff responsible for providing PREA education were interviewed and confirmed the processes detailed here. One staff member provided to the audit team the same packet of materials that is provided to the residents on their first day, which includes required PREA information. The purpose of this type of facility is to ensure residents are employed in the community as soon as possible. Because of this, all education is provided at intake and again within a few days. In addition, residents are transferred to this facility from previous WADOC facilities where they have already received PREA education, and the information is the same for every WADOC facility.

### Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 310.000 Orientation

PREA Brochure for Incarcerated Individuals (English and Spanish)

Reporting Posters

Statewide orientation handbook

LWTR Handbook

PRA Tracker

Work/Training Release Orientation Checklist

Based on review of policy, resident records, the audit team's onsite inspection, and interviews with staff and residents, the facility is compliant with this standard.

**115.234 Specialized training: Investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) DOC 490.860 states that investigators will be assigned by the Appointing Authority and that they must complete the regular employee training as outlined in DOC Policy 490.800. DOC policy 490.800 describes the specialized training they will receive to be PREA investigators.

(b) DOC Policy 490.800 section X.H states, "PREA investigators will be trained in: 1. Crime scene management/investigation, including evidence collection in Prisons and Work/Training Releases, 2. Confidentiality of all investigation information, 3. Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process, 4. Crisis intervention, 5. Investigating sexual misconduct, 6. Techniques for interviewing sexual misconduct victims, and 7. Criteria and evidence required to substantiate administrative action or prosecution referral." The Administrative Investigations training presentation and instructional guide were reviewed by the auditor. It includes the preponderance of the evidence, required documentation for investigations, principles of evidence, investigative steps, interviewing, Miranda, Garrity, and a host of other topics related to completing an investigation.

(c) Training records were reviewed for 5 individuals who may be assigned cases at Longview, including the investigator for the one closed case from the previous 3-year period. All 5 had record of receiving PREA investigator training.

The audit team interviewed two investigators who may be assigned to conduct PREA investigations. Both confirmed they completed investigator training as detailed above and required by this standard.

**Supporting Documents:**

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

Administrative Investigations presentation and instructional guide

Based on supporting documents, training documentation, and interviews with investigators, the facility is compliant with this standard.

**115.235 Specialized training: Medical and mental health care**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Longview does not have any health services staff onsite and does not employ or contract any health services staff. All information below is relevant to the agency since this standard requires agency compliance. However, there are no facility specific records or interviews applicable to this standard.

(a) DOC Policy 490.800 section X.G states, "Health Services employees/contracted staff, with the exception of medical records, clerical, pharmacy personnel, the Dietary Services Manager, and the Psychologist assigned exclusively to sex offender treatment programming, will be trained in: 1. Detecting and assessing signs of sexual misconduct, 2. Responding effectively and professionally to sexual misconduct victims, 3. Completing DOC 02-348 Fight/Assault Activity Review, 4. Preserving physical evidence, 5. Reporting sexual misconduct, and 6. Counseling and monitoring procedures." The individuals excluded in the requirement do not have regular, private contact with offenders. The DOC PREA for Health Services training was reviewed by the auditor. Topics include how to report, role of medical and mental health staff when responding to incidents, how to detect and assess signs of sexual misconduct, and how to preserve evidence. PREA 101 is a prerequisite for this class and all health services employees are trained in both regular PREA training and specialized training.

(b) DOC Policy 490.850 requires forensic exams to be performed only at designated health care facilities in the community by a SAFE/SANE or a qualified medical practitioner. Therefore, this substandard is not applicable at this facility.

(c) Longview does not have any health services staff onsite and does not employ or contract any health services staff. Therefore, there are no facility specific records or interviews applicable to this standard. The audit team confirmed through interviews with several staff while onsite that there are no health services staff.

(d) PREA 101 is a prerequisite for the Health Services training and all agency health services employees are trained in both regular PREA training and specialized training.

**Supporting Documents:**

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response

DOC PREA for Health Services Training

Policy and training curriculum shows compliance with this standard. This standard is not applicable at the facility.

## 115.241 Screening for risk of victimization and abusiveness

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

- (a) DOC Policy 490.820 section I.B requires a PREA Risk Assessment (PRA) to be completed during intake and upon transfer. All 6 residents who were interviewed recalled being asked the questions related to the PRA at some point after arriving at the facility.
- (b) DOC Policy 490.820 section I.B. states, "Classification Counselors and designated Work Release employees will complete a PRA within 72 hours of arrival for all offenders arriving at any Department facility." All 6 residents who were interviewed recalled being asked the questions related to the PRA at some point after arriving at the facility. The audit team reviewed files for 12 residents who arrived at the facility over the previous 12 months. 11 out of 12 had completed risk assessments within the first day. 1 out of the 12 was completed on day 4 which is outside of the 72-hour requirement. This shows substantial compliance, and that the assessment is "ordinarily" completed within 72 hours as required under this standard.
- (c) The WADOC PREA Risk Assessment is an objective screening tool. The tool uses a points/scoring system for each item assessed. Each item is weighted based on correlation to risk (i.e., if the individual has previously been sexually assaulted while incarcerated, more points are given toward potential risk than something with a lower correlation to risk, such as age or physical stature). Overrides are allowed by policy but must be approved by the Appointing Authority/designee. Justification for overrides must be documented. Policy instructs staff to complete the PRA by meeting face-to-face with offenders and obtaining information from available file information or other reliable sources. The PRA is typically completed electronically in the OMNI system. If the system is down for any reason, the assessment is completed on paper and entered in the system later. The PRA Assessment Guide gives instructions to anyone completing these assessments. A standardized set of instructions, along with a points/scored assessment ensures the assessments are completed in a manner that is consistent and objective. A staff member responsible for completing risk assessments was interviewed. He stated he conducts the assessments in a private area and that he has a conversation with the resident. He outlined the questions covered by the assessment. He stated that the intake assessment is typically completed within the first day and the follow-up assessment is typically completed around day 21 after arrival.
- (d) The PREA Risk Assessment used by WADOC covers all requirements listed under this substandard. The employee interviewed regarding risk assessments also confirmed these items are covered in the PRA.
- (e) The PREA Risk Assessment used by WADOC covers all requirements listed under this substandard. The employee interviewed regarding risk assessments also confirmed these items are covered in the PRA.
- (f) DOC Policy 490.820 section I.C states, "A follow-up PRA will be completed between 21 and 30 calendar days after the offender's arrival at the facility." The facility reports 54 residents were received at the facility in the 12 months prior to the submission of the pre-audit questionnaire. One resident left prior to 30 days at the facility. Of the 12 resident files reviewed, 11 of 12 PRAs were completed prior to the 30 days. One was delayed. This shows substantial compliance with the standard. The staff member interviewed confirmed that residents are typically reassessed around day 21.
- (g) DOC Policy 490.820 section I.D outlines the requirements of "for-cause PRAs". These are to be completed when additional information is received, if the offender discloses information that could impact the assessed risk, when the offender is found guilty of infractions listed on the PRA, when an employee/contractor observes offender behavior suggesting potential for victimization or predation, and for substantiated allegations. The facility did not have any residents who required a for-cause PRA over the 12 months prior to the pre-audit questionnaire submission.
- (h) DOC Policy 490.820 section I.E.2 states, "Offenders are not obligated to answer PRA questions and cannot be disciplined for refusing to answer or not disclosing complete information in response to assessments." The employee responsible for PRAs confirmed this in his interview.
- (i) PRAs are completed in OMNI with access restricted to classification counselors, selected facility staff, IT staff, and PREA staff. The outcome of the risk assessment (potential predator, potential victim, etc.) is available on the face sheet in the general status portion of OMNI for staff making housing, program, and work assignments. DOC Policy 280.310 and 280.515 outline the requirements for information security, data classification, and sharing. The design document for risk assessments in OMNI was reviewed by the auditor. This document outlines access, security, how the data is managed, etc. The PREA Coordinator explained in her interview how access is granted. She said it is determined on the job classification. Dependent on position, the individual may have either view or edit ability. If access is not automatically granted based on a person's job classification, they may make a request to IT. The PREA Coordinator reviews all those requests before access is granted to the assessments. WADOC has taken steps to ensure the information within assessments is controlled and accessed by only those with a need to know. The employee interviewed confirmed that only case managers and those who need to know would have access to the completed PRAs.



Supporting Documents:

PREA Risk Assessment

DOC Policy 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments

DOC Policy 280.310 Information Technology Security

DOC Policy 280.515 Data Classification and Sharing

OMNI system

OMNI PREA Risk Assessment High Level Design

OMNI PREA Risk Assessment Assessors Guide

Based on review of policy, completed PRAs, and interviews with staff and residents, the facility is compliant with this standard.

## 115.242 Use of screening information

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

(a) DOC Policy 490.820 outlines how information from PREA Risk Assessments (PRAs) will be used. Monitoring plans are developed for offenders at increased risk for sexual victimization and/or predation and transgender and intersex offenders.

The policy goes on to state that PRA information will be used when making job and programming assignments as well as housing in any multi-person cell/room. The PRA Housing Guide outlines how to house offenders based on the assessment. If no assessment has been completed, they are only to be housed with someone who has no identified risk or housed in a single cell. The Housing Guide goes on to define a formulation for how to house offenders who are assessed as potential victims, potential predators, or both. Residents housed in WADOC work release facilities are employed by private companies in the community with whom WADOC can share information. The resident is responsible for securing their own employment and the case manager approves all jobs, taking PREA needs into consideration, and can address issues on a case-by-case basis. The same is true for any education and rehabilitation programming available. In-house details and programming activities held at Longview are monitored by staff and are held within areas of the facility in which residents can be observed. Examples of PREA housing decisions in the OMNI system were reviewed by the auditor. The employee interviewed regarding risk assessments confirmed the information is available to staff to make housing decisions. Residents do not attend programming at this type of facility and work in the community, so the information is rarely, if ever, needed for those elements.

(b) DOC Policy 300.380 requires intake screening committees to review each offender on the transfer manifest before they arrive at the facility. Their review must include the PRA and any history of predatory sexual offenses. If concerns are noted, they are to document this in the Incoming Transport/Job Screening Checklist, including any applicable mitigation strategies. Example monitoring plans within the OMNI system were reviewed by the auditor.

(c) DOC Policy 490.820 section VII.D states, "Housing and programming will be reviewed, initially and prior to any transfer, by a local review committee for all offenders who identify as transgender or intersex." Housing recommendations from the local committee are submitted to the PREA Coordinator who will review and forward the recommendations to the Prisons Command A Deputy Director for final review and approval. DOC Policy 490.700 outlines housing for transgender, intersex, and gender non-conforming offenders. A confidential hold is placed on any offender who identifies as transgender, intersex, or gender non-conforming. This hold ensures the offender is reviewed prior to transfer to another facility. The Housing Protocol for Transgender, Intersex, and Gender Non-Conforming Individual form considers details related to the offender's mental health needs, medical considerations, safety, and security risks to the offender and to others they may be housed with. The PREA Coordinator also described this process in her interview. She stated that the individual will also be interviewed, and the work releases conduct 6-month reviews even though they are not required to under the community confinement standards.

(d) The Housing Protocol for Transgender, Intersex, and Gender Non-Conforming Individuals form asks about the individual's own view with respect to showering arrangements and safety for housing options. A Preferences Request is filled out at intake screening if the individual identifies as transgender, intersex or gender non-conforming. This form allows the offender to disclose preferred pronoun, preferred gender to conduct searches, safety concerns, etc.

(e) DOC Policy 490.820 section VII.G states, "Facilities will develop local procedures to allow transgender and intersex offenders the opportunity to shower and dress/undress separately from other offenders. This may include individual shower stalls, separate shower times, or other procedures based on facility design." DOC Policy 490.700 also requires facilities to develop procedures to allow individuals the opportunity to shower separately. The audit team inspected showers while onsite. All showers have separate stalls with shower curtains to allow for separate showers. Staff members indicated that if additional precautions needed to be taken, those would be considered on a case-by-case basis.

(f) WADOC does not place individuals in dedicated facilities, units, or wings based on their identification. Language specific to this prohibition will be added to DOC Policy 490.700 on its next revision. A memo regarding this change was provided to the auditor. The PREA Coordinator confirmed in her interview that lesbian, gay, bisexual, transgender, and intersex individuals are not housed on the basis of sexual orientation, genital status, or gender identity. All individuals are housed based on risk and need.

The facility did not have any lesbian, gay, bisexual, transgender or intersex residents housed there during the onsite portion of the audit. Therefore, there were no residents to interview applicable to this standard. Several staff confirmed in interviews that they have not had any transgender residents in recent years.

Supporting Documents:

DOC Policy 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments

DOC Policy 300.380 Classification and Custody Facility Plan Review

DOC Policy 490.700 Transgender, Intersex, and/or Gender Non-Conforming Housing and Supervision

Protocol for the Housing of Transgender and Intersex Offenders

Protocol for Housing Review of Transgender and Intersex Offenders

PRA Housing Guide

OMNI Chronos

Based on review of supporting documents, the audit team's facility inspection, and interviews with staff, the facility is compliant with this standard.

## 115.251 Resident reporting

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

(a) DOC Policy 490.800 section XIII.B provides the ways that individuals can make reports. This includes via a confidential PREA hotline, verbally to any staff, in writing via kite or note to staff, through legal mail to the State Attorney General, Governor's office, law enforcement, Just Detention International, or the PREA Coordinator. Individuals can also report via grievances and through an outside agency. The Resident Handbook, PREA posters, and PREA brochure in both English and Spanish have information on how to report allegations. DOC Policy 450.110 states mail sent to the PREA Coordinator, a PREA auditor, or Just Detention International may be marked as legal mail which will be opened in the individual's presence. While onsite, the audit team tested the phone hotline system that residents can use. A report from the hotline system was generated the same day and documentation forwarded to the auditor.

(b) DOC Policy 490.800 outlines how individuals can make a report to an agency that is not part of WADOC. Reports can be made on DOC 21-379 Report of PREA Allegation to an Outside Agency. The policy allows for individuals to remain anonymous by not identifying themselves on the form. Completed forms are to be placed in the provided pre-addressed envelopes and put in the grievance box. The grievance coordinator is to forward the forms to the mailroom to be processed without opening. The form used has an address in Colorado Springs, CO where the reports are sent. The form also has the name of the reporter as optional. This form is provided in English and Spanish. The Intergovernmental Agreement (Contract) between WADOC and Colorado Department of Corrections for outside reporting was reviewed by the auditor. The agreement was recently extended through March 1, 2024. The agreement allows offenders to report anonymously and requires Colorado DOC to immediately forward the allegations to the WADOC. Instructions for this reporting mechanism are in the resident handbook and PREA brochure where residents are advised they can remain anonymous. There were no facility examples of reports being made to Colorado DOC during the 12 months prior to the submission of the pre-audit questionnaire on 02/17/22. The facility did provide a list of reports sent to Colorado for the agency. While onsite, the auditor filled out the report to an outside agency form and mailed it as a resident would. This was processed and a response received within a week. Because this is a reentry center, residents would also have the ability to mail this report from outside the facility while out in the community. WADOC does not detain individuals solely for civil immigration purposes.

(c) As noted in previous sections, the policy provides that the agency/facility will accept reports verbally, in writing, anonymously, and from third parties. Third party mechanisms were tested by the auditor and responses were received in a timely manner. Staff are advised via policy, PREA training, and in the staff PREA brochure that they are required to accept and forward reports. DOC Policy 490.850 states, "Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately..."

(d) The PREA Reporting Process outlined in DOC Policy 490.800 requires staff to confidentially deliver the information to the Community Corrections Supervisor. The process allows for staff to report allegations of a highly sensitive nature, such as allegations against the supervisor, directly to the Appointing Authority or Duty Officer. Allegations made against the Appointing Authority are to be reported to the next higher authority. Staff are informed about how to report in PREA training, policy, and brochures.

The audit team interviewed 13 randomly selected employees. All confirmed and were knowledgeable about the ways that residents can report. All confirmed the method they could privately report information as detailed in part (d). The Appointing Authority was interviewed, and stated reports come through the confidential IMRS system and he receives them almost immediately. Posters with reporting information were visible throughout the facility. All 6 residents interviewed confirmed they knew how to report and could identify several mechanisms by which to report. It is significant to note that all 6 stated the facility is very safe and they expressed confidence in and appreciation for staff.

### Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response

Resident Handbook

DOC Policy 450.110 Mail for Individuals in Work/Training Release

Report of Prison Rape Elimination Act (PREA) Allegation to an Outside Agency form

Based on review of supporting documents, tests of reporting mechanisms, and interviews with residents and staff, the facility is compliant with this standard.

## 115.252 Exhaustion of administrative remedies

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The agency is not exempt from this standard as there is a procedure to address offender grievances regarding sexual abuse. However, DOC Policy 550.100 and DOC 490.800 state grievances alleging sexual misconduct will be forwarded immediately to the applicable authority and will not be reviewed through the grievance/resolution process. The PREA Coordinator/designee will notify the grievance staff whether the allegation meets the definition of sexual misconduct. If it does not the individual may refile the grievance. This renders the rest of the sub-standards of this section not applicable. Allegations received via a grievance are handled in the same manner as any other allegation. There are no time restrictions on the report, they are not required to complete an informal process, etc. An offender may only be disciplined if the investigation determines the staff member did not consent to the contact, or the offender provided false information. A report made in good faith does not constitute false information (DOC Policy 490.860). A memo from the WADOC Secretary describes/confirms this process. The facility did not have any allegations filed via the resolution program in the 12 months prior to the submission of the pre-audit questionnaire on 02/17/22.

While onsite, the audit team noted grievance/resolution boxes in the common area. The staff member responsible for checking the boxes stated he is required to check the boxes at least two times a week but checks them every day he works. He stated anything on the resolution forms related to PREA would be immediately forwarded as any other report and triaged for response.

#### Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

DOC Policy 550.100 Resolution Program

Resolution Program Manual

WADOC Secretary Memo

Based on supporting documents, onsite inspection, and interviews, the facility is compliant with this standard.

**115.253 Resident access to outside confidential support services**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) DOC Policy 490.800 section XI describes access to community victim advocates. Residents have access to a toll-free hotline to the Sexual Assault Support and Information Line operated by the Office of Crime Victims Advocates. Residents can call the line Monday through Friday 8:00am-5:00pm to reach a PREA Support Specialist. Calls are not monitored or recorded, and a PIN is not required. Support services can also be obtained via legal mail to Just Detention International. In-person consultations can be arranged and requirements for this are outlined in the policy and an In-Person Advocacy Guide. Longview has a partnership with Emergency Support Shelter.

(b) DOC Policy 490.800 states calls to the hotline are not monitored or recorded. Mail for advocacy purposes is treated as legal mail. The Sexual Assault Support/Victim Advocacy Brochure in English and Spanish gives instructions to contact the hotline and Just Detention and states it is not monitored or recorded. Posters for the hotline in English and Spanish also state the calls are not recorded and do not require a PIN. The Resident Handbook gives information to residents about advocacy services, how to access these resources, and confidentiality information.

(c) The interagency agreement between WADOC and the Office of Crime Victims Advocacy was reviewed by the auditor. The agreement provides for advocacy services, defined as crisis intervention, assessment of needs, referral to resources, medical and legal advocacy. This includes provision of the hotline described in (a).

On 04/15/22, the auditor conducted an interview with two representatives of the Emergency Support Shelter utilized by Longview for victim advocacy services. They stated that they meet with facility representatives at least yearly, with the last meeting a few months ago. They have not been called to provide any services over the last year. The services they would provide are ongoing support, counseling referrals, support groups, etc. Their training includes extensive training on advocacy services and roles with particular attention to sexual assault exams, protection orders, victim rights, PREA-specific information, boundaries, and limitations to services.

Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

WADOC and Office of Crime Victims Advocacy Interagency Agreement

In-Person Advocacy Guide

Sexual Assault Support/Victim Advocacy Brochure in English and Spanish

Office of Crime Victims Advocacy Posters in English and Spanish

Resident Handbook

Based on supporting documents and interviews, the facility is compliant with this standard.

**115.254 Third party reporting**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

WADOC has third party reporting information available on their public website:

<https://www.doc.wa.gov/corrections/prea/default.htm#prea-report>. It is provided in English and Spanish. They provide options to report via phone, email, and mail. DOC Policy 490.800 outlines the ways in which third parties can make reports. PREA reporting posters are in visitation areas at the facility.

On 2/9/2022 the auditor sent an email to the email address listed on the website as a reporting mechanism. Within minutes a response was received that the report would be triaged and processed. Later the same day, additional documentation was emailed to the auditor to show how the test report was processed.

A letter was sent on 2/9/2022 to the address listed on the agency website for reporting. A response was received on 2/17/22.

On 2/9/2022 the auditor attempted to call the 800-hotline number identified on the website. The call was attempted twice and would not go through. The auditor sent an email to the PREA Coordinator letting her know the system was not working. She immediately forwarded the concern to the system manager. On 2/16/22 the PREA Coordinator notified the auditor that the system had been fixed and several test calls made. The auditor also tested the hotline again and it worked. Even though this reporting mechanism did not initially work, there are multiple options for third party reports which, when tested, worked. Therefore, the agency is still meeting this standard.

In all cases, the reports made through these mechanisms would be forwarded for triage for the creation of an electronic incident report which would serve as notification to the applicable facility and appointing authority. The information is then reviewed to determine if the report contains allegations that are included in the definitions of prohibited behavior. The actions taken would be, 1. Initiation of a new investigation and appropriate responses to the alleged victim at the facility, 2. Add the information to an existing investigation, or 3. Returned as not a PREA allegation.

The facility has a Family and Friends brochure and poster in Spanish and English which provides information on how to report. This information is posted in the visiting area, dayrooms, lobby, and living quarters of the facility.

**Supporting Documents:**

Agency website

Email responses

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

Friends and Family Brochure and Posters

Based on review of the agency website and testing of the third-party reporting mechanisms, the agency and facility are compliant with this standard.



## 115.261 Staff and agency reporting duties

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

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

(b) DOC Policy 490.850 states, "Staff who fail to report an allegation, 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..." The policy also states, "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."

(c) DOC Policy 490.850 section I.B states, "Offenders will be informed of the requirements of mandatory reporting at Reception, and information will be posted in Health services areas where it can be seen by offenders." Offenders are informed of this requirement via the resident handbook and posters in treatment areas. However, there are no health services staff at this facility.

(d) DOC Policy 490.850 section V.C requires the Appointing Authority or designee to ensure notification to Child Protective Services if the alleged victim is under age 18 and notification to Adult Protective Services if the victim is a vulnerable adult. A person must be classified by Mental Health as a vulnerable adult. The PREA Coordinator confirmed that juveniles are not housed in WADOC facilities. If a report is made from an adult about a sexual abuse allegation when they were under 18, that report would be made to Child Protective Services. Allegations involving a vulnerable adult would be reported to Adult Protective Services. The offender management system has an identifier to notify staff if someone is a vulnerable adult. This designation can only be made by a psychologist based on Washington law. An interagency agreement between WADOC and Washington State Department of Social and Health Services Adult Protective Services (APS) was provided to the auditor. This agreement outlines that WADOC will report to APS when there is an allegation involving a vulnerable adult. However, APS will defer to WADOC to complete the investigation.

(e) DOC Policy 490.850 requires staff to immediately report anonymous and third-party reports in the same manner as all other reports.

All 13 employees who were on duty while the audit team was onsite were interviewed. All 13 confirmed they are required to report immediately the information required under this standard. They all expressed a good understanding of confidentiality when handling these reports. All staff stated they would report all allegations regardless of the source or if it was anonymous. They asserted all reports would be handled and processed in the same manner.

Supporting Documents:

Interagency Agreement WADOC and DSHS/APS

Offender Handbook

DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response

Based on review of supporting documents, interviews with staff, and onsite inspection, the facility is compliant with this standard.

## 115.262 Agency protection duties

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

DOC Policy 490.850 outlines the steps to take to ensure protection of the alleged victim, including separation. DOC Policy 490.820 section III discusses monitoring plans for offenders at increased risk. This section of policy states, "Immediate actions will be taken to protect the offender when it has been determined that s/he is at substantial risk of immediate sexual assault or abuse." Whenever a housing assignment is made, offender risk identifiers are reviewed to ensure compatibility with potential cellmate(s). Examples from the OMNI system were provided to show the auditor where staff had reviewed PREA risk assessment information prior to assigning housing. The facility also provided information on potential victims identified in the previous year and examples of PREA monitoring plans.

The Community Corrections Supervisor confirmed that immediate action would be taken to protect someone at risk of abuse. All staff interviewed stated they would take immediate action to ensure the safety of the resident. They would immediately report the incident and separate the individuals involved.

Supporting Documents:

DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response

DOC Policy 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments

PREA Monitoring Plan

Based on supporting documents and interviews with staff, the facility is compliant with this standard.

**115.263 Reporting to other confinement facilities**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) DOC Policy 490.850 states, "The Appointing Authority will notify the appropriate Appointing Authority or facility administrator within 72 hours of receipt of an allegation when the alleged incident: 1. Occurred in another Department Location or another jurisdiction..."

(b) DOC Policy 490.850 states, "The Appointing Authority will notify the appropriate Appointing Authority or facility administrator within 72 hours of receipt of an allegation when the alleged incident: 1. Occurred in another Department Location or another jurisdiction..."

(c) Longview reports they have not had any cases in which allegations were received by the facility about another facility in the 12 months prior to the submission of the pre-audit questionnaire on 2/17/22.

(d) When an allegation is received by WADOC from another jurisdiction, it is triaged as any other report/allegation and forwarded for investigation per DOC Policy 490.860. The facility reports it has not received allegations in this manner in the 12 months prior to the pre-audit questionnaire.

**Supporting Documents:**

DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response

DOC Policy 460.860 Prison Rape Elimination Act (PREA) Investigation

The facility has not sent or received any reports related to this standard. Therefore, examples of case-specific documentation could not be reviewed. For facilities of this size and purpose as a reentry center it is common to not have reports applicable to this standard. The Community Corrections Supervisor expressed an understanding of this standard and described a correct process for how this would be reported should it occur. The Appointing Authority also confirmed that he would be responsible for forwarding these reports.

Based on policy and interviews, the facility is compliant with this standard.

**115.264 Staff first responder duties**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) DOC Policy 490.850 outlines response requirements. The policy requires separation of the accused from the alleged victim and witnesses. There are PREA Response and Containment Checklists attached to the policy for staff to follow, which include steps for evidence preservation. Other response protocols described in policy include providing/offering medical, mental health, and support services. Each facility is required to have a response plan. All staff interviewed were clear on the first responder duties and knew they needed to separate and protect the victim. A common phrase many of them used to describe evidence handling and protecting the crime scene was, "detect, notify, isolate, contain." Several staff mentioned the PREA kit or evidence bag that is located at the duty station. The audit team checked this bag during the onsite inspection. It contains items to immediately respond to a crime scene and protect evidence. All staff understood that for a criminal event, their duty would be to protect evidence until a criminal investigator could arrive.

(b) All employees, both security staff and non-security staff are required to take PREA training which outlines first responder duties. All staff are required to follow DOC Policy 490.850. Volunteers and contractors are trained on first responder duties (see Standard 115.232). There are no volunteers or contractors at Longview. All non-custodial staff interviewed knew to protect the victim and notify custodial staff. They also knew to protect any evidence.

Supporting Documents:

DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response

Aggravated Sexual Assault Checklist

PREA Response and Containment Checklist

Sexual Abuse/Assault First Responder Duties card

Based on supporting documents and interviews, the facility is compliant with this standard.

**115.265 Coordinated response**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

DOC Policy 490.850 discusses the coordinated response, the response team members, and their responsibilities. The team includes the Work Release Administrator, a CCS, the medical or mental health duty officer, and other staff as necessary.

The Community Corrections Supervisor confirmed the coordinated response plan and that the facility partners with community victim advocate groups, the hospital, and community mental health services. Several staff stated the coordinated response book and PREA kit with necessary items to respond to an incident were located at the duty station. The audit team reviewed the coordinated response book and kit while onsite. There are several checklists utilized to ensure staff complete all required steps to respond to an incident, make notifications, preserve evidence, etc.

Supporting Documents:

DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response

PREA Response Plan

Based on review of the response plan and policy, interviews, and onsite inspection, the facility is compliant with this standard.

**115.266 Preservation of ability to protect residents from contact with abusers**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The collective bargaining agreement does not limit the agency's ability to remove an employee pending an investigation.

The agreement states an employee placed on an alternative assignment during an investigation will be informed of the general reason(s) for the alternative assignment unless it would compromise the integrity of the investigation. This was confirmed by the Deputy Secretary.

Supporting Documents:

Collective Bargaining Agreement Washington Federation of State Employees

Based on review of the collective bargaining agreement and interview with the Deputy Secretary, the facility is compliant with this standard.

**115.267 Agency protection against retaliation**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

- (a) DOC Policy 490.800 states, "The Department has zero tolerance for all forms of retaliation against any person because of involvement in the reporting or investigation of a complaint. Retaliation may be subject to corrective/disciplinary action." DOC Policy 490.860 section II outlines the WADOC requirements for protection against retaliation. WADOC, through DOC Policy 490.860, prohibits retaliation against anyone for reporting sexual misconduct or participating in an investigation of such misconduct. Section II.C 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." The policy states that for allegations of sexual harassment, retaliation monitoring may occur at the discretion of the Appointing Authority. Because this standard only requires retaliation monitoring for allegations of sexual abuse, the agency/facility is meeting this standard in that they are providing protection by prohibiting retaliation for all types of allegations and may do monitoring for those who report sexual harassment or cooperate with sexual harassment investigations. The Appointing Authority was interviewed and confirmed that retaliation monitoring would be assigned back to the supervisor of the facility (the CCS). The CCS was interviewed and confirmed he understood the process but has not had any allegations to initiate monitoring. The Deputy Secretary stated protective measures would be taken if retaliation was suspected including moving individuals to provide protection, investigations, and corrective action plans. Because there were no allegations in the previous year, there were no case-specific records to review.
- (b) DOC Policy 490.860 states retaliation will be treated as a separate offense subject to investigation, discipline, and/or corrective action. Individuals are notified of this on the Interview Acknowledgment form when they are interviewed for an investigation.
- (c) DOC Policy 490.860 states retaliation monitoring will continue for 90 days following notification, or longer if necessary. The PREA Monthly Retaliation Monitoring Report requires the monitor to meet with the individual monthly for 90 days. The form asks the monitor to review housing/program changes, disciplinary reports, reassignment, or negative performance reviews.
- (d) DOC Policy 490.860 requires that alleged victims and incarcerated reporters are met with at least monthly.
- (e) DOC Policy 490.860 states, "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."
- (f) DOC Policy 490.860 states monitoring may be discontinued if the allegation is determined to be unfounded or if the individual is released from incarceration.

The PREA coordinator explained in her interview that since the last audit at this facility, the agency implemented a SharePoint site to track several items related to allegations, including retaliation monitoring. The tracking system includes monitoring plans assigned and 30, 60, and 90 day check dates.

**Supporting Documents:**

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

Based on supporting documents and interviews, the facility is compliant with this standard.

## 115.271 Criminal and administrative agency investigations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

- (a) DOC Policy 490.860 section I states, "The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving individuals under the jurisdiction or authority of the Department."
- (b) Investigators are required to complete specialized training. See additional comments under 115.234.
- (c) DOC Policy 490.860 requires investigators to interview alleged victims, accused, and witnesses. They must collect any additional evidence including electronic evidence. DOC Policy 490.860 section I.E states, "The Appointing Authority will review the report and prior complaints/reports of sexual misconduct involving the accused..."
- (d) WADOC utilizes a form to notify law enforcement of an allegation that appears to be criminal. In the form, it states, "DOC can compel employees, contract staff, and volunteers to cooperate and participate in an investigation under the Garrity Rule. We will suspend any further action on our investigation for a period of 7 days to provide you time to determine whether you will pursue a criminal investigation. Please indicate the direction you wish us to pursue regarding this investigation." The form then gives the law enforcement agency the option to state the case will be investigated and for WADOC to not proceed.
- (e) DOC Policy 400.360 states, "Individuals who are alleged victims, reporters, or witnesses in a PREA investigation will not be asked or required to submit to a polygraph test regarding the alleged misconduct under investigation." Appointing Authorities review each investigation summary to assess the credibility of alleged victims, suspects, or witnesses. This is documented on the Investigative Finding Sheet.
- (f) Investigations are documented on the Investigation Report. The report includes sections for interviews, evidence, and other details of the case. The Investigative Finding Sheet requires the Appointing Authority to review all actions of employees involved to determine if staff actions or failures to act contributed to abuse. The Appointing Authority also assesses credibility for all involved parties.
- (g) Criminal investigations are conducted by law enforcement. See additional comments in 115.222.
- (h) DOC Policy 490.860 requires the Appointing Authority to notify law enforcement when a substantiated allegation is criminal in nature unless a referral was already made throughout the course of the investigation.
- (i) DOC Policy 490.860 states, "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."
- (j) DOC Policy 490.860 section I.A states, "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."
- (k) Not applicable – not required to audit
- (l) The PREA Coordinator reported in her interview that the external investigative agency would provide their report to WADOC/Longview. The auditor reviewed a law enforcement referral for one applicable case over the 12 months prior to the submission of the pre-audit questionnaire on 02/17/22.

The auditor reviewed the documentation related to the one allegation the facility received over that last 12 months. This case is still pending results from the criminal investigation. Because this was the only example available, the auditor requested documentation for any investigations going back to the previous audit (3 years). One allegation occurred in that timeframe. This investigation was thorough and objective. It included interviews of alleged victims, suspect, and witnesses. Additional evidence was reviewed and documented, including video evidence. Credibility assessments were made appropriately, and previous allegations reviewed. This example shows compliance with this standard. The Appointing Authority was interviewed and detailed the process for assignment of investigations and review of the documentation once completed. A contact at the Longview Police Department confirmed they would respond to criminal allegations at Longview. The responding officer will either handle the call to its completion, submit a report for the major crime unit to review, or call the major crime unit in if necessary, to take over the investigation. Statements, interviews, photos, evidence, etc. would all be handled by the Longview Police Department. He confirmed that they have not been called for any allegations over the previous 12-months. Two administrative/internal investigators were interviewed. They confirmed the process outlined here for investigations and were well-versed on the requirements.



Supporting Documents:

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

DOC Policy 400.360 Polygraph Testing

Investigation Report template

Investigative Finding Sheet template

Based on supporting documents and interviews, the facility is compliant with this standard.

## 115.272 Evidentiary standard for administrative investigations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

DOC 490.860 states substantiated findings are defined as the allegation being determined to have occurred by a preponderance of the evidence. Revised Code of Washington 72.09.225 requires the preponderance of the evidence to proceed with termination of an employee who engaged in sexual contact or sexual intercourse with a resident. The Administrative Investigations training that all PREA investigators must complete explains the preponderance of the evidence standard as greater than 50%. WADOC administrative investigators do not make the finding determination. They submit the investigation packet to the Appointing Authority to review, assess the credibility of the witnesses, and determine the finding. Appointing Authorities are required to complete training specific to their role as a decision maker in these investigations. They complete the same training provided to all PREA investigators. The PREA for Appointing Authorities training curriculum covers definitions for substantiated, unsubstantiated, unfounded, and preponderance of the evidence. The Appointing Authority was interviewed and confirmed this process.

The Investigative Finding Sheet for the one completed case over the previous 3-year period included rationale that supported the finding and demonstrates an understanding of the evidentiary standard. The appointing authority was interviewed and expressed an understanding of this standard.

### Supporting Documents:

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

Administrative Investigations Training presentation

Revised Code of Washington 72.09.225

PREA for Appointing Authorities training curriculum

Investigative Finding Sheet

Based on supporting documents and interviews, the facility is compliant with this standard.

## 115.273 Reporting to residents

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

(a) DOC Policy 490.860 requires the alleged victim be notified of the findings of an investigation. This is to be done in person, in a confidential manner or in writing if the individual is in restrictive housing. If the individual has been released, the findings will be sent to the last known address of the individual.

(b) DOC Policy 490.860 states that upon completion of a criminal investigation, a copy of the law enforcement investigation report is requested and attached to the final administrative PREA investigation. This allows the agency to make appropriate reports under this standard. The PREA Coordinator and facility administrator confirmed they would contact the relevant agency to obtain information.

(c) DOC Policy 490.860 requires notifications in compliance with this standard. 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 are maintained in agency electronic case records and are provided to the applicable appointing authority for inclusion in the local hardcopy investigation folder.

(d) DOC Policy 490.860 states the Department will make notifications to the alleged victim in writing if the Department learns the accused has been indicted or convicted.

(e) How the offender is notified of the finding and by whom is documented on DOC 02-378 Investigative Finding Sheet.

(f) DOC Policy 490.860 states if the individual is released, they will be notified at the last known address as documented by the department.

There was one allegation during the 12 months prior to the submission of the pre-audit documents on 02/17/22. The victim was already released when the facility was notified of the allegation. The case is still pending completion. The one case reviewed from the prior 3 years showed the alleged victims were notified of the outcome of the case. The PREA Coordinator, CCS, and Appointing Authority all confirmed these notifications would be made.

### Supporting Documents:

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

DOC 02-378 Investigative Finding Sheet

Ongoing Inmate on Inmate Notifications Log

Based on review of supporting documents and interviews, the facility is compliant with this standard.

## 115.276 Disciplinary sanctions for staff

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

(a) DOC Policy 490.860 section IV.A states, "Employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies." RCW 72.09.225 states, "When the secretary has reasonable cause to believe that sexual intercourse or sexual contact between an employee and an inmate has occurred...the secretary shall immediately suspend the employee." WAC 357-40-010 states, "An appointing authority may dismiss, suspend without pay, demote, or reduce the base salary of a permanent employee under his/her jurisdiction for just cause."

(b) DOC Policy 490.860 section IV.A states, "Employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies."

(c) DOC Policy 490.800 states, "The Department has zero tolerance for all forms of sexual misconduct. The Department will impose disciplinary sanctions for such conduct, up to and including dismissal for staff. Incidents of sexual misconduct will be referred for criminal prosecution when appropriate." RCW 72.09.225 states, "The secretary shall immediately institute proceedings to terminate the employment of any person: (a) Who is found by the department, based on a preponderance of the evidence, to have had sexual intercourse or sexual contact with the inmate..." Collective bargaining agreements outline the disciplinary process for represented members.

(d) DOC Policy 490.860 states, "In cases of substantiated staff sexual misconduct: 2. The Appointing Authority will ensure the finding(s) is reported to relevant licensing bodies."

The facility reports there was one allegation over the 12-month period prior to the pre-audit questionnaire submission on 02/17/22 where the alleged staff member was referred to local law enforcement. The referral documentation was reviewed by the auditor. This employee resigned from the facility; therefore, disciplinary action is not applicable. This individual did not hold a license or certificate; therefore, notification under part (d) was not applicable. The Appointing Authority confirmed disciplinary action would be taken, dependent on the nature of the allegation.

### Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

RCW 72.09.225

WAC 357-40-010

Collective Bargaining Agreement Washington Federation of State Employees

Law enforcement referral form

Based on supporting documents and interview with the appointing authority, the facility is compliant with this standard.

**115.277 Corrective action for contractors and volunteers**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) DOC Policy 490.860 requires the Appointing Authority to notify law enforcement when an allegation that is criminal in nature is substantiated. DOC Policy 490.860 section IV.B states, "Contract staff and volunteers, who are found to have committed staff sexual misconduct, will be terminated from service and prohibited from contact with individuals under the Department's jurisdiction. For any other violations of Department PREA policies, appropriate actions will be taken." The policy goes on to describe how terminations will be documented and shared with other facilities to ensure access is not granted to a facility. RCW 72.09.225 states, "When the secretary has reasonable cause to believe that sexual intercourse or sexual contact between the employee of a contractor and inmate has occurred, the secretary shall require the employee of a contractor to be immediately removed from any employment position which would permit the employee to have access to any inmate." DOC Policy 450.050 outlines the restriction process for staff sexual misconduct and harassment.

(b) DOC Policy 490.860 section IV.B states, "Contract staff and volunteers, who are found to have committed staff sexual misconduct, will be terminated from service and prohibited from contact with individuals under the Department's jurisdiction. For any other violations of Department PREA policies, appropriate actions will be taken." The policy goes on to describe limitations to contact with offenders following substantiated incidents. DOC Policy 450.050 also outlines the restriction process for individuals who engage in sexual misconduct.

The facility reports there have been no substantiated incidents involving contractors or volunteers over the 12-month period prior to the submission of the pre-audit documents on 02/17/22. In addition, the facility has not had volunteers since prior to March 2020 and does not utilize contractors.

**Supporting Documents:**

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

DOC Policy 450.050 Prohibited Contact

RCW 72.09.225

Based on supporting documents and interviews confirming the information above, the facility is compliant with this standard.

## 115.278 Disciplinary sanctions for residents

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

- (a) DOC Policy 490.860 section V.A. states individuals may be subject to disciplinary action per DOC 460.135 for violating PREA policies. During the review period for this audit, there were no offenders sanctioned for violating PREA policies.
- (b) DOC 460.135 outlines a standardized process for disciplinary procedures. Included are hearing processes, progressive sanctions, appeals, etc. The Hearing Officer is required to consider factors such as prior infractions, prior conduct, mental status, etc. Disciplinary processes are also guided by Washington Administrative Code (WAC), sections of which were reviewed by the auditor.
- (c) DOC 460.135 outlines a standardized process for disciplinary procedures. This includes consideration of the offender's mental status. The Hearing Officer may continue a hearing if there is a need to determine the offender's mental status or competency. WAC 137-28-360 requires the hearing officer to consider the offender's mental health in determining an appropriate sanction.
- (d) DOC Policy 460.135 states an offender found guilty of the infractions related to sexual misconduct may be sanctioned to a multidisciplinary team review for consideration of available interventions such as mental health, sex offender treatment, or anger management.
- (e) DOC Policy 490.860 allows for the offender to be subject to discipline when the investigation determines that the staff did not consent to the contact.
- (f) DOC Policy 490.860 states a report of sexual abuse made in good faith will not constitute providing false information, even if the investigation does not establish sufficient evidence to substantiate the allegation.
- (g) DOC Policy 490.800 Attachment 1 states, "Consensual, non-coerced sexual activity between individuals under the Department's jurisdiction is prohibited by Department rule, but is not defined as a violation of PREA policies." This information is also provided in the Resident Handbook.

The facility reports there were no instances of offender discipline in relation to this standard in the 12-month period prior to the submission of the pre-audit questionnaire on 02/17/22. The Community Corrections Supervisor explained the process if a resident were to be disciplined for a substantiated allegation. There would be a hearing conducted by a hearing officer and the resident could face termination from the program dependent on the nature of the incident.

### Supporting Documents:

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

DOC Policy 460.135 Disciplinary Procedures for Work Release

Resident Handbook

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

Washington Administrative Code

Based on supporting documents and interviews, the facility is compliant with this standard.

**115.282 Access to emergency medical and mental health services**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) During the 12 months prior to the submission of the pre-audit questionnaire on 02/17/22, there were no reported cases at the facility of an aggravated sexual assault that indicated a forensic medical exam, or emergency medical or mental health services. DOC Policy 610.300 states, "Facilities will ensure that all offenders who report being a victim of sexual misconduct have access to local community providers for medical treatment and mental health evaluation, as appropriate." OM 490.850 outlines response protocols specific to Longview. It states victims will be treated at Peace Health St. John Medical Center in Longview.

(b) DOC Policy 610.300 states, "If an offender is transported to a community health care facility, employees/contract staff will...ensure that the community health care facility personnel are notified of the reported misconduct...take steps to protect the victim upon return from the community health care facility."

(c) DOC Policy 610.300 states, "If pregnancy is the result of sexual misconduct which took place while incarcerated, the offender will receive timely and comprehensive information and treatment related to lawful pregnancy-related services." Since there are no health services staff onsite, if the offender needs ongoing treatment or services, they would be referred to a community provider.

(d) DOC Policy 610.300 states expenses related to sexual misconduct are not the responsibility of the offender. DOC Policy 490.850 section VI.A states all medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender.

The audit team confirmed while onsite that there are no medical or mental health staff at the facility. The Community Corrections Supervisor confirmed during his interview that all medical and mental health care occurs in the community through community providers. The facility would make appropriate referrals and assist residents with obtaining needed medical and mental health services.

**Supporting Documents:**

DOC Policy 610.300 Health Services for Work Release Offenders

DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response

Operational Memorandum LRC 490.850 PREA Response

Based on review of supporting documents and interviews, the facility is compliant with this standard.

**115.283 Ongoing medical and mental health care for sexual abuse victims and abusers**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) DOC Policy 630.500 states, "A mental health provider will assess the need for mental health services in cases where the offender reports sexual abuse or has been identified as a victim or perpetrator of sexual abuse and is requesting mental health services." DOC Policy 610.300 states the Appointing Authority will authorize payment and coverage of medically necessary treatment and any identified mental health treatment. This policy also states, "Facilities will ensure that all offenders who report being a victim of sexual misconduct have access to local community providers for medical treatment and mental health evaluation, as appropriate." Since there are no health care staff at the facility, an offender would be referred for evaluation and treatment to a community provider. OM 490.850 states the Community Corrections Officer is responsible to ensure victims receive ongoing services. This will include referral information for community-based mental health services from Lower Columbia Mental Health.

(b) Evaluation and treatment are provided via community providers. Therefore, any follow-up care or referrals would be at their discretion and not the responsibility of the facility or agency.

(c) The evaluation and treatment are being provided by community providers. Therefore, this substandard is not applicable.

(d) DOC Policy 610.300 states female offenders will have access to pregnancy management services. The Offender Health Plan states medically necessary maternity services are covered for incarcerated individuals during their period of incarceration. This includes "diagnosis of pregnancy."

(e) DOC Policy 610.300 states, "If pregnancy is the result of sexual misconduct which took place while incarcerated, the offender will receive timely and comprehensive information and treatment related to lawful pregnancy-related services." A brochure from Planned Parenthood is provided for offenders. The Offender Health Plan states medically necessary maternity services are covered for incarcerated individuals during their period of incarceration.

(f) DOC Policy 610.300 states, "Offenders who are victims of sexual misconduct which took place while incarcerated will receive information and access to services and treatment for sexually transmitted infections (STIs) and emergency contraception as medically appropriate."

(g) DOC Policy 610.300 states expenses related to sexual misconduct are not the responsibility of the offender. DOC Policy 490.850 section VI.A states, "All medical and mental health services for victims of sexual misconduct will be provided at no cost to the individual whether the individual names the abuser or cooperates with any related investigation."

(h) DOC Policy 610.300 states, "For offenders identified as the perpetrator in a substantiated allegation of sexual misconduct, employees/contract staff will submit a referral for a community mental health evaluation...If the offender refuses to participate in the evaluation, s/he will be transferred to a Prison for evaluation and offered ongoing treatment..."

The audit team confirmed while onsite that there are no medical or mental health staff at the facility. The Community Corrections Supervisor confirmed during his interview that all medical and mental health care occurs in the community through community providers. The facility would make appropriate referrals and assist residents with obtaining needed medical and mental health services.

**Supporting Documents**

DOC Policy 610.300 Health Services for Work Release Offenders

DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response

Washington DOC Health Plan

Planned Parenthood brochure

Operational Memorandum LRC 490.850 PREA Response

Based on review of supporting documents and interviews, the facility is compliant with this standard.



**115.286 Sexual abuse incident reviews**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) DOC Policy 490.860 section III outlines the requirements for a multidisciplinary PREA review. The review committee is to review all substantiated and unsubstantiated investigations of individual-on-individual sexual assault/abuse and staff sexual misconduct.

(b) DOC Policy 490.860 requires the committee to meet every 30 days or as needed. The facility reports they meet as needed.

(c) DOC Policy 490.860 requires the committee to have input from facility management, supervisors, investigators, and medical/mental health practitioners. The committee at Longview includes the Work Release Administrator, the Work Release Operations Administrator, and the Work Release Community Corrections Supervisors.

(d) The Local PREA Investigation Review Checklist form is used. The form includes a list of attendees or those who provided input on the review. The form then asks the committee to consider all the items required under this substandard. There is a section on the form for the committee to provide recommendations. The form is submitted to the PREA Coordinator and signed by the Appointing Authority.

(e) The Local PREA Investigation Review Checklist has an area for the Appointing Authority to note whether the recommendations of the committee were accepted and if not, to provide reasons. The form includes a section for action plans that identified the action needed, the person responsible, planned completion date, and date completed. The Appointing Authority confirmed in his interview that recommendations are sent to him.

In the 12 months prior to the submission of the pre-audit questionnaire on 2/17/22, the facility reports there were no allegations at the facility that would have resulted in the need for an incident review, except the one pending case. Therefore, there is no case-specific documentation to review. The investigation reviewed from the previous 3-year period had documentation of an incident review in compliance with this standard.

Supporting Documents:

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

Local PREA Investigation Review Checklist form

Based on review of supporting documents and interviews, the facility is compliant with this standard.

**115.287 Data collection**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

- (a) WADOC has a PREA allegation and case database within the Offender Management Network Information (OMNI) system. The system allows for standardized collection of data. Definitions are standardized and provided in the agency annual report.
- (b) The data is aggregated in the agency's annual PREA reports which are prepared by the PREA Coordinator. Annual reports were reviewed by the auditor.
- (c) The OMNI system allows for standardized collection of data from allegations to include demographics of the alleged suspect and victim, location of incident, date/time of incident, type of allegations, investigation finding, etc. All information that is required for the Survey of Sexual Victimization (SSV) is reported in OMNI. The PREA Data Collection Checklist is completed along with the investigative summary. The investigator records the data necessary to answer the SSV on this form.
- (d) DOC Policy 490.860 outlines the requirements for data collection and review. The PREA Data Collection Checklist is completed along with the investigative summary. The PREA Coordinator stated in her interview that data is reviewed regularly to look for trends.
- (e) Washington DOC contracts with American Behavior Health Systems (ABHS) as a private organization for residential substance abuse treatment. ABHS operates three facilities. The annual report includes aggregated data from these three facilities with a comparison of data for 2017-2020. ABHS provides Washington DOC with its annual PREA reports and data relative to PREA allegations and investigations.
- (f) The auditor reviewed the 2018, 2019, and 2020 Survey of Sexual Victimization Summary Forms which WADOC submitted to the Department of Justice.

Supporting Documents:

2018, 2019, 2020 Survey of Sexual Victimization Summary Forms

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

PREA Data Collection Checklist

Based on document review and interviews, the facility is compliant with this standard.

**115.288 Data review for corrective action**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) DOC Policy 490.860 outlines the requirement of data collection and the annual report and states the PREA Coordinator will generate the annual report. The report includes definitions, achievements, allegation data, and corrective actions. This information is provided for the agency as a whole and for each facility. The PREA Coordinator explained that the data collected is used to look for trends to identify issues especially where there may be a spike in reports. Every quarter a data analyst looks at statistics from data collected. This ensures corrective action on an ongoing basis not just once a year. Data is used to make improvements in investigations, training, and awareness within a facility.

(b) The annual reports include a comparison of the current year's data and corrective actions as well as prior years' data. The annual reports from 2013 to 2020 were reviewed by the auditor.

(c) All annual reports for 2013-2020 are signed by the agency head and are available on the public website. The 2020 annual report was reviewed on the agency website at: <https://www.doc.wa.gov/docs/publications/reports/400-RE004.pdf>. The Deputy Secretary confirmed these reports are reviewed and signed by the agency head.

(d) The annual reports only include aggregated data and not incident specific data that would have any personally identifiable information or information that would be a threat to the safety or security of the facility. Information provided is similar to that provided in the annual Bureau of Justice Statistics Survey of Sexual Victimization.

Supporting Documents:

PREA Annual Reports 2013-2020

Agency website

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

Based on review of policy and annual reports, and an interview with the PREA Coordinator and Deputy Secretary, the facility is compliant with this standard.

**115.289 Data storage, publication, and destruction**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) The PREA Coordinator reports all allegations are reported via the Incident Management Report System (IMRS) within the Offender Management Network Information (OMNI) system. Access to any IMRS PREA information is restricted and confidential. It is limited to only staff who have a need to know. Access is reviewed by the agency's Emergency Operations Administrator to ensure access is essential to PREA-related responsibilities. Access is limited to agency executive administrators, appointing authorities, selected facility staff, and selected IT staff. DOC Policy 490.860 outlines data collection, retention, and reporting requirements.

(b) See comments under 115.287 and 115.288. DOC 490.860 outlines the requirements for aggregating data and providing it to the public through the Department website. Data is provided in the annual PREA reports which were reviewed by the auditor.

(c) The annual reports only include aggregated data and not incident specific data that would have any personally identifiable information or information that would be a threat to the safety or security of a facility. The presentation of the data does not require any type of redaction.

(d) The Washington Secretary of State Records Retention Schedule states records related to PREA investigations will be retained for 50 years after the close of the investigation. DOC Policy 490.860 outlines record retention of PREA data. It requires retention of records per the Records Retention Schedule.

Supporting Documents:

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

DOC Policy 280.310 Information Technology Security

DOC Policy 280.515 Data Classification and Sharing

PREA Annual Reports 2013-2020

Agency website

State Government Records Retention Schedule

Based on review of documents and an interview with the PREA Coordinator regarding data collection (see comments for standards 115.87 and 115.88), the facility is compliant with this standard.

**115.401 Frequency and scope of audits**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) WADOC has completed audits in accordance with the substandard. Longview was audited in the previous 3-year cycle with a final audit report dated 03/29/2019. Final audit reports for all WADOC facilities are available on the Department website.

(b) This is the third year of the audit cycle. During the first year, WADOC audited seven facilities. Second year they audited five and had to postpone three due to COVID-19 restrictions. Those three were rescheduled to the third year of the audit cycle. Closures to two facilities have required adjustments to the audit schedule.

(h) The audit team was granted access to and observed all areas of the facility relevant to the audit.

(i) The audit team was permitted to request and receive all relevant documents during pre-onsite phase, onsite, and post onsite phase. Requests were fulfilled in a timely manner.

(m) The audit team used private rooms to conduct all resident interviews without staff present.

(n) The auditor provided audit notification posters to the facility on 2/1/2022. These notifications were in English and Spanish. They included information on when the audit would take place, how to contact the auditor, and information on confidentiality. These were posted throughout the facility, including in the staff break room, administration, visiting, unit hallways, and dayrooms. Date stamped photos of the notifications posted throughout the facility were emailed to the auditor on 2/2/2022. The audit team observed these notifications throughout the facility during the onsite inspection. The auditor did not receive any letters in response to these notifications.

**115.403 Audit contents and findings**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Audit reports are posted at <https://www.doc.wa.gov/corrections/prea/resources.htm>, including the audit reports for Longview from 2016 and 2019.

**Appendix: Provision Findings**

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

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



**115.215 (e) Limits to cross-gender viewing and searches**

Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? yes

If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? yes

**115.215 (f) Limits to cross-gender viewing and searches**

Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? yes

Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? yes

**115.216 (a)****Residents with disabilities and residents who are limited English proficient**

Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? yes

Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? yes

Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? yes

Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? yes

Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? yes

Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) yes

Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? yes

Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? yes

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? yes

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? yes

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? yes

**115.216 (b)****Residents with disabilities and residents who are limited English proficient**

Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? yes

Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? yes

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

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

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

<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes

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

<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

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

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



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

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

<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes

<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

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

**115.242 (f)****Use of screening information**

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)

yes

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)

yes

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)

yes

**115.251 (a)****Resident reporting**

Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?

yes

Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?

yes

Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?

yes

**115.251 (b)****Resident reporting**

Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?

yes

Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?

yes

Does that private entity or office allow the resident to remain anonymous upon request?

yes

**115.251 (c)****Resident reporting**

Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?

yes

Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?

yes

**115.251 (d)****Resident reporting**

Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?

yes

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

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

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

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



**115.267 (c)****Agency protection against retaliation**

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff? yes

Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? yes

**115.267 (d)****Agency protection against retaliation**

In the case of residents, does such monitoring also include periodic status checks? yes

**115.267 (e)****Agency protection against retaliation**

If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? yes

**115.271 (a)****Criminal and administrative agency investigations**

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). ) yes

Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). ) yes

**115.271 (b)****Criminal and administrative agency investigations**

Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? yes

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

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

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

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

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

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

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