

PREA Facility Audit Report: Final

Name of Facility: Washington Corrections Center for Women

Facility Type: Prison / Jail

Date Interim Report Submitted: 10/28/2022

Date Final Report Submitted: 04/27/2023

| Auditor Certification | |
|---|---|
| The contents of this report are accurate to the best of my knowledge. | <input type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input type="checkbox"/> |
| Auditor Full Name as Signed: Kendra Prisk | Date of Signature: 04/27/2023 |

| AUDITOR INFORMATION | |
|-------------------------------------|---------------------------|
| Auditor name: | Prisk, Kendra |
| Email: | 2kconsultingllc@gmail.com |
| Start Date of On-Site Audit: | 10/18/2022 |
| End Date of On-Site Audit: | 10/20/2022 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | Washington Corrections Center for Women |
| Facility physical address: | 9601 Bujacich Road, Gig Harbor, Washington - 98332 |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|----------------------|
| Name: | Karin Arnold |
| Email Address: | kbarnold@doc1.wa.gov |
| Telephone Number: | (360) 480-3190 |

| Warden/Jail Administrator/Sheriff/Director | |
|---|-----------------------|
| Name: | Charlotte Headley |
| Email Address: | ckheadley@doc1.wa.gov |
| Telephone Number: | (360) 810-0198 |

| Facility PREA Compliance Manager | |
|---|-----------------------|
| Name: | Misty Michalak |
| Email Address: | mmichalak@doc1.wa.gov |
| Telephone Number: | |
| Name: | Karin Arnold |
| Email Address: | kbarnold@doc1.wa.gov |
| Telephone Number: | O: (360) 480-3190 |
| Name: | Pamela O'Neil |
| Email Address: | pjoneil@doc1.wa.gov |
| Telephone Number: | O: (253) 858-4615 |

| Facility Health Service Administrator On-site | |
|--|-----------------------|
| Name: | Julie Lee |
| Email Address: | julie.lee@doc1.wa.gov |
| Telephone Number: | (253) 858-4278 |

| Facility Characteristics | |
|--|--|
| Designed facility capacity: | 764 |
| Current population of facility: | 529 |
| Average daily population for the past 12 months: | 552 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Females |
| Age range of population: | 18-88 |
| Facility security levels/inmate custody levels: | Minimum, Long term Minimum, Medium, Close Custody, Maximum |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 386 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 83 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 156 |

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

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

| Agency-Wide PREA Coordinator Information | | | |
|---|-----------------|-----------------------|----------------------|
| Name: | Michelle Duncan | Email Address: | miduncan@doc1.wa.gov |

| SUMMARY OF AUDIT FINDINGS | |
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| <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> | |
| Number of standards exceeded: | |
| 0 | |
| Number of standards met: | |
| 45 | |
| Number of standards not met: | |
| 0 | |

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2022-10-18 |
| 2. End date of the onsite portion of the audit: | 2022-10-20 |

Outreach

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| 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 |
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a. Identify the community-based organization(s) or victim advocates with whom you communicated:

The auditor contacted the Department of Commerce Office of Crime Victim Advocacy related to victim advocacy services. The staff member confirmed that they have an MOU with the facility that was last signed in 2021. She stated they have had an MOU since 2013 and they typically renew every two years. The staff member indicated that they provide statewide sexual assault support and information line and they provide crisis intervention, emotional support, information and referrals. She stated she also coordinates with community based sexual assault advocates for on-going services and advocacy at investigatory interviews. She confirmed the organization has provided services to the facility in the past, however Rebuilding Hope is the organization that provides accompaniment during forensic medical examinations. The staff member voiced no concerns related to the facility's compliance with PREA and did not have any concerns for inmates at the facility related to sexual safety.

The auditor contacted Rebuilding Hope related to victim advocacy services. The staff member advised that they do not have an MOU with WCCW but they had previously discussed an MOU back in 2019. He indicated they provide 24/7 advocacy services via the crisis hotline as well as are able to provide in person or teleconference support for investigative interviews. The staff member further stated that they also provide in person support at Pierce County hospitals during forensic medical examinations. He confirmed that they have provided all of the services in the past to WCCW, however over the previous two years they have not provided in person services due to COVID-19 restrictions. Additionally, the staff member stated that when individuals are transported to Pierce County hospitals for a forensic medical examination, they are always contacted by the SANE, as it is procedure, and a victim advocate responds to provide services. The

staff member did not express any concerns related to sexual safety nor any concerns related to PREA compliance at WCCW.

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 764 |
| 15. Average daily population for the past 12 months: | 529 |
| 16. Number of inmate/resident/detainee housing units: | 551 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p> |

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

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 551 |
| 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: | 4 |

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| 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: | 31 |
| 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: | 127 |
| 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: | 8 |
| 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: | 4 |
| 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: | 78 |
| 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: | 38 |
| 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: | 6 |

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| <p>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:</p> | <p>542</p> |
| <p>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:</p> | <p>0</p> |
| <p>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):</p> | <p>No text provided.</p> |

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

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| <p>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:</p> | <p>386</p> |
| <p>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:</p> | <p>156</p> |
| <p>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:</p> | <p>83</p> |
| <p>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:</p> | <p>No text provided.</p> |

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:

15

54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)

- Age
- Race
- Ethnicity (e.g., Hispanic, Non-Hispanic)
- Length of time in the facility
- Housing assignment
- Gender
- Other
- None

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| 55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | <p>Based on the population on the first day of the audit (551) the PREA auditor handbook indicated that at least 30 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. The facility houses adult female inmates. Inmates for the random interviews varied across gender, race/ethnicity, age, time at the facility and housing assignment. The auditor ensured a geographically diverse sample among interviewees. The following inmates were selected from the housing units: three from CA, three from CB, one from the infirmary, four from J, six from K, five from MA, three from MB, two from R, one from TA, two from TR and one from segregation. L unit was closed and as such there were no interviews conducted for this unit.</p> |
| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

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| <p>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):</p> | <p>Based on the population on the first day of the audit (551) the PREA auditor handbook indicated that at least 30 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. The facility houses adult female inmates. Inmates for the random interviews varied across gender, race/ethnicity, age, time at the facility and housing assignment. The auditor ensured a geographically diverse sample among interviewees. The following inmates were selected from the housing units: three from CA, three from CB, one from the infirmary, four from J, six from K, five from MA, three from MB, two from R, one from TA, two from TR and one from segregation. L unit was closed and as such there were no interviews conducted for this unit. 29 of the inmates interviewed were male, two were transgender female and one was transgender male. Four of the inmates interviewed were black, fifteen were white, two were Hispanic, four were Native American and seven were another race/ethnicity. With regard to age, four were between eighteen and 25; twelve were 26-35; six were 36-45; three were 46-55 and seven were 56 or older. Eleven of the inmates interviewed were at the facility less than a year, fourteen were there between a year and five years, four were there six to ten years and three were at the facility longer than ten years. Inmates selected for the targeted interviews were selected at random across varying factors, when possible.</p> |
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Targeted Inmate/Resident/Detainee Interviews

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| <p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>17</p> |
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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".

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| <p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |
| <p>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:</p> | <p>2</p> |
| <p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |
| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>2</p> |

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| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>2</p> |
| <p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>3</p> |
| <p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>6</p> |
| <p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>2</p> |
| <p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The auditor confirmed through a review of housing documentation for inmates at high risk of victimization and inmates who reported sexual abuse that zero were involuntarily segregated.</p> |
| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>While seventeen total inmates were interviewed from the targeted categories, a few fell into more than one targeted category.</p> |
| <h2>Staff, Volunteer, and Contractor Interviews</h2> | |
| <h3>Random Staff Interviews</h3> | |
| <p>71. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>14</p> |
| <p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>If "Other," describe:</p> | <p>Gender, race and ethnicity.</p> |
| <p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

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| <p>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):</p> | <p>Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the random interviews. Staff for the random interviews varied across gender, race, rank, post assignments and shift. Security staff mainly make up three shifts, first shift works from 10:50pm-6:20am, second shift works from 6:10am-2:10pm and third shift works from 2:00pm-11:00pm. Two staff were interviewed from first shift, seven were from second shift and five were from third shift. With regard to the demographics of the random staff interviewed; six were male and eight were female. Ten were white and four were black. Twelve were Correctional Officers, one was a Sergeant and one was a Lieutenant.</p> |
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Specialized Staff, Volunteers, and Contractor Interviews

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

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| <p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>24</p> |
| <p>76. Were you able to interview the Agency Head?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
| <p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
| <p>78. Were you able to interview the PREA Coordinator?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |

79. Were you able to interview the PREA Compliance Manager?

Yes

No

NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

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| | <input type="checkbox"/> Intake staff <input type="checkbox"/> Other |
| If "Other," provide additional specialized staff roles interviewed: | Mailroom |
| 81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Enter the total number of VOLUNTEERS who were interviewed: | 2 |
| b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other |
| 82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Enter the total number of CONTRACTORS who were interviewed: | 2 |

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| <p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p> | <p><input type="checkbox"/> Security/detention</p> <p><input checked="" type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p> |
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| <p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p> | <p>No text provided.</p> |
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

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| <p>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)?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
| <p>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)?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
| <p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
| <p>88. Informal conversations with staff during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |

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).

The on-site portion of the audit was conducted on October 18-20, 2022. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interview as well as documentation to review. The auditor conducted a tour of the facility on October 20, 2022. The tour included all areas associated with WCCW to include; housing units, laundry, intake, visitation, chapel, education, vocation, program areas, food service, health services, recreation, industries and administration. It should be noted that the warehouse and maintenance were located outside the secure perimeter and did not have inmate access as all inmates remained behind the secure perimeter. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted throughout the facility. Each housing unit had at least one very large poster as well as regular paper size posters. Posters were observed on the wall and on the bulletin boards. The posters included information on reporting, the zero tolerance policy and victim advocacy. Reporting information included the internal hotline (0-800-586-9431), the external reporting mechanism (DOC form 21-379) and other methods including reporting to staff and reporting in writing via a kite or grievance. The poster also included the phone number (1-855-210-2087) for outside victim advocacy services. The poster indicated that victim advocacy is available Monday through Friday from 8:00am to 5:00pm and that calls are not recorded and do not require an IPIN. Posted information was observed to be at adequate height with large font. Posters were observed in both English and Spanish. The poster also had information on accommodations for deaf/heard of hearing

individuals (V/TTY/TDD). Posters were also observed throughout most of the facility including in intake, visitation, education, program areas, work areas and other common areas. In addition to the large posters, the auditor observed that smaller (8.5 x 11) posters were also located in the housing units and around the facility on bulletin boards and walls. The posters included information on the zero tolerance policy and how to report via staff and the PREA hotline. These posters were observed in English and Spanish and were at adequate height with appropriate size font. Posters were also observed in most units near the telephones, which provided the inmates with a discrete method of utilizing the telephone numbers. Informal conversation with staff and inmates confirmed that the PREA posters have been up for quite some time and that the information is always available. Inmates stated that the PREA video is also on one of the television channels 24 hours a day.

Third party reporting information was not observed in the visitation area or the front lobby, however the regular PREA posters were observed in visitation. The facility provided the auditor with photos indicating that the third party posters were in the visitation area prior to the on-site portion of the audit. Additionally, during the interim report period the facility removed the regular PREA posters and put up the third party reporting posters in visitation. Additionally, the facility hung the third party posters at the front entrance to the facility. Photos were provided to the auditor to confirm these posters were placed in visitation and the front lobby.

During the tour the auditor confirmed the facility follows the staffing plan. There were at least four security staff and numerous non-security staff assigned to each housing building on the main side and at least one security staff and numerous non-security staff assigned to each housing building on the

minimum security side. The segregated housing unit had adequate staff based on size with at least two assigned security staff. Program, work and education areas included non-security staff and a roving security staff. A few of the program, work and common areas had a security staff member assigned in addition to the roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. The auditor confirmed that the physical plant of the housing units provided an adequate line of sight. The auditor identified two blind spots during the tour, the laundry area in the medium unit and the long hallway in education. The auditor also observed that carts in the dish room of food service were obstructing the view of the mirror that was placed there to cover a blind spot. During the interim report period the facility installed mirrors in the laundry room and education. Photos were provided to the auditor to confirm placement. Additionally, photos were provided that confirmed the carts were moved from the dish area. The conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds at least every hour and supervisors (Sergeants) make rounds every few hours. Informal conversation with inmates also confirmed that there is at least one staff member in the unit, that staff make rounds every hour and that the Sergeant comes at least once a day.

During the tour the auditor observed cameras in housing units and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. A review of the cameras confirmed that there were no concerns with cross gender viewing or privacy in bathrooms and showers. Cameras are monitored in central control. Additionally, administrative staff and investigative staff also have access to all cameras. The auditor

observed that cells in the suicide observation area were equipped with cameras. Cameras are monitored by staff on the unit. The unit is only staffed by females. While administrative staff and investigative staff have access to these cameras, the auditor determined that they do not actively monitor the cameras. The access is utilized for investigative purposes or administrative purposes and as such the auditor determined that any viewing would be in the capacity of their duties as supervisors and/or investigators.

With regard to cross gender viewing, the auditor confirmed that inmates had adequate privacy when showering and using the restroom. All showers were single person and had walls, doors and/or raised barriers. Toilets were either in a common area and were enclosed with a door or they were in cell and were obstructed by the placement and the door with a small window. The segregated housing unit shower had a door with privacy film. Informal conversation with staff and inmates confirmed that inmates have privacy when showering, using the restroom and changing clothes. A few inmates voiced concerns related to the small cracks where the door was attached (similar to a public style restroom), however the auditor confirmed that these cracks did not provide cross gender viewing concerns. During the tour the auditor viewed the strip search areas in intake. Inmates are typically not strip searched as a body scanner is utilized, however if a strip search is needed the intake area has a room with a door and a curtain. A review of the cameras confirmed that there were no concerns with cross gender viewing or privacy in bathroom, shower and strip search areas. The facility utilizes a body scanner for strip searches and visual body cavity searches. The auditor reviewed the process and observed the visual output of the body scanner. The auditor observed that the body scanner image depicted a human figure with an outline of the buttocks and genitalia.

Breasts were not observed on the figure. The image was a specific detailed outline of the individual. The body scanner process is conducted by both male and female staff members. Based on the direction from the PREA Resource Center's frequently asked question related to this standard and body scanners, the use of male staff to conduct body scans at the facility is not in compliance with this provision related to cross gender viewing. With regard to the opposite gender announcement, the auditor observed the doorbell being utilized each time a male staff member entered the housing areas during the tour. The male staff pressed the doorbell, which produced a doorbell sound and also initiated a green flashing light above the door. Informal conversation with staff and inmates indicated that the doorbell is consistently utilized for male staff. A few inmates stated that some male staff also announce in addition to the doorbell.

Inmate risk assessments are electronic while medical and mental health documents are paper. During the tour the auditor spoke with health service staff and confirmed medical and mental health records are paper and maintained in medical records. This area is locked and requires electronic card access. Access to this area is limited to medical and mental health care staff. The records staff member stated that in order for staff other than medical or mental health to view an inmates file they would have to fill out a DOC 13-159 form and require approval before they can view the file. Risk assessments are electronic with limited access. During the tour the Captain illustrated that security staff access is limited to only a view of the PREA designation (i.e. potential victim or potential perpetrator). The Captain pulled up the electronic system and confirmed that he was unable to view the results of the risk assessment. It should be noted that during conversation with the risk screening staff they produced a paper form of some of the risk

screening questions and indicated that they were using this during COVID when they were not able to have in-person contact with the inmates. Staff indicated that the form was entered into the electronic system and then shredded. Information related to sexual abuse allegations is maintained in investigative files located in the PREA Specialist's office and the investigative office. Both areas are secure with very limited access. Additionally, information is entered into the electronic system. Access to details related to investigation is very limited.

During the tour the auditor observed that inmates are able to place outgoing mail in any of the drop boxes around the facility, including the drop boxes in each housing unit. Each drop box is locked and mailroom staff are the only individuals with access to the boxes. None of the drop boxes were specific to sexual abuse or sexual harassment allegations or information. Inmates are provided a packet upon arrival with a pencil, paper and envelopes. They also have the ability to purchase writing materials through commissary and the facility has a policy for indigent inmates. The auditor observed that each unit had numerous forms for the inmates to utilize and fill out. Inmates in segregated housing are provided out of cell time five days a week via recreation and/or showers. Drop boxes are located in the unit and inmates can place mail/forms in the box during out of cell time and can also provide them to the staff to place in the box during any other time. The interview with the mailroom staff indicated that outgoing mail is placed in drop boxes around the facility. The boxes are locked and mail is not screened by staff on the units, but it is screened by the mailroom staff. The staff indicated letters mailed to the Colorado Department of Correction (external reporting entity) are not screened and are sealed in a pre-stamped envelope. The staff also confirmed that mail sent to the victim advocacy service is also not

screened. The staff stated that correspondence to these organizations are also not tracked. Incoming mail is received and is opened by mailroom staff to check for contraband and threats, with the exception of legal mail and mail from the Ombudsman. The staff confirmed any mail from Just Detention International would be handled like mail from the Ombudsman.

The auditor observed the intake process through a demonstration. Inmates are provided PREA information at intake via the handbook. The handbook is available in both English and Spanish. PREA information was also observed on the walls throughout intake. The intake staff member confirmed the handbook has information on the zero tolerance policy and ways to report sexual abuse and sexual harassment at the facility. The staff member indicated that the handbook is provided along with an admission packet, a pencil, paper, envelopes and hygiene items.

The auditor was provided a demonstration of the initial risk assessment. The staff indicated that the process has changed due to COVID-19 and having to quarantine individuals. The staff indicated that prior to COVID-19 they would meet with the inmate in their office and ask the risk screening questions on the electronic system. Currently with COVID-19 quarantine they have the inmate fill out a form that asks about prior victimization, vulnerability and LGBTI status/identity. The staff member stated that if the individual indicates any prior sexual victimization they would dress in full PPE and have the individual pulled out to discuss the answers. The staff stated that they ask the inmate to fill out the form in private and they do this through the door. The staff indicated that she also looks at the demographic information that is already populated in the electronic system and that once the answers from the form are entered into the system a

designation will generate based on the answers.

The auditor called the internal PREA hotline and left a message to test functionality. Inmates are advised to select English or Spanish upon contact with the hotline. The auditor received confirmation from the PC the same day the call was placed (October 20, 2022) that the call was received. Inmates have access to the phones most of the day and are also able to make calls via their tablets. The internal PREA hotline is accessible on all phones and tablets and a generic pin is provided to allow inmates to remain anonymous. During the tour the auditor had an inmate illustrate how to call the hotline from the tablet. Additionally, an inmate demonstrated how to submit a request to a staff member on the tablet. The inmate indicated that the information on the kiosk is similar to sending an email to staff. The auditor also submitted a written kite (on October 20, 2022) via the kite drop box in a housing unit. An inmate assisted the auditor with completing the kite and submitting it to the appropriate box number. The auditor received confirmation on October 24, 2022 that the kite was received and processed. Inmates in segregated housing have access to phones and drop boxes when they are out of their cell for dayroom/recreation time and/or shower time. Telephone access is typically five days a week.

The auditor also tested the outside reporting mechanism via the DOC 21-379 form. The forms and pre-addressed envelopes are located in the housing units. The forms allow the individual to opt out of providing their name and DOC number. The form specifically states "this information may be submitted anonymously". The auditor filled out the form on October 20, 2022 and placed it in the outgoing mail box located in the housing unit. On October 28, 2022 the PC provided confirmation that the information was

provided to her office from the Colorado Department of Corrections, confirming the functionality of the outside reporting entity. The mailroom staff confirmed that letters to CDOC are not screened and are not tracked. The housing units had a box that was labeled indicating that the forms were for the outside reporting mechanism. The auditor selected the form and found that it was a form related to the Ombudsman. While the outside reporting mechanism is functional, the auditor did not observe the DOC 21-379 form in all housing units. Additionally, there were no pre-addressed envelopes in the housing unit. The auditor solicited assistance from an inmate in the housing unit and she was unaware of where to locate the forms. She asked the staff for a form but they were unable to provide the form. The auditor did locate the form and envelopes in a subsequent housing unit.

Additionally during the tour, the auditor asked staff to advise how they submit a written report. Staff indicated they would document the information via an incident report. The staff member stated that an incident report would be completed electronically and then printed and signed. He indicated that he can access the incident report on the computer in the staff office and that all staff office computers have the incident report form. The staff confirmed that a report of sexual abuse would involve him bypassing his direct supervisor and reporting directly to the Lieutenant. Informal conversation with inmates indicate they can report verbally but typically nothing is confidential at the facility. A few of the inmates confirmed that verbal reports are taken seriously and staff are responsive to verbal reports. Inmates and staff confirmed that other reporting mechanism include the hotline and kites.

The auditor tested the victim advocacy hotline during the tour. The first attempt was unsuccessful, however the line had a voicemail that indicated that a staff member

was busy helping another individual and that the line was not a reporting line for the Department of Correction. The voicemail further advised that the line was not recorded. On the second attempt the auditor reached a live person who advised that there are counselors available to provide services to inmates when they call. The victim advocate stated that they are available to provide services Monday through Friday 8:00am to 5:00pm. She further confirmed that the line is not recorded and the information provided to the organization is confidential. The victim advocate also stated that they utilize a language service to assist with anyone who is LEP and/or disabled.

The auditor tested the third party reporting mechanism by sending an email to the provided email address on August 11, 2022. The auditor received confirmation on the same date that the test was received by the DOC PREA Triage Unit. Additionally, on August 12, 2022 the PC forwarded the information that the test email was received and advised that had the email contained an allegation of sexual abuse or sexual harassment it would have been returned to the appropriate facility for investigation. It should be noted that on October 10, 2022 the auditor sent an email to the PC related to the discrepancies of the two email addresses (one had doc.wa.gov while the other had doc1.wa.gov). She advised the DOCPREA@doc1.wa.gov is the correct email and the other email in policy and provided on the PAQ was incorrect. She indicated the policy would be revised to include the correct email address.

The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. The auditor observed that inmates are brought to a classroom in the orientation unit. The classroom contains tables, chairs and a television. Staff go over basic information verbally during orientation and then play the PREA video. The auditor

observed that the television was 40 or 42 inches and was adequate based on the size of the room. The speaker audio is also adequate based on the size of the room. The video is available in English, Spanish and with subtitles. The room was small enough that subtitles could be read from the front. Informal conversation with intake staff indicated that inmates are provided the PREA pamphlet and the OCVA pamphlet as well as PREA cards with basic information. The staff talk to the inmates about PREA and do a question and answer session. The video is then played. The staff stated that for cognitive disabilities the orientation, to include PREA, is done in the mental health unit by appropriate staff. She further confirmed that they also have the ability to utilize the language interpretive service to help translate for orientation and the risk assessment.

The auditor conducted the majority of the specialized staff interviews via phone during the week of September 27, 2022. Random staff interviews, the remaining specialized staff interviews and inmate interviews were conducted on all three days of the on-site portion of the audit. All staff and inmate interviews were conducted in a private office setting. During inmate interviews the auditor utilized LanguageLink for the LEP inmate interviews. The auditor was provided the call in number as well as the client ID and password. LanguageLink is accessible through staff only. However, the hotline and the victim advocacy number have English and Spanish options and documents are available in English and Spanish. It should be noted that the auditor utilized LanguageLink for Spanish and Thai translation. The initial attempt for Thai was unsuccessful as the service did not have any Thai interpreters. Conversely, the second attempt later that day was successful.

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?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

During the audit the auditor requested personnel and training files of staff, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The facility has 386 staff assigned. The auditor reviewed a random sample of 31 personnel and/or training files that included five individuals hired within the past twelve months and three staff with five year backgrounds. The sample included a variety of job functions and post assignments, including supervisors and line staff. Additionally, personnel and/or training files for eight contractor, five volunteers and nine medical and mental health care staff were reviewed.

Inmate Files. A total of 44 inmate files were reviewed although some files were only reviewed for a specific area the auditor was reviewing and some files fell into more than one category of the review. Thirteen inmate files were of those that arrived within the previous twelve months, two were LEP inmates, five were disabled inmates, six were transgender or intersex inmates and eighteen were identified with prior sexual victimization and/or a history of prior abusiveness.

Medical and Mental Health Records. The auditor reviewed medical and mental health documentation for eight victims of sexual abuse as well as mental health documents for the nine inmates who disclosed victimization during the risk screening and/or were identified with prior sexual abusiveness.

Grievances. The facility does not utilize the grievance process for sexual abuse allegation. All allegations are immediately forwarded for investigation through the PREA triage unit. The facility indicated they had three allegations reported via a grievance. The auditor reviewed the three allegations as well

as the grievance log and a sample of fifteen grievances.

Hotline Calls. The facility has an internal hotline. There were eighteen calls to the hotline during the previous twelve months related to sexual abuse. The auditor confirmed that eighteen calls were initially documented as sexual abuse or sexual harassment, however after a review through the triage unit only eleven met the definition of sexual abuse and sexual harassment and resulted in an investigation. The auditor tested the hotline while on-site to confirm functionality.

Incident Reports. The auditor reviewed the incident report log for all sexual abuse and sexual harassment allegations as well as fifteen incident reports associated with the fifteen investigations reviewed.

Investigation Files. There were 237 allegations reported at the facility during the previous twelve months (October 2021 through October 2022). 78 did not rise to the level of PREA (did not meet the definition of sexual abuse or sexual harassment), 44 were already under investigation or the information was added to an active investigation, five were in regard to retaliation and ten were forwarded to the appropriate agency/facility to investigate (Warden to Warden). The remaining 100 allegations were referred for administrative investigation. None of the allegations were referred for prosecution and none of the allegations had a criminal investigation completed. Of the 100, five had a completed investigation on the first day of the on-site portion of the audit. The auditor reviewed fifteen investigations to ensure all elements were included as required under the standards. It should be noted that the auditor reviewed mostly 2021 investigation as there were limited 2022 investigations closed. Additionally, based on inmate interviews, the auditor also reviewed an additional three

investigations from 2020-2022.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|--------------------------------------|-------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual abuse | 22 | 0 | 22 | 0 |
| Staff-on-inmate sexual abuse | 24 | 0 | 24 | 0 |
| Total | 46 | 0 | 46 | 0 |

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 |
|---|---|-------------------------------------|---|--|
| Inmate-on-inmate sexual harassment | 46 | 0 | 46 | 0 |
| Staff-on-inmate sexual harassment | 16 | 0 | 16 | 0 |
| Total | 62 | 0 | 62 | 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 |
|--------------------------------------|---------|--------------------------|----------------------------|------------------------|-----------|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 |

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 14 | 4 | 4 | 0 |
| Staff-on-inmate sexual abuse | 18 | 3 | 2 | 1 |
| Total | 33 | 7 | 6 | 1 |

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 |
| Total | 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 | 23 | 5 | 18 | 0 |
| Staff-on-inmate sexual harassment | 15 | 0 | 1 | 0 |
| Total | 38 | 5 | 19 | 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:

8

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

Inmate-on-inmate sexual abuse investigation files

| | |
|--|----------|
| <p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>4</p> |
|--|----------|

| | |
|--|---|
| <p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
|--|---|

| | |
|--|---|
| <p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
|--|---|

Staff-on-inmate sexual abuse investigation files

| | |
|---|----------|
| <p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>4</p> |
|---|----------|

| | |
|---|--|
| <p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
|---|--|

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

Sexual Harassment Investigation Files Selected for Review

| | |
|--|----------|
| <p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>5</p> |
|--|----------|

| | |
|---|---|
| <p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p> |
|---|---|

Inmate-on-inmate sexual harassment investigation files

| | |
|---|----------|
| <p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>2</p> |
|---|----------|

| | |
|---|--|
| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
|---|--|

| | |
|---|--|
| <p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
|---|--|

Staff-on-inmate sexual harassment investigation files

| | |
|---|---|
| 111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 3 |
| 112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT 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 harassment investigation files) |
| 113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. | The facility had zero criminal investigation and as such none were reviewed. Additionally, the auditor reviewed two additional cases that did not meet the definition of sexual abuse or sexual harassment but were initially reported as PREA allegations. |

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

| | |
|--------|---|
| 115.11 | <p>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting 3. DOC 490.850 - Prison Rape Elimination Act (PREA) Response 4. WCCW 490.850 - Prison Rape Elimination Act (PREA) Response 5. DOC 490.820 - Prison Rape Elimination Act (PREA) Risk Assessments and Assignments 6. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation 7. DOC 400.210 - Custody Roster Management 8. DOC 320.500 - Youthful Offender Program 9. DOC 420.310 - Searches of Offenders 10. DOC 420.312 - Body Cavity Search 11. DOC 490.700 - Transgender, Intersex and/or Non-Binary Housing and Supervision 12. DOC 320.265 - Close Observation Areas 13. DOC 310.000 - Orientation 14. DOC 690.400 - Individuals with Disabilities 15. DOC 450.500 - Language Services for Limited English Proficient Individuals 16. DOC 810.800 - Recruitment, Selection and Promotion 17. DOC 810.015 - Criminal Record Disclosure and Fingerprinting 18. DOC 400.320 - Terrorism/Extremism Activity 19. DOC 600.000 - Health Services Management 20. DOC 600.026 - Health Care Co-Payment Program 21. DOC 530.100 - Volunteer Program 22. DOC 300.380 - Classification and Custody Facility Plan Review |
|--------|---|

23. DOC 320.255 – Restrictive Housing
24. DOC 450.100 – Mail for Individuals in Prison
25. DOC 550.100 – Resolution Program
26. DOC 350.550 – Reporting Abuse and Neglect/Mandatory Reporting
27. DOC 400.360 – Polygraph Testing
28. DOC 460.050 – Disciplinary Sanctions
29. DOC 630.500 – Mental Health Services
30. DOC 610.025 – Health Services Management of Alleged Sexual Misconduct Cases
31. DOC 280.310 – Information Technology Security
32. DOC 280.515 – Data Classification and Sharing
33. Agency Organizational Chart
34. Facility Organizational Chart

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): The PAQ indicated that the agency and facility have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassments and the policies outline how the agency/facility will implement the agency/facility's approach to preventing, detecting and responding to sexual abuse and sexual harassment. The PAQ further indicated that the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. The agency has numerous policies that address components of sexual abuse and sexual harassment prevention, detection and response. DOC 490.850, DOC 490.800, DOC 490.820 and DOC 490.860 are the main agency PREA policies and WCCW 490.850 is the facility's main PREA policy. DOC 490.800 page 2 states the Department has zero tolerance for all forms of sexual misconduct. Page 1 and Attachment 1 note the definitions of prohibited behaviors regarding sexual abuse and sexual harassment

and page 2 states the Department will impose disciplinary sanctions for such conduct, up to and including dismissal for staff. In addition to the agency and facility PREA policies, the following policies contain strategies and procedures for sexual abuse and sexual harassment prevention, detection and response: DOC 400.210, DOC 320.500, DOC 420.310, DOC 420.312, DOC 490.700, DOC 320.265, DOC 310.000, DOC 690.400, DOC 450.500, DOC 810.800, DOC 810.015, DOC 400.320, DOC 600.000, DOC 600.026, DOC 530.100, DOC 300.380, DOC 320.255, DOC 450.100, DOC 550.100, DOC 350.550, DOC 400.360, DOC 460.050, DOC 630.500, DOC 610.025, DOC 280.310 and DOC 280.515. The policies outline the strategies on preventing, detecting and responding to such sexual abuse and sexual harassment. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC and PCM, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates, incident reviews and data collection. The policies are consistent with the PREA standards and outlines the agency/facility's approach to sexual safety.

115.11 (b): The PAQ stated the agency employs or designates an upper-level, agency wide PREA Coordinator that has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The PAQ indicated that the PREA Coordinator reports to Prison's Deputy Director, Command B. DOC 490.800, pages 3-4 outline the Department PREA Coordinator's responsibilities and duties. A review of the agency organizational chart reflects that the PC position is an upper-level agency wide position. The PC is the Director of PREA Services and reports directly to the Deputy Secretary. Additionally, the agency has an eleven page document (Position Description) that outlines the duties and responsibilities of the PC, including; providing leadership, management and subject matter expertise to assigned policies, procedure, forms, reporting requirements, grants and grant management, and external stakeholders for all operational aspects of the Prison Rape Elimination Act federal legislation. The interview with the PC indicated that she has enough time to manage all of his PREA related responsibilities. She stated there are 24 PREA Compliance Managers, twelve at the prison facilities and twelve at the reentry facilities. She also indicated that the twelve prisons also have a PREA Compliance Specialists that assists the PREA Compliance Manager. The PC stated she speaks with the PCM and PREA Compliance Specialists regularly to discuss any institutional related issues. She also stated that the agency has a PREA Advisory Council that meets regularly to discuss updates to policy and procedure. The PC indicated that if she identifies an issue complying with a PREA standard she would initiate a PREA Advisory Council meeting (which includes medical, policy staff, PCMs, PREA Compliance Specialists and other staff) to review any issues and determine

recommendations for corrective action and an implementation process. She stated she would speak to her supervisor and the Agency Head to develop an action plan and develop a tracking mechanism to ensure that the process is completed.

115.11 (c): The PAQ stated that the facility has a PREA Compliance Manager and the PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standard. The PAQ indicated that the PCM reports to the Superintendent. DOC 490.800, page 4 states A PREA Compliance Manager will be identified by the Superintendent for each Prison and will be an employee outside of any Intelligence and Investigation Unit. Pages 4-5 outline the responsibilities of the PCM. A review of the facility's organizational chart confirmed that the PCM position at the facility is the Associate Superintendent of Programs and this position reports directly to the Superintendent. The interview with the PCM indicated that she did not feel that she had enough time to manage all of her PREA related responsibilities. She stated that she is the Associate Warden of Programs and that PREA is not her only job. She indicated PREA is supposed to only be a small portion of her job but it ends up taking up a lot of her time. She did confirm that she has a PREA Compliance Specialist that assists her and that they meet weekly to review standards and topics. She indicated that she ensures compliance at the facility through tracking mechanisms, weekly meetings and review of PREA during meetings with facility staff. The PCM stated if she identified an issue complying with a PREA standard she would first bring it to the attention of the Appointing Authority (Warden/ Superintendent) and then identify key stakeholders that will be needed in the process. She further stated they would then work together to develop an internal corrective action plan to alleviate the problem. She stated they can also reach out to other facilities to request assistance or guidance. While the PCM indicated that she does not feel like she has sufficient time to manager all of her PREA related responsibilities, she is assigned a staff member, PREA Specialist, that assist with PREA compliance at the facility. This staff member's sole responsibility is to ensure policies and procedures are followed in order to prevent, detect and respond to sexual abuse. Thus the facility has two staff that essentially serve as PREA Compliance Managers. As such, the auditor determined that the facility has sufficient staff to coordinate the facility's efforts to comply with PREA standards.

Based on a review of the PAQ, DOC 490.850, DOC 490.800, DOC 490.820, DOC 490.860, WCCW 490.850, DOC 400.210, DOC 320.500, DOC 420.310, DOC 420.312, DOC 490.700, DOC 320.265, DOC 310.000, DOC 690.400, DOC 450.500, DOC 810.800, DOC 810.015, DOC 400.320, DOC 600.000, DOC 600.026, DOC 530.100, DOC 300.380, DOC 320.255, DOC 450.100, DOC 550.100, DOC 350.550, DOC 400.360, DOC 460.050, DOC 630.500, DOC 610.025, DOC 280.310 and DOC 280.515, the organization charts and information from the interviews with the PC and PCM, this standard appears to be compliant.

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| 115.12 | Contracting with other entities for the confinement of inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting 3. Contract with American Behavioral Health Systems 4. Contract with the State of Iowa 5. Contract with the State of Minnesota 6. Memorandum from the PREA Coordinator Related to Contracts <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Contract Administrator <p>Findings (By Provision):</p> <p>115.12 (a): The PAQ indicated that that agency has entered into or renewed a contract for confinement of inmates since the last PREA audit and that all contracts require contractors to adopt and comply with PREA standards. The PAQ further stated that the agency currently contracts with American Behavioral Health Services for housing individuals and also has updated interstate compact agreements with Iowa and Minnesota. The PAQ indicated that four contracts have been entered into or renewed since the last PREA audit. Further communication with the PCM indicated this was a typo and should be three contracts. DOC 490.800, page 9 states any new or renewed contract for the confinement of individuals will include the requirements that the contracted facility comply with federal PREA standards and allow the Department to monitor PREA compliance. The Department will not enter into contracts with facilities that fail to comply with PREA standards, except in emergent situations. A review of the three contracts indicated that all three had language related to compliance with the Prison Rape Elimination Act as well as language that indicated that the state would conduct compliance monitoring and PREA standards require an outside independent audit.</p> <p>115.12 (b): The PAQ indicated that all of the above contracts require the agency to</p> |

monitor the contractor's compliance with PREA standards. It further stated that zero of the contracts did not require the agency to monitor contractor's compliance with PREA standards. DOC 490.800, page 9 states any new or renewed contract for the confinement of individuals will include the requirements that the contracted facility comply with federal PREA standards and allow the Department to monitor PREA compliance. The Department will not enter into contracts with facilities that fail to comply with PREA standards, except in emergent situations. A review of the three contracts indicated that all three had language related to compliance with the Prison Rape Elimination Act as well as language that indicated that the state would conduct compliance monitoring and PREA standards require an outside independent audit. The interview with the Agency Contract Administrator indicated that his office does not monitor the contracts rather that is the responsibility of the contract manager. He stated that if the contract manager notices an issue they would report it to his office and they would take action. He stated that they would then contact the contractor and either terminate the contract or take other measures to remedy the issue. He stated all contracts have elements that require contract monitoring and that contracts require compliance with all terms and conditions of the contract, include PREA compliance. He indicated he has not received PREA compliance results personally, but that the contract monitors would have this information. Further communication with the PC confirmed that the two states have submitted PREA audit results as well as American Behavioral Health Systems. She indicated that all reports are available on each agency's website.

Based on the review of the PAQ, DOC 490.800, contracts with other agencies, the memo from the PC and the interview with the Agency Contract Administrator, this standard appears to be compliant.

115.13 Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting
3. DOC 400.210 - Custody Roster Management
4. DOC 110.100 - Prison Management Expectations
5. Staffing Models
6. The Staffing Plan
7. Incident Reports of Deviations
8. Prison Rape Elimination Act (PREA) Annual Staffing Plan Review
9. Documentation of Unannounced Rounds

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Devices
3. Line of Sight/Blind Spots

Findings (By Provision):

115.13 (a): The PAQ indicated that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. DOC 490.800, page 7 states each Superintendent and Reentry Center CCS will use the PREA Compliant Staffing Plan template 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 400.210, page 2 states the Department has established custody staffing guidelines to ensure the safe and efficient operations of all prisons. Custody staffing is deployed consistent with the Custody Staffing Model and Custody Post Audit Summary maintained by the Budget Office and the Prisons Staffing Manager. Page 2 further states that each facility will identify posts that may be temporarily vacated, absent any uncommitted authorized leave, training or sick leave relief. Non-Relievable Posts identifies the minimum standard for non-relievable posts. Page 4 states that the Prisons Staffing Manager will complete an annual quality assurance audit on custody staffing for each facility. The PAQ indicated that current staffing is based on 774 inmates, which is just over the facility's capacity. The facility employs 386 staff. Custody (security) staff mainly make up three shifts, first shift works from 10:50pm-6:20am, second shift works from 6:10am-2:10pm and third shift works from 2:00pm-11:00pm. Administrative and support staff typically work from 8:00am-4:30pm. A review of the 2022 staffing plan indicates that the required components under this provision were reviewed. Each shift has a Shift Supervisor (Lieutenant) and a Sergeant. Numerous Correctional Officers are assigned across the three shifts and at least two Correctional Officer are required per separated living unit. Correctional Officer are assigned across the facility in numerous posts including: transportation, receiving, visiting, food service, hospital, industry, perimeter, movement control, recreation, education, programs and medical. The facility also has a non-security staffing plan that further illustrates the non-security staff are assigned to administration, programs, investigations, safety and security, religious services, unit operations, clothing, recreation, food service, plant and mailroom. A review of the staffing plan confirms that it considers the elements under this provision. The staffing plan includes a facility overview to include housing units, population, custody level and other demographics. The staffing plan includes information on supervisory staff and program occurring on each shift. Additionally, it includes a breakdown of substantiated and unsubstantiated sexual abuse. During the tour the auditor confirmed the facility follows the staffing plan. There were at least four security staff and numerous non-security staff assigned to each housing building on the main side and at least one security staff and numerous non-security staff assigned to each housing building on the minimum security side. The segregated housing unit had adequate staff based on size with at least two assigned security staff. Program, work and education areas included non-security staff and a roving security staff. A few of the program, work and common areas had a security staff member assigned in addition to the roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. The auditor confirmed that the physical plant of the housing units provided an adequate line of sight. The auditor identified two blind spots during the tour, the laundry area in the medium unit and the long hallway in education. Additionally, the auditor identified that carts in the dish

room of food service were obstructing the view of the mirror that was placed there to cover a blind spot. During the interim report period the facility installed mirrors in the laundry room and education. Photos were provided to the auditor to confirm placement. Additionally, photos were provided that confirmed the carts were moved from the dish area. The conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds at least every hour and supervisors (Sergeants) make rounds every few hours. Informal conversation with inmates also confirmed that there is at least one staff member in the unit, that staff make rounds every hour and that the Sergeant comes at least once a day. Additionally, during the tour the auditor observed cameras in housing units and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. The interview with the Warden confirmed the facility has a staffing plan and that the staffing plan provides adequate levels to protect inmates from sexual abuse. The Warden stated that the staffing plan is developed through the legislative process and that facility design, incarcerated individual population type, number of incarcerated individuals, supervisory staff and programs are considered in the plan. She indicated the facility also has a non-custody staffing model that includes staffing of all non-security personnel. The Warden confirmed that video monitoring is part of the staffing plan. She stated they have an extensive video monitoring program and video monitoring is consistently being reviewed during the review committee (sexual abuse incident review) process. The Warden confirmed the staffing plan is documented and it is documented in a roster format. She confirmed that all components under this provision are included in the development and review process. She stated that the staffing plan is a culmination of all the components under this provision and that they identify any vulnerabilities with the plan through vulnerability assessments, which take into consideration blind spots and modification to current security practices. The Warden indicated that compliance with the staffing plan is monitored through a review of rosters and shift summary reports. The interview with the PCM indicated that the staffing plan (staffing model) is approved through the legislation process and is based on population, size and physical plant. She stated that the facility follows the model that is provided to them and that if they feel their needs are not being met they can request to add or modify the current staffing plan. She confirmed video monitoring is part of the staffing plan and that they are constantly expanding the video monitoring technology. She confirmed all components under this provision are included in the staffing plan development and review process.

115.13 (b): The PAQ indicated that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The most common reasons documented for deviations include; staff shortages, COVID-19 outbreak, emergency response, full/partial lockdown and inclement weather. A review of supplemental documentation in the OAS indicated that deviations are documented on an incident report and include the posts/assignments that were not filled as well as the cancellation of any programs/activities. Additionally, the cancellation of programs and activities was documented on the shift operations log. The interview with the

Warden confirmed that any deviations from the staffing plan are documented. She stated that there is a shift summary process and that whenever there is an area that is closed due to staffing they document this with an entry.

115.13 (c): The PAQ indicated that at least once a year the facility/agency, in collaboration with the PC, reviews the staffing plan to see whether adjustments are needed. DOC 490.800, page 7 states each Superintendent and Reentry Center CCS will use the PREA Compliant Staffing Plan template to develop, maintain and annually review a staffing plan that includes an objective analysis of the facility's staffing needs and established staffing model. Reviews will document consultation with the PREA Coordinator, who will be provided a copy of the completed PREA Compliant Staffing Plan. The staffing plan was most recently reviewed on April 26, 2022 by the leadership committee which includes the Superintendent, Associate Superintendent of Programs, Associate Superintendent of Operations, Correctional Program Manager, Captain, Facilities Manager, Local Business Advisor, Human Resource Staff and the PREA Specialist. The plan was sent to the Assistant Deputy Secretary, Prison Command B, through the PREA Coordinator, who signed that she reviewed the staffing plan review. The plan was reviewed to ensure all required components under provision (a) were incorporated as well as was reviewed in order to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence. The 135 page document included information a facility overview, bullets of all components under provision (a), a copy of the Custody Staffing Model, a copy of the Offender Movement Schedule, a map of the facility, the PREA Vulnerability Assessment, shift rosters and a copy of the Custody Post Audit. The prior staffing plan review was completed on April 9, 2022. The interview with the PREA Coordinator confirmed the staffing plan is reviewed annually and that she is consulted regarding any necessary adjustments.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The PAQ further stated that the unannounced rounds are documented and cover all shifts. The PAQ also stated that the facility prohibits staff from alerting other staff of the conduct of such rounds. DOC 110.100, pages 5-6 state Superintendents will ensure that each member of the facility management team make unannounced tours of selected areas of the facility at least weekly. Facility management team members will document visits in the logbook for each area toured. Each housing unit will be toured during second and third shifts and unannounced rounds of each housing unit will occur on first shift at least monthly. Policy further states that employees may only alert others that these tours are occurring when necessary for the legitimate operational functions of the facility. DOC 420.370, page 3 states the Superintendent will develop a rotation schedule to ensure weekly visits are conducted of all living units and activity areas to encourage informal contact with personnel and offenders and to informally observe living and working conditions. A

review of the PAQ supplemental documentation showed 22 examples of unannounced rounds. The rounds were made across dates in 2021 and 2022 and included five examples from first shift, ten examples from second shift and seven examples from third shift. An additional review of documentation for six days (specific random dates requested by the auditor) of unannounced rounds in the housing units indicated that unannounced rounds were made across all three shift in the housing units. While unannounced rounds were not completed on all the exact dates requested for each shift, unannounced rounds were documented within a few days to a week or so of the requested dates. Informal conversation with staff supervisors (Sergeants) make rounds every few hours. Informal conversation with inmates also confirmed that the Sergeant comes at least once a day. Interviews with intermediate-level or higher-level supervisors indicated that they make unannounced rounds and that they document the rounds in the log books (or the Correctional Officers log it for them). The intermediate or higher level supervisor stated they ensure other staff don't notify one they are making rounds by doing them at different times and going to different locations. The one staff stated he goes where he can when he can based on what is going on during that day.

Based on a review of the PAQ, DOC 490.800, DOC 400.210, DOC 110.100, the Staffing Models, the Staffing Plan, Incident Reports of Deviations, the Prison Rape Elimination Act (PREA) Annual Staffing Plan Review, documentation of unannounced rounds, observations made during the tour and interviews with the Warden, PC, PCM and intermediate-level or higher-level staff, this standard appears to be compliant.

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| 115.14 | Youthful inmates |
| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 429 376">Documents:</p> <ol data-bbox="256 412 1390 663" style="list-style-type: none"> <li data-bbox="256 412 667 448">1. Pre-Audit Questionnaire <li data-bbox="256 483 927 519">2. DOC 320.500 - Youthful Offender Program <li data-bbox="256 555 1390 591">3. Interagency Agreement with the Department of Social and Health Services <li data-bbox="256 627 647 663">4. Population Age Report <p data-bbox="256 770 587 806">Findings (By Provision):</p> <p data-bbox="256 913 1481 1742">115.14 (a): The PAQ stated that the facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound or physical contact with any adult inmate through the use of shared dayrooms or other common space, shower area or sleeping quarters. The PAQ further stated that WADOC manages state adult prisons and the facility houses adult offender only. The PAQ stated that if a youthful offender arrived at the facility, it would be based on exigent circumstances and the offender would be placed in a safe area until transfer. The PAQ confirmed there have been zero youthful inmates over the previous twelve months. DOC 320.500 indicates that any youthful offender sentenced to the Department will be receive at Washington Corrections Center or Washington Corrections Center for Women Reception and Diagnostic Center. This placement would only be temporary and pending a transfer to a Juvenile Rehabilitation Administration facility, the youthful offender will be assigned a cell separate from adult offenders within an intensive management or segregation unit or infirmary. Policy further states that the youthful offender will not be housed or participate in program activity with any adult offender and will be under direct supervision by two custody employees whenever s/he leave his/her cell. The agency has an Interagency Agreement with the Department of Social and Health Services for the purpose of exchanging juvenile offenders and juveniles at the various facilities and institutions. The population age report further confirmed the facility does not house anyone under the age of eighteen.</p> <p data-bbox="256 1850 1481 2056">115.14 (b): The PAQ indicated that the facility maintains sight, sound and physical separation between youthful inmates and adult inmates in areas outside housing units and the agency always provides direct staff supervision in areas outside housing units where youthful inmates have sight, sound or physical contact with adults. The PAQ stated that WADOC manages state adult prisons and the facility houses adult</p> |

offender only. The PAQ stated that if a youthful offender arrived at the facility, it would be based on exigent circumstances and the offender would be placed in a safe area until transfer. The PAQ stated there have been zero inmates who were placed in the same housing unit as an adult over the previous twelve months. DOC 320.500 indicates that any youthful offender sentenced to the Department will be receive at Washington Corrections Center or Washington Corrections Center for Women Reception and Diagnostic Center. This placement would only be temporary and pending a transfer to a Juvenile Rehabilitation Administration facility, the youthful offender will be assigned a cell separate from adult offenders within an intensive management or segregation unit or infirmary. Policy further states that the youthful offender will not be housed or participate in program activity with any adult offender and will be under direct supervision by two custody employees whenever s/he leave his/her cell. The agency has an Interagency Agreement with the Department of Social and Health Services for the purpose of exchanging juvenile offenders and juveniles at the various facilities and institutions. The population age report further confirmed the facility does not house anyone under the age of eighteen.

115.14 (c): The PAQ indicated that the facility documents the exigent circumstances for each instance in which youthful inmates' access to large muscle exercise, legally required education services and other programs and work opportunities are denied. The PAQ noted there were zero youthful inmates placed in isolation in order to separate them from adults in the previous twelve months. The PAQ stated that WADOC manages state adult prisons and the facility houses adult offender only. The PAQ stated that if a youthful offender arrived at the facility, it would be based on exigent circumstances and the offender would be placed in a safe area until transfer. DOC 320.500 indicates that any youthful offender sentenced to the Department will be receive at Washington Corrections Center or Washington Corrections Center for Women Reception and Diagnostic Center. This placement would only be temporary and pending a transfer to a Juvenile Rehabilitation Administration facility, the youthful offender will be assigned a cell separate from adult offenders within an intensive management or segregation unit or infirmary. Policy further states that the youthful offender will not be housed or participate in program activity with any adult offender and will be under direct supervision by two custody employees whenever s/he leave his/her cell. The agency has an Interagency Agreement with the Department of Social and Health Services for the purpose of exchanging juvenile offenders and juveniles at the various facilities and institutions. The population age report further confirmed the facility does not house anyone under the age of eighteen.

Based on a review of the PAQ, DOC 320.500, the Interagency Agreement and the population age report, this standard appears to be not applicable and as such compliant.

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| 115.15 | Limits to cross-gender viewing and searches |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting 3. DOC 420.310 - Searches of Offenders 4. DOC 420.312 - Body Cavity Search 5. DOC 490.700 - Transgender, Intersex and/or Non-Binary Housing and Supervision 6. DOC 320.265 - Close Observation Areas 7. Pat Search Training Curriculum 8. Strip Searches of Transwomen Training Curriculum 9. Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Random Inmates 3. Interview with Transgender or Intersex Inmates <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Privacy in Bathrooms and Showers 2. Observation of Cross Gender Announcement 3. Observation of Video Monitoring Technology <p>Findings (By Provision):</p> <p>115.15 (a): The PAQ indicated that the facility does not conduct cross gender strip</p> |

and cross gender visual body cavity searches of inmates and that there have been zero searches of this kind in the previous twelve months. DOC 420.312, page 2 states unless a health care practitioner determines a body cavity search is emergent as a lifesaving procedure, body cavity searches will occur at a local community healthcare facility. Page 4 states body cavity searches will be conducted by medical personnel at the local community healthcare facility. Page 3 further states if conducted onsite for emergent purposes, all participants in a body cavity search procedure will be the same gender as the individual being searched. If the same gender is not available, a chaperone will be present. DOC 420.310, page 5 states strip searches of female offenders will be conducted by female employees. Strip searches of male offenders require that one of the employees conducting the search be male. If the second person conducting the strip search is female, she will position herself to observe the employee doing the strip search, but will not be in direct line of sight with the offender. Additionally, DOC 490.700, page 9 states transgender, intersex and non-binary offenders search preferences will be documented on the individual's DOC 02-420 Preferences Request and searches will be conducted in accordance with state preference unless circumstances do not allow for the preference to be implemented during a pat or strip search. A review of the PAQ supplemental documentation indicated that searches of female offenders were documented with two female staff members. The facility utilizes a body scanner for strip searches and visual body cavity searches. The auditor reviewed the process and observed the visual output of the body scanner. The auditor observed that the body scanner image depicted a human figure with an outline of the buttocks and genitalia. Breasts were not observed on the figure. The image was a specific detailed outline of the individual. The body scanner process is conducted by both male and female staff members. Based on the direction from the PREA Resource Center's frequently asked question related to this standard and body scanners, the use of male staff to conduct body scans at the facility is not in compliance with this provision.

115.15 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. It further indicated that the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. DOC 420.310, page 2 states pat searches of female offenders will only be conducted by female employees/contract staff, except in emergent situations. Additionally, DOC 490.700, page 9 states transgender, intersex and non-binary offenders search preferences will be documented on the individual's DOC 02-420 Preferences Request and searches will be conducted in accordance with state preference unless circumstances do not allow for the preference to be implemented during a pat or strip search. The PAQ indicated there were zero pat-down searches of female inmates that were conducted by male staff. Interviews with fourteen random staff confirmed all fourteen were unaware of a time that a female inmate was restricted from going somewhere because there was not a female staff member available to conduct a search. The facility has specific work areas that are required to be staffed by a female, as such there is always a female available for searches. Interviews with 32

inmates indicated that none had been restricted from access to regularly available programming in order to comply with this provision. A few of the inmates stated that they have had to wait an extended time for a female, but that they have never been restricted.

115.15 (c): The PAQ indicated that facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. It also confirms that all cross gender pat searches of female inmates are required to be documented. DOC 420.312, page 4 states incident documents will be completed and forwarded to the Superintendent through the chain of command and a report will be completed in the Incident Report Management System. DOC 420.310, page 5 states if a strip search is conducted that does not meet the gender requirements for staffing, a confidential report will be completed in the Incident Management Reporting System before the end of shift. DOC 420.310, page 3 states when a male employee/contract staff pat searches a female offender, a report will be completed in the Incident Management Reporting System before the end of the shift. Additionally, DOC 490.700, page 9 states when a pat/strip search is not conducted according to the DOC 02-420 Preferences Request, an Incident Management Reporting System report will be completed. A review of the PAQ supplemental documentation indicated that searches of female offenders were documented with two female staff members. The facility utilizes a body scanner for strip searches and visual body cavity searches. The auditor reviewed the process and observed the visual output of the body scanner. The auditor observed that the body scanner image depicted a human figure with an outline of the buttocks and genitalia. Breasts were not observed on the figure. The image was a specific detailed outline of the individual. The body scanner process is conducted by both male and female staff members. Based on the direction from the PREA Resource Center's frequently asked question related to this standard and body scanners, the use of male staff to conduct body scans at the facility is not in compliance with this provision. The use of the body scanner process by male staff is documented via the electronic system. The system indicates the date of the scan and the staff performing the scan.

115.15 (d): The PAQ indicated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The PAQ also stated that policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. DOC 490.800, page 8 states individuals will be provided the opportunity to shower, perform bodily functions, and change clothes 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. Pages 8-9 further state that 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 the housing unit, including the living areas, or any common area designated for individuals to disrobe or change their clothing. At minimum, announcements will be made when anyone who does not identify with the facility's gender designation, enters the living units. Policy further indicates a doorbell system will be utilized and when not operation, a verbal announcement will be made. DOC 320.265, page 5 states that observation assignments will be conducted by an officer of the same gender as the individual, except in emergent situations. The PAQ supplemental documentation included photos of signs posted outside the entrance to housing units which read "Men and Women Work in This Area" and "Personnel of all Genders Could be Present in this Area" as well as photos of signs that read "male personnel may be in the unit/area at any given time. Offenders are responsible for their own privacy and maintaining proper clothing attire at all time. The willful and/or intentional display of the genital area, groin, buttocks, or breast is strictly prohibited". During the tour the auditor confirmed that inmates had adequate privacy when showering and using the restroom. All showers were single person and had walls, doors and/or raised barriers. Toilets were either in a common area and were enclosed with a door or they were in cell and were obstructed by the placement and the door with a small window. The segregated housing unit shower had a door with privacy film. The infirmary rooms had hospital beds with toilets and a sink and contained a curtain for privacy. The shower in the infirmary had a full door with a frosted window. Informal conversation with staff and inmates confirmed that inmates have privacy when showering, using the restroom and changing clothes. A few inmates voiced concerns related to the small cracks where the door was attached (similar to a public style restroom), however the auditor confirmed that these cracks did allow for cross gender. During the tour the auditor viewed the strip search areas in intake. Inmates are typically not strip searched as a body scanner is utilized, however if a strip search is needed the intake area has a room with a door and a curtain. A review of the cameras confirmed that there were no concerns with cross gender viewing or privacy in bathroom, shower and strip search areas. The facility utilizes a body scanner for strip searches and visual body cavity searches. The auditor reviewed the process and observed the visual output of the body scanner. The auditor observed that the body scanner image depicted a human figure with an outline of the buttocks and genitalia. Breasts were not observed on the figure. The image was a specific detailed outline of the individual. The body scanner process is conducted by both male and female staff members. Based on the direction from the PREA Resource Center's frequently asked question related to this standard and body scanners, the use of male staff to conduct body scans at the facility is not in compliance with this provision related to cross gender viewing. A review of the cameras confirmed that there were no concerns with cross gender viewing or privacy in bathrooms and showers. Cameras are monitored in central control. Administrative staff and investigative staff also have access to all cameras. The auditor observed that cells in the suicide observation area were equipped with cameras. Cameras are monitored by staff on the unit. The unit is only staffed by females. While administrative staff and investigative staff have access to these cameras, the auditor determined that they do not actively monitor the cameras. The access is utilized for investigative purposes or administrative purposes and as such the auditor determined that any viewing would be in the capacity of their duties as supervisors

and/or investigators. With regard to the opposite gender announcement, the auditor observed the doorbell being utilized each time a male staff member entered the housing areas during the tour. The male staff pressed the doorbell, which produced a doorbell sound and also initiated a green flashing light above the door. Informal conversation with staff and inmates indicated that the doorbell is consistently utilized for male staff. A few inmates stated that some male staff also announce in addition to the doorbell. Interviews with 32 inmates indicated that 31 had privacy from opposite gender staff when showering, using the restroom and changing clothes. A few of the inmates stated that the doors to the showers and toilets had cracks in them and they felt others could see them from the cracks. Most inmates indicated this was an issue with other inmates, not staff. All fourteen staff interviewed confirmed that inmates have privacy when showering, using the restroom and changing their clothes. Additionally, all fourteen staff indicated that an announcement is made when an opposite gender staff member enters a housing unit. The staff indicated that they utilize a doorbell and a few indicated that they also announce verbally in addition to the doorbell. 31 of the 32 inmates stated that opposite gender staff announce prior to entering the housing areas. The inmates also indicated that the facility utilizes a doorbell to indicate opposite gender staff. A few inmates also confirmed that staff also announce verbally in addition to the doorbell.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status and that no searches of this nature have occurred within the previous twelve months. DOC 490.700, pages 9-10 state employees/contract staff will not search or physically examine a transgender, intersex or non-binary individual for the sole purpose of determining the individual's genital status. If the individual's genital status is unknown, it will be determined by health care providers during conversations with the individual, reviewing medical records, or, if necessary, as part of a broader medical examination conducted in private by a health care practitioner. Interviews with fourteen staff indicated that eleven were aware of a policy prohibiting searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. The interviews with three transgender inmates further confirmed that none were ever searched for the sole purpose of determining their genital status.

115.15 (f): The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex inmates DOC 490.800, page 11 states employees/contract staff who may conduct pat searches will be trained in cross-gender searches and searches of transgender and intersex individuals. DOC 490.700, page 9 states employees/contract staff will conduct searches in a sensitive and respectful manner, and in the least intrusive manner possible. A review of the Pat Search training curriculum confirms that it includes a lesson on how to perform the following pat searches: male, female, cross gender, intersex and transgender, offenders with disabilities and use of body

scanners. The training outlines that male staff will only conduct a pat search on a female offender in emergency situations. Additionally, the training discusses considerations for transgender and intersex searches to include the use of the back of the hand. The Pat Search training curriculum also includes a video on cross gender searches. The training facilitators guide further directs the trainer to advise staff that in the case of transgender offenders, the offender may request to be searched by an officer of the gender of their choice. The guide also instructs the trainer to ask the staff questions on common situations that may arise related to transgender and intersex searches and allows the trainer to provide education and information on appropriate procedures. The agency also provides training titled "Strip Searches of Transwomen" for female officers who volunteer to conduct these searches. The training discusses that Transwomen can request individual search preferences and how to conduct a search, challenges that may present themselves, safety and other considerations. A review of fifteen security staff training records indicated that all fifteen received the Pat Search training during their academy training. The Strip Searches of Transwomen training is only completed by staff who have volunteered to conduct transgender and intersex inmate searches. Eight of the fourteen staff interviewed stated that they had received training on how to conduct cross gender pat searches and searches of transgender inmates.

Based on a review of the PAQ, DOC 490.800, DOC 420.310, DOC 420.312, DOC 490.700, DOC 320.265, Pat Search Training Curriculum, Strip Searches of Transwomen Training Curriculum, staff training records, observations made during the tour as well as information from interviews with random staff, random inmates and the transgender inmates indicates this standard appears to require corrective action. The facility utilizes a body scanner for strip searches and visual body cavity searches. The auditor reviewed the process and observed the visual output of the body scanner. The auditor observed that the body scanner image depicted a human figure with an outline of the buttocks and genitalia. Breasts were not observed on the figure. The image was a specific detailed outline of the individual. The body scanner process is conducted by both male and female staff members. Based on the direction from the PREA Resource Center's frequently asked question related to this standard and body scanners, the use of male staff to conduct body scans at the facility is not in compliance with this provision related to cross gender viewing.

Corrective Action

The facility will need to ensure that the body scan process is completed by a staff member of the same gender as the inmate. The facility will need to establish a policy and/or practice for this and educate appropriate staff. A copy of the policy and/or procedure should be provided to the auditor as well as training records confirming appropriate staff were trained.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Memorandum Related to Body Scanner Searches
2. Email to All Staff

On March 21, 2023 the facility provided a memorandum from the Warden to all staff on the procedure for body scanner searches. The memo stated that the use of the body scanning device shall be conducted by a staff member of the same gender as the individual being searched. The staff of the opposite gender shall not be in the area that allows viewing of the scan during the scanning process. The memo further states that accommodations for the body scanning procedures for transgender and intersex incarcerated individuals may be approved by the Shift Commander. Additionally, it states the WCCW PREA Compliance Specialist will work with each Shift Commander to identify and maintain an accurate list of incarcerated individuals documented preferences for accommodations needs. The memo also states that if at any time the request for accommodation cannot be met and a scan is performed, a report must be made and sent to the PC and scanner specialist. The facility provided confirmation that the email was sent to all staff on March 21, 2023.

Based on the documentation provided, the facility has corrected this standard.

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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Documents: <ol style="list-style-type: none">1. Pre-Audit Questionnaire2. DOC 310.000 - Orientation3. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting4. DOC 690.400 - Individuals with Disabilities5. DOC 450.500 - Language Services for Limited English Proficient Individuals6. Sign Language Contract List7. End the Silence Youth Speaking Up About Sexual Abuse In Custody Facilitators Guide8. Americans with Disabilities Act Training Curriculum9. Contracts for Interpreter Services (Languagelink)10. List of Interpreters11. Sign Language Contract12. PREA Poster13. PREA Brochure14. PREA Orientation Video Transcript15. Statewide Orientation Handbook16. Staff Training Records |
| | Interviews: <ol style="list-style-type: none">1. Interview with the Agency Head Designee2. Interview with LEP Inmates3. Interview with Disabled Inmates4. Interview with Random Staff |

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled inmates 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. DOC 490.800, page 5 states professional interpreter or translation services, including sign language, are available to assist individuals in understanding this policy, reporting allegations, and/or participating in investigation of sexual misconduct per DOC 450.500 Language Services for Limited English Proficient Individuals. DOC 310.000, page 4 states incarcerated individuals attending Spanish orientation will receive the orientation handbook/handouts translated into Spanish by the Department certified Spanish translator. In addition to information in English handouts, Spanish versions of the handouts must include information on requesting translation services and enrolling in English as a Second Language (ESL) classes, if available. Page 5 also states that information will be provided, both orally and in writing, in a manner that is clearly understood. When a literacy, language or other cognitive/comprehension concern exists, employees will assist the individual in understanding the materials per DOC 450.500 Language Services for Limited English Proficient Individuals. Each facility will develop a process for non-Spanish speaking LEP individuals, including those requiring sign language interpretation, to receive orientation in a language that they understand. 690.400, page 2 states individuals with disabilities will be provided reasonable accommodations that allows participating in services, programs and activities, which may include: modifying policies, practices or procedures when reasonable, removing barriers to access and/or providing auxiliary aids and services. Pages 4-8 of the policy outline the process for requesting and providing accommodations. A review of documentation indicates the agency has sixteen contracts for sign language interpreters. The agency also has two trainings for accommodations, one is the Americans with Disabilities Act training which staff are educated on the different disabilities and accommodations. The second is a training for staff related to the End the Silence Youth Speaking Up About Sexual Abuse in Custody which they utilize for individuals with cognitive disabilities. A review of the Statewide Orientation Handbook, PREA Poster and PREA Brochure confirmed that PREA information is available in adequate size font and colors. The interview with the Agency Head Designee confirmed that the agency has established procedures to provide disabled and LEP inmates an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. He stated that the PREA orientation video is available in Spanish and closed captioning and they also have the PREA brochure in Spanish. He stated they have materials for those individuals who are low functioning and/or

have a low level of comprehension. The Agency Head Designee further stated they have a contract with certified interpreters and a language line that is available to provide assistance. He stated they have a video for individuals with disabilities and that they work one on one with those individuals. He confirmed that they follow the Americans with Disabilities Act (ADA) and they have numerous resources, to include sign language. Interviews with two LEP inmates and five disabled inmates confirmed that all seven had received information in a format that they could understand. A review of staff training records confirmed that all staff had received PREA training. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had at least one very large poster as well as regular paper size posters. Posters were observed on the wall and on the bulletin boards. The posters included information on reporting, the zero tolerance policy and victim advocacy. Reporting information included the internal hotline (0-800-586-9431), the external reporting mechanism (DOC form 21-379) and other methods including reporting to staff and reporting in writing via a kite or grievance. The poster also included the phone number (1-855-210-2087) for outside victim advocacy services. The poster indicated that victim advocacy is available Monday through Friday from 8:00am to 5:00pm and that calls are not recorded and do not require an IPIN. Posted information was observed to be at adequate height with large font. Posters were observed in both English and Spanish. The poster also had information on accommodations for deaf/heard of hearing individuals (V/TTY/TDD). Posters were also observed throughout most of the facility including in intake, visitation, education, program areas, work areas and other common areas. In addition to the large posters, the auditor observed that smaller (8.5 x 11) posters were also located in the housing units and around the facility on bulletin boards and walls. The posters included information on the zero tolerance policy and how to report via staff and the PREA hotline. These posters were observed in English and Spanish and were at adequate height with appropriate size font. Posters were also observed in most units near the telephones, which provided the inmates with a discrete method of utilizing the telephone numbers. Additionally, the inmate phone system provided the option to proceed in English or Spanish in order to call the PREA hotline. Additionally, the victim advocacy service confirmed they are able to provide accommodations through a translation service. With regard to the opposite gender announcement, the auditor observed the doorbell being utilized each time a male staff member entered the housing areas during the tour. The male staff pressed the doorbell, which produced a doorbell sound and also initiated a green flashing light above the door.

115.16 (b): The PAQ stated that the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. DOC 490.800, page 5 states professional interpreter or translation services, including sign language, are available to assist individuals in understanding this policy, reporting allegations, and/or participating in investigation of sexual misconduct per DOC 450.500 Language Services for Limited English Proficient Individuals. Americans with Disabilities Act (ADA) accommodations will be

provided per DOC 690.400 Individuals with Disabilities. DOC 310.000, page 4 states incarcerated individuals attending Spanish orientation will receive the orientation handbook/handouts translated into Spanish by the Department certified Spanish translator. In addition to information in English handouts, Spanish versions of the handouts must include information on requesting translation services and enrolling in English as a Second Language (ESL) classes, if available. Page 5 also states that information will be provided, both orally and in writing, in a manner that is clearly understood. When a literacy, language or other cognitive/comprehension concern exists, employees will assist the individual in understanding the materials per DOC 450.500 Language Services for Limited English Proficient Individuals. Each facility will develop a process for non-Spanish speaking LEP individuals, including those requiring sign language interpretation, to receive orientation in a language that they understand. DOC 450.500, page 2 states the Department will provide oral interpretation and written translation services through Department and/or contract services at all facilities. Page 3 states information on how to access language services will be provided to individuals during orientation and is contained in the Statewide Orientation Handbook. Page 4 further states that all PREA related interpretation services will be documented by LEP Coordinators on DOC 16-340 Prison Rape Elimination Act Language Log. The agency utilizes an Interpretation Vendors Portal which provides staff an online database of vendors who can provide interpretation services. Additionally, a review of documentation confirms that the agency has over 80 contractors who can provide translation services in over 20 languages. A review of the PREA Poster, PREA Brochure, PREA Orientation Video Transcript and the Statewide Orientation Handbook confirmed that information is available in English and Spanish. Interviews with two LEP inmates and five disabled inmates confirmed that all seven had received information in a format that they could understand. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had at least one very large poster as well as regular paper size posters. Posters were observed on the wall and on the bulletin boards. The posters included information on reporting, the zero tolerance policy and victim advocacy. Reporting information included the internal hotline (0-800-586-9431), the external reporting mechanism (DOC form 21-379) and other methods including reporting to staff and reporting in writing via a kite or grievance. The poster also included the phone number (1-855-210-2087) for outside victim advocacy services. The poster indicated that victim advocacy is available Monday through Friday from 8:00am to 5:00pm and that calls are not recorded and do not require an IPIN. Posted information was observed to be at adequate height with large font. Posters were observed in both English and Spanish. The poster also had information on accommodations for deaf/heard of hearing individuals (V/TTY/TDD). Posters were also observed throughout most of the facility including in intake, visitation, education, program areas, work areas and other common areas. In addition to the large posters, the auditor observed that smaller (8.5 x 11) posters were also located in the housing units and around the facility on bulletin boards and walls. The posters included information on the zero tolerance policy and how to report via staff and the PREA hotline. These posters were observed in English and Spanish and were at adequate height with appropriate size font. Posters were also observed in most units near the telephones, which provided the inmates with a discrete method of utilizing the telephone numbers. Additionally, the inmate phone

system provided the option to proceed in English or Spanish in order to call the PREA hotline. Additionally, the victim advocacy service confirmed they are able to provide accommodations through a translation service. With regard to the opposite gender announcement, the auditor observed the doorbell being utilized each time a male staff member entered the housing areas during the tour. The male staff pressed the doorbell, which produced a doorbell sound and also initiated a green flashing light above the door. During inmate interviews the auditor utilized Languagelink for the LEP inmate interviews. The auditor was provided the call in number as well as the client ID and password. Languagelink is accessible through staff only. However, the hotline and the victim advocacy number have English and Spanish options and documents are available in English and Spanish. It should be noted that the auditor utilized Languagelink for Spanish and Thai translation. The initial attempt for Thai was unsuccessful as the service did not have any Thai interpreters. Conversely, the second attempt later that day was successful.

115.16 (c): The PAQ stated that agency policy prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. The PAQ stated that the facility documents the limited circumstances where inmate interpreters, readers or other types of inmate assistants are used. DOC 490.800, page 5 states individuals are not authorized to use interpretation/translation services from other individuals, family members, or friends for these purposes. The PAQ expressed that there were zero instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with fourteen staff indicated that twelve were aware of a policy that prohibits the use of inmate interpreters, translator, readers or other types of inmate assistants for sexual abuse allegations. None of the fourteen were aware of a time that an inmate was utilized to assist another inmate for a sexual abuse allegation. Interviews with two LEP inmates and five disabled inmates confirmed that all seven had received information in a format that they could understand. Two stated that a translator was utilized during their education and/or risk assessment. Both confirmed that the translator was not another inmate, but rather through a phone service.

Based on a review of the PAQ, DOC 310.000, DOC 490.800, DOC 690.400, DOC 450.500, Sign Language Contract List, the End the Silence Youth Speaking Up About Sexual Abuse In Custody Facilitators Guide, Americans with Disabilities Act Training Curriculum, Contracts for Interpreter Services (Languagelink), the List of Interpreters, PREA Poster, PREA Brochure, PREA Orientation Video Transcript, Statewide Orientation Handbook, Staff Training Records, observations made during the tour as well as interviews with the Agency Head Designee, random staff, disabled inmates and LEP inmates indicates that this standard appears to be compliant.

115.17 Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting
3. DOC 810.800 - Recruitment, Selection and Promotion
4. DOC 810.015 - Criminal Record Disclosure and Fingerprinting
5. DOC 400.320 - Terrorism/Extremism Activity
6. Sexual Misconduct and Institutional Employment/Service Disclosure
7. PREA 101 Training Curriculum Disclosure Pages
8. PREA 102 Training Curriculum Disclosure Pages
9. Personnel Files of Staff
10. Contractor Background Files
11. Criminal Background Records Check Tracking Form

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. DOC 490.800, page 6 states the Department has established staffing practices as follows: to the extent permitted by law, the Department will not knowingly hire, promote or enlist the services of anyone who: has engaged in sexual misconduct in a

prison, jail, lockup, community confinement facility, juvenile facility or other institution, has engaged in sexual misconduct with an individual on supervision, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt threat or implied threats or force, or coercion, or if the victim did not consent or was unable to consent or refuse or has been civilly or administratively adjudicated to have engaged in the activities described above. A review of the Sexual Misconduct and Institutional Employment/Service Disclosure confirms that employees are asked to answer yes or no to the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?", "Have you even been civilly or administratively adjudicated (there was a formal finding and a judgment or decision was rendered in a civil or administrative proceeding) or otherwise found to have engaged or attempted to engage in sexual abuse/assault in any setting?", "Have you ever 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 when the victim did not consent or was unable to consent or refuse?", "Have you ever been the subject of substantiated allegations of sexual abuse or sexual harassment or resigned during a pending investigation of alleged sexual abuse or sexual harassment?" and "Have you ever engaged in any other incident of sexual harassment for sexual misconduct not already addressed above?". A review of personnel files for five staff who were hired in the previous twelve months indicated that all five had a criminal background records check completed prior to hire. All five had also completed the Sexual Misconduct and Institutional Employment/Service Disclosure form. Additionally, a review of three contractor files confirmed all three had a criminal background records check completed prior to enlisting their services.

115.17 (b): The PAQ indicated that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. DOC 490.800, page 7 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 individuals under its jurisdiction. The interview with the Human Resource Staff member confirmed that sexual harassment is considered in determining whether to hire or promote anyone, or enlist the services of any contractor who may have contact with inmates. She stated the information is obtained during the normal background investigation process and that it is reviewed prior to hire or promotion.

115.17 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with inmates, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. DOC 490.800, page 7 states the Department will obtain information through one or more of the following: Washington Crime Information

Center (WACIC)/Nation Crime Information Center (NCIC) record checks; employment/volunteer applications; reference checks; personnel file review and contract disclosure statements. DOC 810.800, page 5 states the Appointing Authority will ensure the completion of the DOC 03-506 Sexual Misconduct and Institutional Employment/Service Disclosure on the preferred candidate before appointment as well as a completion of a criminal background check, if applicable per DOC 810.015 Criminal Record Disclosure and Fingerprinting. 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 resignations pending investigation of alleged sexual misconduct. The PAQ indicated that 50 people had a criminal background records check which was less than 100% of those reported to be hired in the previous twelve months. Further communication with the PCM indicated that the number in the facility characteristics (52) was incorrect and that 50 total staff were hired in the previous twelve months and 100% had a criminal background record check completed. A review of five personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background records check completed. Of the five, only one had any prior institutional employers and documentation confirmed that the prior institutional check was completed by WADOC as the individual was previously employed with the agency. The Human Resource staff member confirmed that a criminal background check is completed for all newly hired employees who may have contact with inmates and that all prior institutional employers are contacted related to incidents of sexual abuse. She stated the agency utilizes the Washington Crime Information Center (WACIC) and the National Crime Information Center (NCIC) for record checks of for all new employees and contractors. She stated they also require the individuals to complete the sexual abuse misconduct form and they search their own agency PREA investigative records, human resource files and contact prior institutional employers.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. DOC 490.800, page 7 states the Department will obtain information through one or more of the following: Washington Crime Information Center (WACIC)/National Crime Information Center (NCIC) record checks; employment/volunteer applications; reference checks; personnel file review and contract disclosure statements. The PAQ stated that there were three contracts for services where criminal background checks were completed on all staff covered under the contract. A review of three contractor files indicated all three had a criminal background records check completed. Two were documented with a criminal background check prior to enlisting their services. One was hired prior to the last PREA audit and as such based on the corrective action plan related to tracking criminal background records check, the initial background information was unavailable. The Human Resource staff member confirmed that contractors have a criminal background records check completed prior to enlisting their services. She stated the agency utilizes the Washington Crime Information Center (WACIC) and the

National Crime Information Center (NCIC) for record checks of for all new employees and contractors.

115.17 (e): The PAQ indicated that agency policy requires either criminal background checks to be conducted at least every five years for current employees and contractors who may have contact with inmates or that a system is in place for otherwise capturing such information for current employees. DOC 810.015, page 3 states the designated unit/employee will establish a process to ensure that criminal background checks are run for all current volunteers, contract staff and unarmed employees at least every five years. Annual criminal background checks are required as part of weapons qualifications for all armed employees. During the last PREA audit it was found that the facility was not tracking criminal background record checks and as such they were unable to provide documentation to illustrate prior background checks. As such they implemented corrective action and all staff had a background completed in 2019. The facility instituted a tracking mechanism that included a form in each staff members personnel file where criminal background checks were documented. Due to this corrective action, one contractor did not have documentation of the initial background but did have a five year documented and all three staff reviewed that were hired over five years only had documentation of a criminal background records check in 2019. The interview with Human Resources indicated that criminal background records checks are completed through WACIC and NCIC. She confirmed there is a system in place that ensures background checks are completed at least every five years. She further stated that annual background checks are completed on all staff with weapons certification.

115.17 (f): DOC 810.800, page 5 states the Appointing Authority will ensure the completion of the DOC 03-506 Sexual Misconduct and Institutional Employment/Service Disclosure on the preferred candidate before appointment. A review of the Sexual Misconduct and Institutional Employment/Service Disclosure confirms that employees are asked to answer yes or no to the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?", "Have you even been civilly or administratively adjudicated (there was a formal finding and a judgment or decision was rendered in a civil or administrative proceeding) or otherwise found to have engaged or attempted to engage in sexual abuse/assault in any setting?", "Have you ever 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 when the victim did not consent or was unable to consent or refuse?", "Have you ever been the subject of substantiated allegations of sexual abuse or sexual harassment or resigned during a pending investigation of alleged sexual abuse or sexual harassment?" and "Have you ever engaged in any other incident of sexual harassment or sexual misconduct not already addressed above?". Additionally, a review of the PREA 101 and PREA 102 training curriculums confirm that all staff answer the previously stated questions annually during their PREA training, exceeding the requirement of this provision. They

are required to electronically click yes or no to each questions prior to the submission and completion of the training. A review of personnel files indicated that all five new hires had completed the Sexual Misconduct and Institutional Employment/Service Disclosure form. A review of annual staff training records further confirmed that they answer the disclosure question prior to the completion of the training. The interview with the Human Resource staff confirmed that all new hires and promoted staff are required to complete the institutional employment and disclosures form which includes these questions. She stated all staff are also required to answer these questions as part of their annual in-service PREA training. She indicated if they do not complete the questions the training shows incomplete. The Human Resource staff member confirmed that the agency imposes a continuing affirmative duty to disclose any previous misconduct upon all employees. She stated failure to disclose may be cause for dismissal.

115.17 (g): The PAQ indicated that agency policy states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination. DOC 810.800, page 5 states the Appointing Authority will ensure the completion of DOC 03-506 Sexual Misconduct and Institutional Employment/Services Disclosure. A review of the DOC 03-506 indicates that it 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".

115.17 (h): The interview with the Human Resource staff member confirmed that information is provided to employers related to a former employee and any substantiated sexual abuse or sexual harassment allegations to the extent possible. She stated Human Resource staff have access to the PREA tab in the online system and they look this information up to provide to the employer requesting the information.

Based on a review of the PAQ, DOC 490.800, DOC 810.800, DOC 810.015, DOC 400.320, the Sexual Misconduct and Institutional Employment/Service Disclosure Form, the PREA 101 Training Curriculum Disclosure Pages, the PREA 102 Training Curriculum Disclosure Pages, Personnel Files of Staff, Contractor Background Files, Criminal Background Records Check Tracking Form and information obtained from the Human Resource staff interview indicates that this standard required appears to be compliant.

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| 115.18 | Upgrades to facilities and technologies |
| | <p data-bbox="256 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 297">Auditor Discussion</p> <p data-bbox="256 340 429 374">Documents:</p> <ol data-bbox="256 412 1410 589" style="list-style-type: none"> <li data-bbox="256 412 667 445">1. Pre-Audit Questionnaire <li data-bbox="256 483 1410 517">2. DOC 490.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting <li data-bbox="256 555 604 589">3. Modifications Email <p data-bbox="256 698 414 732">Interviews:</p> <ol data-bbox="256 770 922 875" style="list-style-type: none"> <li data-bbox="256 770 922 804">1. Interview with the Agency Head Designee <li data-bbox="256 842 703 875">2. Interview with the Warden <p data-bbox="256 985 627 1019">Site Review Observations:</p> <ol data-bbox="256 1057 1195 1164" style="list-style-type: none"> <li data-bbox="256 1057 1195 1090">1. Observations of Absence of Modification to the Physical Plant <li data-bbox="256 1128 967 1162">2. Observations of Video Monitoring Technology <p data-bbox="256 1272 587 1305">Findings (By Provision):</p> <p data-bbox="256 1415 1461 2078">115.18 (a): The PAQ indicated that the agency/facility has acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA audit. DOC 490.800, page 7 states a PREA vulnerability assessment will be conducted in each facility per DOC 21-563 PREA Vulnerability Assessment. The assessment will be updated as new building are added, major building renovations are completed, or when surveillance systems are added or upgraded. Page 8 further states that the Department will consider possible effects on its ability to protect individual from sexual misconduct when: designing or acquiring a new facility; planning substantial expansions or modifications of existing facilities; and installing or updating video monitoring systems, electronic surveillance systems, or other monitoring technology. A review of documentation indicated that there have been modifications to the facility, however none were substantial. The perimeter was updated and the gymnasium was converted to temporary housing during COVID-19. Documentation indicated that portable restroom areas were added and that PREA was taken into consideration, including factoring appropriate privacy and cross gender viewing concerns. During the tour, the auditor did not observe any renovations, modifications</p> |

or expansions. The interview with the Agency Head confirmed that when the agency has a substantial expansion or modification to an existing facility or they acquire a new facility, they take into account how it may affect the agency's ability to protect inmates from sexual abuse and sexual harassment. The Agency Head Designee stated the agency has a design team that take this component into consideration. He stated the team considers blind spots, line of sight and camera placement during the process. He also stated that they conduct a vulnerability assessment to identify any issues or potential issues. He also indicated that they have a capital projects team that is aware of PREA and this team oversees all agency projects. The interview with the Warden confirmed that there have not been any substantial expansions or modifications since the last PREA audit.

115.18 (b): The PAQ indicated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. DOC 490.800, page 7 states within available fiscal resources, the Department will use video security monitoring systems and relevant technology to enhance the safe operation of facilities for staff and individuals under its jurisdiction. A PREA vulnerability assessment will be conducted in each facility per DOC 21-563 PREA Vulnerability Assessment. The assessment will be updated as new building are added, major building renovations are completed, or when surveillance systems are added or upgraded. Page 8 further states that the Department will consider possible effects on its ability to protect individual from sexual misconduct when: designing or acquiring a new facility; planning substantial expansions or modifications of existing facilities; and installing or updating video monitoring systems, electronic surveillance systems, or other monitoring technology. A review of documentation indicated that cameras were placed in public access areas and in building dayrooms. The documentation confirmed that PREA was considered, including privacy and security. The camera installation duplicated a prior installation which also considered privacy and security. A review of documentation indicated that cameras were placed in public access and "W" building dayroom. The information indicated that the layout/design was set-up exactly as previous and PREA was factored, including privacy and security. The interview with the Agency Head Designee confirmed that the agency has installed or updated video monitoring technology and they have considered how this technology can protect inmates from sexual abuse. He stated any new installation or modification would involve looking at the activity in the area. He stated they look at blind spots, line of sight, incidents reported in the area and information from vulnerability assessments. He confirmed part of the vulnerability assessment is to identify any areas that may need additional video monitoring technology. The Warden confirmed that when the facility installs or updates video monitoring technology they consider how the technology will protect inmates from sexual abuse. She stated they look at the availability of staffing/ monitoring in those areas, the visibility of the areas and whether there were increased allegations in the areas. She also stated they identify any blind spots, look to determine if there is visibility through windows, the daily security routine in the areas and the nature of the activity or program occurring in the area. She indicated

that all these factors are taken into consideration and assist with sexual abuse and sexual harassment protection and prevention. during the tour the auditor observed cameras in housing units and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. Cameras are monitored in central control. Administrative staff and investigative staff also have access to view the cameras.

Based on a review of the PAQ, DOC 490.800, the Modifications Email, observations during the tour and information from interviews with the Agency Head Designee and Warden indicate that this standard appears to be compliant.

| 115.21 | Evidence protocol and forensic medical examinations |
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| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 427 376">Documents:</p> <ol data-bbox="256 412 1410 1563" style="list-style-type: none"><li data-bbox="256 412 667 448">1. Pre-Audit Questionnaire<li data-bbox="256 483 1187 519">2. DOC 490.850 - Prison Rape Elimination Act (PREA) Response<li data-bbox="256 555 1219 591">3. WCCW 490.850 - Prison Rape Elimination Act (PREA) Response<li data-bbox="256 627 1235 663">4. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation<li data-bbox="256 698 967 734">5. DOC 600.000 - Health Services Management<li data-bbox="256 770 1024 806">6. DOC 600.026 - Health Care Co-Payment Program<li data-bbox="256 842 1209 878">7. Sexual Assault Evidence Collection: Uniform Evidence Protocol<li data-bbox="256 913 1337 949">8. Designated Advocates and Hospitals for Forensic Medical Examinations<li data-bbox="256 985 1410 1066">9. Memorandum of Understanding with the Department of Commerce Office of Crime Victim Advocacy<li data-bbox="256 1102 1129 1137">10. PREA Response and Containment Checklist (DOC 02-011)<li data-bbox="256 1173 925 1209">11. PREA Investigative Checklist (DOC 02-014)<li data-bbox="256 1245 922 1281">12. Investigative Findings Sheet (DOC 02-378)<li data-bbox="256 1317 1053 1352">13. Mutual Agreement with the Washington State Patrol<li data-bbox="256 1388 1289 1424">14. Communication Documents with Pierce County Sheriff's Department<li data-bbox="256 1460 785 1496">15. Statewide Orientation Handbook<li data-bbox="256 1532 622 1568">16. Investigative Reports <p data-bbox="256 1675 414 1711">Interviews:</p> <ol data-bbox="256 1747 1059 1998" style="list-style-type: none"><li data-bbox="256 1747 730 1783">1. Interview with Random Staff<li data-bbox="256 1818 976 1854">2. Interview with the PREA Compliance Manager<li data-bbox="256 1890 699 1926">3. Interview with SAFE/SANE<li data-bbox="256 1962 1059 1998">4. Interview with Inmates Who Reported Sexual Abuse |

Findings (By Provision):

115.21 (a): The PAQ indicated that the agency/facility is responsible for conducting administrative sexual abuse investigations while the Pierce County Sheriff's Office or the Washington State Patrol are responsible for conducting criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. A review of Sexual Assault Evidence Collection: Uniform Evidence Protocol confirms that it outlines crime scene management, clothing collections, bedding and other physical evidence collection, searches and evidence storage/securing. The protocol describes the actions to take prior to transport to the local hospital for a forensic medical examination. Interviews with fourteen random staff indicate that twelve were aware of and understood the agency's protocol on obtaining usable physical evidence. Additionally, eight of the fourteen staff stated they knew who was responsible for conducting sexual abuse investigations. Most staff named the investigative unit and the Lieutenants and a few stated it was staff who received appropriate training.

115.21 (b): The PAQ indicated that the protocol is developmentally appropriate for youth and was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. A review of Sexual Assault Evidence Collection: Uniform Evidence Protocol confirms that it outlines crime scene management, clothing collections, bedding and other physical evidence collection, searches and evidence storage/securing. The protocol describes the actions to take prior to transport to the local hospital for a forensic medical examination.

115.21 (c): The PAQ indicated that the facility offers inmates who experience sexual abuse access to forensic medical examination at an outside facility. The PAQ further stated that forensic exams are offered without financial cost to the victim and that when possible, examinations are conducted by SAFE or SANE. The PAQ noted that when SAFE or SANE are not available that a qualified medical practitioner performs forensic examinations. DOC 490.850, pages 6-7 and WCCW 490.850, page 7 state forensic exams will be performed only at designated health care facilities in the community by Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. If SAFE/SANE are not available, the examination can be performed by a qualified medical practitioner. The nurse/health care practitioner will document in the health record when a SAFE/SANE is unavailable to conduct the forensic medical examination. DOC 600.025, pages 2-3 state that individuals will be charged a co-payment for all visits, except medical and mental health services allowed under the Washington DOC Health Plan related to sexual misconduct as defined in DOC 490.800. The Designated Advocates and Hospitals for Forensic Medical Examination identifies St. Joseph's Medical Center and Tacoma General as the

designated hospitals for Washington Correctional Center for Women. The PAQ stated that there were zero forensic exams conducted in the previous twelve months. A review of documentation confirmed there were zero inmates transported to an outside hospital for a forensic medical examination. The auditor contacted St. Joseph's Medical Center related to forensic medical examinations. Hospital staff indicated that the hospital does conduct forensic medical examinations in the Emergency Department. Staff further stated that forensic medical examinations are performed by SAFE/SANE and that examinations for an inmate would be performed the same as any other examination. The auditor contacted MultiCare Tacoma General Hospital related to forensic medical examinations. Hospital staff indicated that they do perform forensic medical examination and that SANE staff are called to the hospital to perform the services.

115.21 (d): The PAQ indicated that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and efforts are documented. The PAQ further stated that all victim advocacy services are provided by OCVA and community sexual assault programs. DOC 490.860, page 11 states victims of sexual misconduct will be provided information on community victim service providers from health services employees/contract staff, Classification Counselors, and Community Corrections Officers/Supervisors. Information is available on the Prison Rape Elimination Act page on the Department's internal website. Victim services for individuals in Prisons and Reentry Centers include crisis intervention and trauma-specific treatment. The Appointing Authority, in conjunction with mental health professionals, will determine if victim services are necessary beyond resources available through the Department. The Designated Advocates and Hospitals for Forensic Medical Examinations indicates that Rebuilding Hope is the community sexual assault program advocacy service. The agency has an MOU with the Department of Commerce Office of Crime Victims Advocacy. The MOU indicates that the purpose is to provide advocacy services in furtherance of DOC's compliance with the Prison Rape Elimination Act (PREA). The MOU indicates that services provided under the agreement include crisis intervention, assessment of needs and referral to additional resources, medical advocacy and legal advocacy. Medical advocacy can include accompaniment to medical forensic exam, explanation of exam proceedings, advocacy on behalf of the victim/survivors in asserting their choices for aspects of the exam, choices for treatment, etc. The MOU also states that they will provide an advocate during investigatory interviews, depositions and other legal proceedings. OCVA may also provide additional in-person advocacy services and educational opportunities regarding sexual assault. The MOU was initially signed in 2017 and was amended in 2019. Page 14 of the Statewide Orientation Handbook provides information on victim advocacy services. It states an advocate can provide over the phone crisis intervention, talk about safety and explain PREA reporting options, discuss law enforcement reporting options, teach coping skills, explain the investigation process and provide support during interviews related to the investigation. An advocate will also provide support to a victim during a forensic examination at a community hospital but an advocate will not provide legal advice,

make decisions for you, tell you whether or not to report, conduct an investigation, be your friend or provide therapy. The interview with the PCM confirmed that the facility makes available to the victim a victim advocate from a rape crisis center, either in person or by other means. The PCM stated that the facility has a Memorandum of Understanding with Rebuilding Hope, the local rape crisis center. She stated they partner with the local community sexual assault program and they respond virtually or in person. The PCM indicated that they contact the organization so they know a head of time when to schedule any interviews or sessions. Interviews with inmates who reported sexual abuse indicated that two of the six were allowed to contact someone after the reported allegation. The two stated they contacted a family member. None indicated they contacted a victim advocate. The facility utilizes the PREA Response and Containment Checklist after a report of sexual abuse. The Shift Supervisor speaks with the inmate victim about victim advocacy and then provides the inmate with the PREA Investigative Process form. This form describes that the inmate has access to a victim advocate and also provides contact information for the victim advocate. The Shift Supervisor documents on the PREA Response and Containment Checklist that they advised the inmate of access to a victim advocate and provided the PREA Investigative Process form. The auditor reviewed documentation related to eight sexual abuse allegations. One allegation was reported via Warden to Warden and as such the inmate was not at the facility. The other investigations included the PREA Response and Containment Checklist.

115.21 (e): The PAQ indicated that as requested by the victim, a victim advocate, qualified agency staff member or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process. DOC 490.800, page 14 states if an individual requires a forensic medical exam, the Community Sexual Assault Program (CSAP) Victim Advocate will be notified prior to transport to the designated community health care facility. Unless the individual declines services directly to the advocate, the advocate will be present during the exam and any investigatory interview with the individual following a forensic medical exam. This includes interviews with law enforcement officials. Additionally page 15 states that an alleged victim may request to have a victim advocate present during any investigatory interview of individual-on-individual sexual assault/abuse or staff sexual misconduct by notifying the assigned investigator. DOC 490.850, page 7 and WCCW 490.850, page 7 state the partner victim advocacy organization will be contacted to ensure an advocate is present during the exam. Presence of the advocate will be documented in the IMRS and on the DOC 02-007 Aggravated Sexual Assault Checklist. The individual will also be provided with an advocate during all related investigatory interviews per the facility's legal advocacy procedure. Attachment 1, PREA Investigative Process further states that potential victims of sexual assault/abuse or sexual misconduct may wish to have a victim advocate present during the investigatory interview. The investigator will make arrangements for victim advocacy by contacting the Office of Crime Victim Advocacy (OCVA). Support services beyond the investigation is available by contacting OCVA using the toll-free number. The Designated Advocates and Hospitals for Forensic

Medical Examinations indicates that Rebuilding Hope is the community sexual assault program advocacy service. The agency has an MOU with the Department of Commerce Office of Crime Victims Advocacy. The MOU indicates that the purpose is to provide advocacy services in furtherance of DOC's compliance with the Prison Rape Elimination Act (PREA). The MOU indicates that services provided under the agreement include crisis intervention, assessment of needs and referral to additional resources, medical advocacy and legal advocacy. Medical advocacy can include accompaniment to medical forensic exam, explanation of exam proceedings, advocacy on behalf of the victim/survivors in asserting their choices for aspects of the exam, choices for treatment, etc. The MOU also states that they will provide an advocate during investigatory interviews, depositions and other legal proceedings. OCVA may also provide additional in-person advocacy services and educational opportunities regarding sexual assault. The MOU was initially signed in 2017 and was amended in 2019. Page 14 of the Statewide Orientation Handbook provides information on victim advocacy services. It states an advocate can provide over the phone crisis intervention, talk about safety and explain PREA reporting options, discuss law enforcement reporting options, teach coping skills, explain the investigation process and provide support during interviews related to the investigation. An advocate will also provide support to a victim during a forensic examination at a community hospital but an advocate will not provide legal advice, make decisions for you, tell you whether or not to report, conduct an investigation, be your friend or provide therapy. A review of documentation confirms that the PREA Investigative Checklist (DOC 02-014) includes a section where staff indicate whether a victim advocate was requested for the forensic medical examination and during investigatory interviews. Additionally, the Investigative Findings Sheet (DOC 02-378) documents whether a victim advocate was requested during investigatory interviews. The interview with the PCM confirmed that the facility makes available to the victim a victim advocate from a rape crisis center, either in person or by other means. The PCM stated that the facility has a Memorandum of Understanding with Rebuilding Hope, the local rape crisis center. She stated they partner with the local community sexual assault program and they respond virtually or in person. The PCM indicated that they contact the organization so they know a head of time when to schedule any interviews or sessions. The PCM confirmed that services and required training are outlined in the MOU. Interviews with inmates who reported sexual abuse indicated that two of the six were allowed to contact someone after the reported allegation. The two stated they contacted a family member. None indicated they contacted a victim advocate. The auditor reviewed documentation related to eight sexual abuse allegations. One allegation was reported via Warden to Warden and as such the inmate was not at the facility, however the remaining seven sexual abuse allegations did not have documentation confirming that inmates were afforded the opportunity to contact a victim advocate after they reported sexual abuse. A review of documentation indicated that there have been zero forensic medical examinations during the audit period and as such no inmates were required a victim advocate to accompany them during a forensic medical examination. The auditor reviewed documentation related to eight sexual abuse allegations. One allegation was reported via Warden to Warden and as such the inmate was not at the facility. The other investigations included the PREA Response and Containment Checklist.

115.21 (f): The PAQ indicated that if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraph 115.21 (a) through (e) of this standard. The agency has a Mutual Aid Agreement with the Washington State Police. The agreement states that WSP may provide assistance to the DOC through law enforcement officers and other assistance as needed, depending on circumstances. The facility also provided correspondence with the Pierce County Sheriff's Department which indicated that they do not conduct investigations at the facility. The facility provided further documentation that they were in the process of meeting with staff from the Pierce County Sheriff's Office to discuss investigations and work on drafting an MOU. The auditor contacted the Washington State Patrol (WSP) related to investigations. Staff at WSP indicated that the Sheriff's Office have first right of refusal due to an agreement. The facility would reach out to the Sheriff's Office for first right of refusal and if they refuse, the facility would then reach out to WSP to see if they can assist. The staff stated WSP would investigate any violent felony, but they do not have the manpower to investigate anything other than that. He further stated WSP would investigate any violent sexual assault. Further, the staff stated that WSP does have an evidence protocol and they do have SAFE/SANE at the hospital. The auditor contacted the Pierce County Sheriff's Office related to investigations. Staff at the Sheriff's Office confirmed that if sexual abuse happened within Pierce County then they would do a report and investigate the matter. A review of the Pierce County website confirmed that the jail, which falls under the Sheriff's follows PREA standards.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): All advocacy services are provided through OCVA or through regional Community Sexual Assault Programs. Advocates follow the State of Washington Sexual Assault Service Standards. Qualified advocates are required to have 30 hours of initial sexual assault/abuse training and twelve hours of ongoing training annually. Advocates providing services for inmates are specifically identified within the organization as PREA Advocates and receive additional specialized training on supporting incarcerated survivors of sexual assault.

Based on a review of the PAQ, DOC 490.850, WCCW 490.850, DOC 490.860, DOC 600.000, DOC 600.026, Sexual Assault Evidence Collection: Uniform Evidence Protocol, Designated Advocates and Hospitals for Forensic Medical Examinations, the Memorandum of Understanding with the Department of Commerce Office of Crime Victim Advocacy, the Mutual Agreement with the Washington State Patrol, Communication Documents with Pierce County Sheriff's Department, the Statewide Orientation Handbook, Investigative Reports and information from interviews with

random staff, inmates who reported sexual abuse, SAFE/SANE and the PREA Compliance Manager, PREA Response and Containment Checklist (DOC 02-011), PREA Investigative Checklist (DOC 02-014), Investigative Findings Sheet (DOC 02-378) indicates that this standard appears to be compliant.

Recommendation

The auditor recommends that the facility emphasize the evidence protocol and who is responsible for conducting sexual abuse investigations during the next staff training.

| 115.22 | Policies to ensure referrals of allegations for investigations |
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| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 558 300">Auditor Discussion</p> <p data-bbox="256 340 430 376">Documents:</p> <ol data-bbox="256 412 1300 734" style="list-style-type: none"> <li data-bbox="256 412 667 448">1. Pre-Audit Questionnaire <li data-bbox="256 483 1235 519">2. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation <li data-bbox="256 555 1062 591">3. Mutual Agreement with the Washington State Patrol <li data-bbox="256 627 1300 663">4. Communication Documents with Pierce County Sheriff's Department <li data-bbox="256 698 632 734">5. Investigative Reports <p data-bbox="256 842 414 878">Interviews:</p> <ol data-bbox="256 913 922 1021" style="list-style-type: none"> <li data-bbox="256 913 922 949">1. Interview with the Agency Head Designee <li data-bbox="256 985 798 1021">2. Interview with Investigative Staff <p data-bbox="256 1128 587 1164">Findings (By Provision):</p> <p data-bbox="256 1272 1476 2060">115.22 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. each facility shall have a policy in place to ensure that all allegations of sexual abuse are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. DOC 490.860, page 2 states that the Department will thoroughly, promptly and objectively investigate all allegations of sexual misconduct involving individuals under jurisdiction or authority of the Department. The PAQ indicated there were 116 allegations of sexual abuse and/or sexual harassment reported within the previous twelve months. All 116 resulted in an administrative investigation and eight were referred for criminal investigation. The PAQ further stated not all administrative and/or criminal investigations were completed over the previous twelve months. The interview with the Agency Head Designee confirmed the agency ensures that an investigation is completed for all allegations of sexual abuse and sexual harassment. He stated that all allegations are reviewed through the PREA triage process and investigations are then assigned to appropriate Appointing Authority. He stated for criminal investigations the Appointing Authority will refer the allegation to local law enforcement. He stated they first refer it to the local law enforcement agency, then the county law enforcement agency and finally the state</p> |

law enforcement agency, if refused by any of the prior level local law enforcement. There were 237 allegations reported at the facility during the previous twelve months (October 2021 through October 2022). 78 did not rise to the level of PREA (did not meet the definition of sexual abuse or sexual harassment), 44 were already under investigation or the information was added to an active investigation, five were in regard to retaliation and ten were forwarded to the appropriate agency/facility to investigate (Warden to Warden). The remaining 100 allegations were referred for administrative investigation. None of the allegations were referred for prosecution and none of the allegations had a criminal investigation completed. Of the 100, five had a completed investigation on the first day of the on-site portion of the audit.

115.22 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations and that such policy is published on the agency website or made publicly available via other means. The PAQ also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. DOC 490.860, page 2 states that the Department will thoroughly, promptly and objectively investigate all allegations of sexual misconduct involving individuals under jurisdiction or authority of the Department. Page 3 further states all allegations that appear to be criminal in nature will be referred to law enforcement for investigation by the Appointing Authority/designee. A review of the agency website confirmed agency policies, including DOC 490.860 is available for the public to view at <https://www.doc.wa.gov/corrections/prea/resources.htm#policies>. There were 158 allegations reported at the facility. There were 237 allegations reported at the facility during the previous twelve months (October 2021 through October 2022). 78 did not rise to the level of PREA (did not meet the definition of sexual abuse or sexual harassment), 44 were already under investigation or the information was added to an active investigation, five were in regard to retaliation and ten were forwarded to the appropriate agency/facility to investigate (Warden to Warden). The remaining 100 allegations were referred for administrative investigation. None of the allegations were referred for prosecution and none of the allegations had a criminal investigation completed. The interviews with the investigators confirmed that the agency has a policy that requires all allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigation. One investigator stated that if the allegation is criminal it is referred to outside law enforcement. It is first referred to Pierce County Sheriff's Office and if they refuse to investigate it is referred to the Washington State Patrol.

115.22 (c): DOC 490.860, page 3 further states all allegations that appear to be criminal in nature will be referred to law enforcement for investigation by the Appointing Authority/designee. A review of the agency website confirmed agency policies, including DOC 490.860 is available for the public to view at <https://www.doc.wa.gov/corrections/prea/resources.htm#policies>.

115.22 (d): The auditor is not required to audit this provision.

115.22(e): The auditor is not required to audit this provision.

Based on a review of the PAQ, DOC 490.860, the Mutual Agreement with the Washington State Patrol, Communication Documents with Pierce County Sheriff's Department, Investigative Reports and information obtained via interviews with the Agency Head Designee and the investigators, this standard appears to be compliant.

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| 115.31 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting 3. PREA 101 Training Curriculum 4. PREA 102 Training Curriculum 5. PREA Refresher 2022 6. Prison Rape Elimination Act: A Resource for Staff, Volunteers and Contractors Brochure 7. Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff <p>Findings (By Provision):</p> <p>115.31 (a): The PAQ stated that the agency trains all employees who may have contact with inmates on the following matters: the agency’s zero tolerance policy, how to fulfill their responsibilities under the agency’s sexual abuse and sexual harassment policies and procedures, the inmates’ right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. DOC 490.800, page 10 states all new employees, contract staff and volunteers will receive 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. The training will address, but not be limited to, the following: reviewing this policy and related operational memorandums; zero tolerance for</p> |

misconduct and related retaliation; preventing and detecting sexual misconduct, including: communicating effectively with individuals, including lesbian, gay, bisexual, transgender, intersex, and/or non-binary individuals; gender-specific issues; examples of conduct, circumstances, and behaviors that may be precursors to sexual misconduct; avoiding inappropriate relationships with individuals under the Department's jurisdiction; recognizing signs of possible/threatened sexual misconduct and staff involvement; recognizing predatory behavior and common reactions of sexual misconduct victims; the dynamics of sexual misconduct in confinement, reporting sexual misconduct, including: mandatory reporting for incarcerated youth and individuals classified as vulnerable adults, and disciplinary consequences for staff's failing to report; responding to sexual misconduct, including first responder duties and confidentiality requirements. Staff are initially provided training via the PREA 101 and subsequent training is completed via PREA 102. A review of the PREA 101 training curriculum confirms that the training includes: the agency's zero tolerance policy (section 2.10); how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (multiple sections), the inmates' right to be free from sexual abuse and sexual harassment (section 2.10), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (section 2.10); the dynamics of sexual abuse and sexual harassment in a confinement setting (section 3.1), the common reactions of sexual abuse and sexual harassment victims (section 4.1 & section 7.2), how to detect and respond to signs of threatened and actual sexual abuse (multiple sections), how to avoid inappropriate relationship with inmates (section 4.5), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (section 5.4) and how to comply with relevant laws related to mandatory reporting (section 6.1). A review of the PREA 102 training curriculum also confirms that that the training includes: the agency's zero tolerance policy (page 34); how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (multiple pages), the inmates' right to be free from sexual abuse and sexual harassment (page 34), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (page 34); the dynamics of sexual abuse and sexual harassment in a confinement setting (page 3), the common reactions of sexual abuse and sexual harassment victims (page 17), how to detect and respond to signs of threatened and actual sexual abuse (multiple pages), how to avoid inappropriate relationship with inmates (page 27), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (page 13) and how to comply with relevant laws related to mandatory reporting (page 30). Additionally, the PREA brochure includes information on the zero tolerance, signs of abuse, duty to report, red flags and resources. A review of fifteen staff training records indicated that 100% of those reviewed received PREA training. Interviews with fourteen random staff confirmed all fourteen had received PREA training. Staff stated they receive training at CORE (their academy) and during annual training. All fourteen staff confirmed the required topics under this provision were discussed during the training. They indicated that topics that they remembered including reporting immediately to the Lieutenant, statistics, ways to report, keeping information confidential and definitions/types of sexual abuse and sexual harassment.

115.31 (b): The PAQ indicated that training is not tailored to the gender of the inmate at the facility and that employees who are reassigned to facilities with opposite gender inmates are not given additional training. The PAQ noted that initial and annual PREA training includes information applicable to both male and female offenders and that the agency exceeds this requirement by ensuring all staff are trained on both gender specific training. A review of the PREA 101 and PREA 102 training curriculums confirm that both include gender differences related to dynamics and reactions.

115.31 (c): The PAQ stated that between trainings the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. The PAQ indicated that the agency utilizes refresher training emails. Additionally, the PAQ stated that employees are trained annually on PREA requirements. DOC 490.800, page 11 staff will acknowledge their understanding of the training. For online training, acknowledgment will be included in the electronic course and for in-person training, acknowledgment will be documented on DOC 03-483 PREA Training Acknowledgment or DOC 03-523 PREA Disclosure and Training Acknowledgement for Volunteers. Staff receive the PREA 102 training annually, however because the training is conducted fiscal year rather than calendar year the agency uses refresher training emails. A review of the PREA Refresher 2022 confirms that an email was sent to staff that included a two page document that outlined the policies that were updated, important terms, additional reporting options, PREA monitoring plans and victim advocacy information. A review of documentation indicated that thirteen of the fifteen staff had received training at least every two years. It should be noted that the agency conducts training annually, rather than every two years and as such all thirteen were documented with annual training. One staff member was on military leave and did not complete training the prior year and one staff member was a new hire and had initial training.

115.31 (d): The PAQ stated that the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. DOC 490.800, page 11 states staff will acknowledge their understanding of the training. For online training, acknowledgment will be included in the electronic course and for in-person training, acknowledgment will be documented on DOC 03-483 PREA Training Acknowledgment or DOC 03-523 PREA Disclosure and Training Acknowledgement for Volunteers. The PREA Training Acknowledgment includes a manual signature and has language that reads "by signing below, I am verifying that I have reviewed and understand all sections of this Prison Rape Elimination Act (PREA) training course." The electronic verification requires staff to click yes or no to indicate they reviewed and understood the training. A review of a sample of fifteen staff training records indicated that all had completed the electronic verification through the online training course.

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| <p>Based on a review of the PAQ, DOC 490.800, the PREA 101 Training Curriculum, the PREA 102 Training Curriculum, the PREA Refresher 2022, the Prison Rape Elimination Act: A Resource for Staff, Volunteers and Contractors Brochure, Staff Training Records as well as interviews with random staff indicate that the facility appears to comply with this standard.</p> |
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| 115.32 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting 3. DOC 530.100 – Volunteer Program 4. Prison Rape Elimination Act (PREA) & Sexual Misconduct Initial & Annual Training for Identified Contractors & Volunteers 5. Prison Rape Elimination Act: A Resource for Staff, Volunteers and Contractors Brochure 6. Contractor Training Files 7. Volunteer Training Files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Volunteers and Contractors who have Contact with Inmates <p>Findings (By Provision):</p> <p>115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. DOC 490.800, page 10 states all new employees, contract staff and volunteers will receive 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. The training will address, but not be limited to, the following: reviewing this policy and related operational memorandums; zero tolerance for misconduct and related retaliation; preventing and detecting sexual misconduct, including: communicating effectively with individuals, including lesbian, gay, bisexual, transgender, intersex, and/or non-binary individuals; gender-specific issues; examples of conduct, circumstances, and behaviors that may be precursors to sexual misconduct; avoiding inappropriate relationships with individuals under the Department’s jurisdiction; recognizing signs of possible/threatened sexual misconduct and staff involvement; recognizing predatory behavior and common reactions of</p> |

sexual misconduct victims; the dynamics of sexual misconduct in confinement, reporting sexual misconduct, including: mandatory reporting for incarcerated youth and individuals classified as vulnerable adults, and disciplinary consequences for staff's failing to report; responding to sexual misconduct, including first responder duties and confidentiality requirements. Volunteers and contractors are required to complete the Prison Rape Elimination Act (PREA) & Sexual Misconduct Initial & Annual Training for Identified Contractors & Volunteers. A review of the training curriculum confirms that the training includes: terms; definitions; impacts of sexual misconduct; zero tolerance; reporting allegations; confidentiality; communication; boundaries and policies and procedures. The PAQ stated that 239 volunteers and contractors have been trained on the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. Additionally, the PREA brochure includes information on the zero tolerance, signs of abuse, duty to report, red flags and resources. A review of eight contractor training records and five volunteer training records indicated that all thirteen had received PREA training. The interviews with the contractors and volunteers confirmed that they have received training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection and response policies and procedures.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ indicates that all volunteers and contractors who have contact with inmates have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. DOC 490.800, page 10 states all new employees, contract staff and volunteers will receive 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. The training will address, but not be limited to, the following: reviewing this policy and related operational memorandums; zero tolerance for misconduct and related retaliation; preventing and detecting sexual misconduct, including: communicating effectively with individuals, including lesbian, gay, bisexual, transgender, intersex, and/or non-binary individuals; gender-specific issues; examples of conduct, circumstances, and behaviors that may be precursors to sexual misconduct; avoiding inappropriate relationships with individuals under the Department's jurisdiction; recognizing signs of possible/threatened sexual misconduct and staff involvement; recognizing predatory behavior and common reactions of sexual misconduct victims; the dynamics of sexual misconduct in confinement, reporting sexual misconduct, including: mandatory reporting for incarcerated youth and individuals classified as vulnerable adults, and disciplinary consequences for staff's failing to report; responding to sexual misconduct, including first responder duties and confidentiality requirements. Page 11 further 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. The PAQ indicated that contractors with regular contact with

offenders are required to complete the same training that is provided to staff. Contractors who have limited unescorted contact with offenders are provided the brochure. All volunteers complete the web-based PREA training (Prison Rape Elimination Act (PREA) & Sexual Misconduct Initial & Annual Training for Identified Contractors & Volunteers). A review of the PREA 101 training curriculum confirms that the training includes: the agency's zero tolerance policy (section 2.10); how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (multiple sections), the inmates' right to be free from sexual abuse and sexual harassment (section 2.10), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (section 2.10); the dynamics of sexual abuse and sexual harassment in a confinement setting (section 3.1), the common reactions of sexual abuse and sexual harassment victims (section 4.1 & section 7.2), how to detect and respond to signs of threatened and actual sexual abuse (multiple sections), how to avoid inappropriate relationship with inmates (section 4.5), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (section 5.4) and how to comply with relevant laws related to mandatory reporting (section 6.1). A review of the PREA 102 training curriculum also confirms that that the training includes: the agency's zero tolerance policy (page 34); how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (multiple pages), the inmates' right to be free from sexual abuse and sexual harassment (page 34), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (page 34); the dynamics of sexual abuse and sexual harassment in a confinement setting (page 3), the common reactions of sexual abuse and sexual harassment victims (page 17), how to detect and respond to signs of threatened and actual sexual abuse (multiple pages), how to avoid inappropriate relationship with inmates (page 27), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (page 13) and how to comply with relevant laws related to mandatory reporting (page 30). A review of the training curriculum confirms that the training includes: terms; definitions; impacts of sexual misconduct; zero tolerance; reporting allegations; confidentiality; communication; boundaries and policies and procedures. Additionally, the PREA brochure includes information on the zero tolerance, signs of abuse, duty to report, red flags and resources. The contractors and volunteers confirmed that the training included information on the zero-tolerance policy and how and who to report the information to. One contractor stated the training is completed annually online and that it is a series of PowerPoint slides with a quiz at the end. The contractor stated the training topics included: zero tolerance, definitions, how to report, confidentiality and separating the individuals. The second contractor stated she received an online training that lasted about two hours and that she was also given a pamphlet. She confirmed the training went over the agency's policies and procedures on preventing, detecting and responding to sexual abuse, including the zero tolerance policy and who to report to. One volunteer stated the training is web-based and includes definitions, what to do if you witness something, what is going to happen after it is reported, general PREA information and scenarios.

115.32 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. DOC 490.800, page 11 states staff will acknowledge their understanding of the training. For online training, acknowledgment will be included in the electronic course and for in-person training, acknowledgment will be documented on DOC 03-483 PREA Training Acknowledgment or DOC 03-523 PREA Disclosure and Training Acknowledgement for Volunteers. Page 11 further 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. The PREA Disclosures and Training Acknowledgment requires the individual to initial areas and sign that they have successfully completed the PREA volunteer training and that they have reviewed and understand all sections of the training course. The PREA Training Acknowledgment includes a manual signatures and has language that reads "by signing below, I am verifying that I have reviewed and understand all sections of this Prison Rape Elimination Act (PREA) training course". A review of training documents for eight contractors and five volunteers indicated that 100% of those reviewed had either signed an acknowledgment or completed an electronic verification.

Based on a review of the PAQ, DOC 490.800, DOC 530.100, the Prison Rape Elimination Act (PREA) & Sexual Misconduct Initial & Annual Training for Identified Contractors & Volunteers, the Prison Rape Elimination Act: A Resource for Staff, Volunteers and Contractors Brochure, a review of a sample of contractor and volunteer training records as well as the interviews with contractors and volunteers indicates that the facility appears to meet this standard.

115.33 Inmate education

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting
3. DOC 310.000 - Orientation
4. Sign Language Contract List
5. End the Silence Youth Speaking Up About Sexual Abuse In Custody Facilitators Guide
6. Contracts for Interpreter Services
7. List of Interpreters
8. PREA Orientation Video Transcript
9. Statewide Orientation Handbook
10. Prison Rape Elimination Act: A Resource for Incarcerated Individuals Brochure
11. PREA Posters
12. End the Silence Youth Speaking Up About Sexual Abuse in Custody Facilitators Guide
13. PREA Comics
14. Offender PREA Acknowledgment (Education Records)

Interviews:

1. Interview with Intake Staff
2. Interview with Random Inmates

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Posters

Findings (By Provision):

115.33 (a): The PAQ stated that inmates receive information at the time of intake about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. The PAQ indicated that this information is provided via a brochure upon arrival and also through posters in the intake and living areas. DOC 490.800, pages 15-16 state individuals under the Department's jurisdiction will be provided PREA-related information, which will include information on the Department's zero tolerance stance and ways to report sexual misconduct. Information will be provided, in writing and verbally, in a manner that is clearly understood and allows the individuals to ask questions of the facilitating staff member. Individuals will be provided additional PREA information, including an informational brochure, during formal orientation per DOC 310.000 Orientation. Policy further states that individuals in Prison will be provided an informational brochure during intake. If an orientation video is presented in-transit, individuals will be provided an opportunity to ask questions of the facilitator during onsite facility orientation. Additional PREA information may be covered in the facility orientation handbook. A review of the PREA brochure indicates that it includes information on what PREA is (to include the zero tolerance policy), definitions of sexual abuse and sexual harassment, ways to prevent sexual assault, methods to report and victim services information. The facility also has two PREA posters, both which include information on zero tolerance and at least one way to report. Additionally, pages 10-15 include information on PREA, including the zero tolerance policy, definitions, reporting methods, medical and mental health care, victim advocacy, the process after a reported allegation and housing and job assignments. The PAQ indicated that 614 inmates received information on the zero tolerance policy and how to report at intake. This is equivalent to 100% of those received at the facility during the previous twelve months. A review of thirteen inmate files of those received within the previous twelve months indicated that twelve were documented with receiving PREA information at intake. Individuals receive a Statewide Orientation Handbook upon intake and at the completion of the entire orientation process they sign a form indicating they received PREA information. The one inmate that was not documented had not completed the orientation process so the paperwork was not completed. The auditor observed the intake process through a demonstration. Inmates are provided PREA information at intake via the Statewide Orientation Handbook. The Statewide Orientation Handbook is available in both English and Spanish. PREA information was observed on the walls throughout intake. The intake staff member confirmed the handbook has information on the zero tolerance policy and ways to report sexual abuse and sexual harassment at the facility. The staff member indicated that the handbook is provided along with an admission packet, a pencil, paper, envelopes and hygiene items. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had at least one very large poster as well as regular paper size posters. Posters were observed on the wall and on the bulletin boards. The posters included information on reporting, the zero tolerance policy and

victim advocacy. Reporting information included the internal hotline (0-800-586-9431), the external reporting mechanism (DOC form 21-379) and other methods including reporting to staff and reporting in writing via a kite or grievance. The poster also included the phone number (1-855-210-2087) for outside victim advocacy services. The poster indicated that victim advocacy is available Monday through Friday from 8:00am to 5:00pm and that calls are not recorded and do not require an IPIN. Posted information was observed to be at adequate height with large font. Posters were observed in both English and Spanish. The poster also had information on accommodations for deaf/heard of hearing individuals (V/TTY/TDD).

Posters were also observed throughout most of the facility including in intake, visitation, education, program areas, work areas and other common areas. In addition to the large posters, the auditor observed that smaller (8.5 x 11) posters were also located in the housing units and around the facility on bulletin boards and walls. The posters included information on the zero tolerance policy and how to report via staff and the PREA hotline. These posters were observed in English and Spanish and were at adequate height with appropriate size font. Posters were also observed in most units near the telephones, which provided the inmates with a discrete method of utilizing the telephone numbers. Informal conversation with staff and inmates confirmed that the PREA posters have been up for quite some time and that the information is always available. Inmates stated that the PREA video is also on one of the television channels 24 hours a day. The intake staff member confirmed that inmates are provided information at the time of intake about the zero tolerance policy and how to report incidents of or suspicion of sexual abuse or sexual harassment. The staff also stated all individuals who come into reception receive an orientation packet, which includes the PREA brochure and the sexual assault nurse brochure. 31 of the 32 inmates interviewed indicated that they had received information on the agency's sexual abuse and sexual harassment policies.

115.33 (b): DOC 490.800, pages 15-16 state individuals under the Department's jurisdiction will be provided PREA-related information, which will include information on the Department's zero tolerance stance and ways to report sexual misconduct. Information will be provided, in writing and verbally, in a manner that is clearly understood and allows the individuals to ask questions of the facilitating staff member. Individuals will be provided additional PREA information, including an informational brochure, during formal orientation per DOC 310.000 Orientation. Policy further states that individuals in Prison will be provided an informational brochure during intake. If an orientation video is presented in-transit, individuals will be provided an opportunity to ask questions of the facilitator during onsite facility orientation. Additional PREA information may be covered in the facility orientation handbook. The PAQ indicated that offenders transferring between facilities within the Washington State Department of Corrections are provided PREA orientation via a video, either in transit or within a short period of time after arrival at the facility. The PAQ indicated that 394 inmates received comprehensive PREA education within 30 days of intake, which is equivalent to 96% of those that arrived and stayed longer than 30 days. The PAQ stated that during audit documentation review the facility

identified sixteen individuals that were not documented within comprehensive PREA education. Three of the offenders were released from custody, however thirteen were provided the orientation by facility staff and signed that they understood the material. The video transcript indicates the video transitions back and forth between the WADOC and the PREA Resource Center PREA video. The video covers the agency's zero tolerance policy, definitions, facility/agency specific reporting mechanisms risk screening process, victim advocacy information, warning signs/ways to stay safe, right to be free from sexual abuse, right to be free from retaliation and the process after an allegation is reported to include medical and mental health care and the investigation. A review of thirteen inmate files of those that arrived in the previous twelve months indicated that twelve were documented with comprehensive PREA education. The one inmate without the documented comprehensive PREA education had not been at the facility for 30 days or more. An additional review of 20 inmate files confirmed all 20 were documented with comprehensive PREA education. Inmate sign a form indicating they completed orientation, including PREA education. Additionally, staff document the education in the inmate's electronic record. The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. The auditor observed that inmates are brought to a classroom in the orientation unit. The classroom contains tables, chairs and a television. Staff go over basic information verbally during orientation and then play the PREA video. The auditor observed that the television was 40 or 42 inches and was adequate based on the size of the room. The speaker audio is also adequate based on the size of the room. The video is available in English, Spanish and with subtitles. The room was small enough that subtitles could be read from the front. Informal conversation with intake staff indicated that inmates are provided the PREA pamphlet and the OCVA pamphlet as well as PREA cards with basic information. The staff talk to the inmates about PREA and do a question and answer session. The video is then played. The staff stated that for cognitive disabilities the orientation, to include PREA, is done in the mental health unit by appropriate staff. She further confirmed that they also have the ability to utilize the language interpretive service to help translate for orientation and the risk assessment. The interview with the intake staff indicated that the individuals are provided a PREA video/orientation. This includes a video, which is available in both English and Spanish. She stated the video also has subtitles and there is a comic brochure that they utilize for those with a cognitive disability. The intake staff member further stated that at the end of the process they sign a form indicating they received the information. She indicated this process is typically occurring within a few weeks of arrival (they are required to complete it within four weeks of arrival), but they just discussed changing it to within a week of arrival. 31 of the 32 inmates interviewed indicated that they were informed of their right to be free from sexual abuse, ways to report sexual abuse and their right to be free from retaliation for reporting sexual abuse. The inmates stated that they received comprehensive PREA education through a video. Most stated the video was shown during their orientation process when they arrived.

115.33 (c): The PAQ indicated that of those who were not educated within 30 days of

intake, all inmates were not subsequently educated. The PAQ stated that during audit documentation review the facility identified sixteen individuals that were not documented within comprehensive PREA education. Three of the offenders were released from custody, however thirteen were provided the orientation by facility staff and signed that they understood the material. The PAQ further indicate that all current offenders were provided comprehensive PREA education as of August 26 2022. DOC 490.800, pages 15-16 state individuals under the Department's jurisdiction will be provided PREA-related information, which will include information on the Department's zero tolerance stance and ways to report sexual misconduct. Information will be provided, in writing and verbally, in a manner that is clearly understood and allows the individuals to ask questions of the facilitating staff member. Individuals will be provided additional PREA information, including an informational brochure, during formal orientation per DOC 310.000 Orientation. Policy further states that individuals in Prison will be provided an informational brochure during intake. If an orientation video is presented in-transit, individuals will be provided an opportunity to ask questions of the facilitator during onsite facility orientation. Additional PREA information may be covered in the facility orientation handbook. A review of the PREA Brochure indicates that it includes information on what PREA is (to include the zero tolerance policy), definitions of sexual abuse and sexual harassment, ways to prevent sexual assault, methods to report and victim services information. The facility also has two PREA posters, both which include information on zero tolerance and at least one way to report. The video transcript indicates the video transitions back and forth between the WADOC and the PREA Resource Center PREA video. The video covers the agency's zero tolerance policy, definitions, facility/agency specific reporting mechanisms risk screening process, victim advocacy information, warning signs/ways to stay safe, right to be free from sexual abuse, right to be free from retaliation and the process after an allegation is reported to include medical and mental health care and the investigation. A review of thirteen inmate files of those that arrived in the previous twelve months indicated that twelve were documented with comprehensive PREA education. The one inmate without the documented comprehensive PREA education had not been at the facility for 30 days or more. An additional review of 20 inmate files confirmed all 20 were documented with comprehensive PREA education. The interview with the intake staff indicated that the individuals are provided a PREA video/orientation. This includes a video, which is available in both English and Spanish. She stated the video also has subtitles and there is a comic brochure that they utilize for those with a cognitive disability. The intake staff member further stated that at the end of the process they sign a form indicating they received the information. She indicated this process is typically occurring within a few weeks of arrival (they are required to complete it within four weeks of arrival), but they just discussed changing it to within a week of arrival.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for inmates who are LEP, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. The PAQ also stated that the agency has

established procedures to provide disabled inmates 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. The PAQ indicated that the PREA orientation video is available in English and Spanish and both versions have closed captioning. A script is also available for in both English and Spanish to read. Prior to orientation the facility will determine if additional venues are needed in order to provide accessible information. DOC 490.800, page 5 states professional interpreter or translation services, including sign language, are available to assist individuals in understanding this policy, reporting allegations, and/or participating in investigation of sexual misconduct per DOC 450.500 Language Services for Limited English Proficient Individuals. Americans with Disabilities Act (ADA) accommodations will be provided per DOC 690.400 Individuals with Disabilities. DOC 490.800, page 16 states the need to provide targeted orientation will be determined on a case-by-case basis, taking into consideration: reading comprehension levels, mental health input/evaluation, cognitive abilities, interactions with staff, and/or language barriers other than Spanish. The agency utilizes an Interpretation Vendors Portal which provides staff an online database of vendors who can provide interpretation services. Additionally, a review of documentation confirms that the agency has over 80 contractors who can provide translation services in over 20 languages. Documentation further indicates the agency has sixteen contracts for sign language interpreters. A review of the PREA Poster, PREA Brochure, PREA Orientation Video Transcript and the Statewide Orientation Handbook confirmed that information is available in English and Spanish. Additionally, the facility has a comic and facilitators guide available for individuals with a cognitive disability. The information is tailored toward youth and includes simple terms and information. A review of documentation for two LEP inmates and five disabled inmates indicated that they all were documented with comprehensive PREA education. Interviews with two LEP inmates and five disabled inmates indicated that all eight had received PREA information in a format that they could understand. During inmate interviews the auditor utilized Languagelink for the LEP inmate interviews. The auditor was provided the call in number as well as the client ID and password. Languagelink is accessible through staff only. However, the hotline and the victim advocacy number have English and Spanish options and documents are available in English and It should be noted that the auditor utilized Languagelink for Spanish and Thai translation. The initial attempt for Thai was unsuccessful as the service did not have any Thai interpreters. Conversely, the second attempt later that day was successful. The inmate that required Thai indicated that none of the written information was provided in a language she could understand but that the verbal information was translated.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. DOC 490.800, page 16 states in Prisons, provision of PREA information will be documented in OMNI Programs. Staff make an entry into their online system indicating the date and location that the individual received the safety training certificate for PREA. A review of 32 total inmate files indicate that all 32 were documented within completing the comprehensive PREA

education.

115.33 (f): The PAQ indicated that key information shall be provided to inmates on a continuous basis through readily available handbooks, brochures, or other written materials. A review of documentation indicates that the facility has PREA information via the brochure and posters. The auditor observed PREA information posted throughout the facility. Each housing unit had at least one very large poster as well as regular paper size posters. Posters were observed on the wall and on the bulletin boards. The posters included information on reporting, the zero tolerance policy and victim advocacy. Reporting information included the internal hotline (0-800-586-9431), the external reporting mechanism (DOC form 21-379) and other methods including reporting to staff and reporting in writing via a kite or grievance. The poster also included the phone number (1-855-210-2087) for outside victim advocacy services. The poster indicated that victim advocacy is available Monday through Friday from 8:00am to 5:00pm and that calls are not recorded and do not require an IPIN. Posted information was observed to be at adequate height with large font. Posters were observed in both English and Spanish. The poster also had information on accommodations for deaf/heard of hearing individuals (V/TTY/TDD). Posters were also observed throughout most of the facility including in intake, visitation, education, program areas, work areas and other common areas. In addition to the large posters, the auditor observed that smaller (8.5 x 11) posters were also located in the housing units and around the facility on bulletin boards and walls. The posters included information on the zero tolerance policy and how to report via staff and the PREA hotline. These posters were observed in English and Spanish and were at adequate height with appropriate size font. Posters were also observed in most units near the telephones, which provided the inmates with a discrete method of utilizing the telephone numbers. Informal conversation with staff and inmates confirmed that the PREA posters have been up for quite some time and that the information is always available. Inmates stated that the PREA video is also on one of the television channels 24 hours a day.

Based on a review of the PAQ, DOC 490.800, DOC 310.000, Sign Language Contract List , End the Silence Youth Speaking Up About Sexual Abuse In Custody Facilitators Guide, Contracts for Interpreter Services, List of Interpreters, PREA Orientation Video Transcript, Statewide Orientation Handbook, Prison Rape Elimination Act: A Resource for Incarcerated Individuals Brochure, PREA Posters, End the Silence Youth Speaking Up About Sexual Abuse in Custody Facilitators Guide, PREA Comics, Offender PREA Acknowledgment (Education Records), observations made during the tour as well information obtained during interviews with intake staff and random inmates indicate that this standard appears to require corrective action. While both LEP inmates indicated they received information in a format that they could understand, the non-Spanish speaking inmate was not provided written information in a format that she

could understand, nor was there any posted information in a format she could understand.

Corrective Action

The facility will need to have the basic PREA information, including zero tolerance, right to be free from sexual abuse, right to be free from retaliation, methods to report and victim advocacy information, translated into a document that the inmate is able to understand. Once the document is translated the facility will need to provide a copy to the auditor as well as confirmation that the inmate received and understood the information.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. PREA Information Translated into Laotian
2. Documentation of Education Received by Incarcerated Inmate

On December 21, 2022 the auditor received a copy of the PREA information translated in Laotian. Additionally, documentation was received confirming that the incarcerated inmate was provided the translated PREA document on December 21, 2022. As such, the facility has corrected this standard.

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| 115.34 | Specialized training: Investigations |
| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 429 376">Documents:</p> <ol data-bbox="256 412 1410 801" style="list-style-type: none"> <li data-bbox="256 412 667 443">1. Pre-Audit Questionnaire <li data-bbox="256 483 1410 515">2. DOC 490.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting <li data-bbox="256 555 1235 586">3. DOC 490.860 – Prison Rape Elimination Act (PREA) Investigation <li data-bbox="256 627 1023 658">4. Administrative Investigations Training Curriculum <li data-bbox="256 698 740 730">5. Investigator Training Records <li data-bbox="256 770 632 801">6. Investigative Reports <p data-bbox="256 913 414 949">Interviews:</p> <ol data-bbox="256 985 798 1016" style="list-style-type: none"> <li data-bbox="256 985 798 1016">1. Interview with Investigative Staff <p data-bbox="256 1128 587 1164">Findings (By Provision):</p> <p data-bbox="256 1272 1474 2060">115.34 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. DOC 490.800, page 12 states PREA investigators will be trained in: crime scene management/investigation, including evidence collection in Prisons and Reentry Centers; confidentiality of all investigation information; Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process; Crisis intervention; investigating sexual misconduct; techniques for interviewing sexual misconduct victims and criteria and evidence required to substantiate administrative action or prosecution referral. It further states within 6 months of assuming duties, Appointing Authorities must complete training specific to PREA investigations and: responding to allegations; assessing witness credibility; making substantiation decisions; referring to law enforcement; making notifications and creating action plans. A review of documentation indicated there are over 525 agency staff that have completed the specialized training of which 31 are staff at WCCW. The auditor reviewed fifteen investigations that were completed by ten different investigators. A review of documentation confirmed all ten completed the specialized training. The interviews with the investigators indicated both received specialized training in conducting sexual abuse investigations in a confinement setting. One investigator stated that she had just recently received the training and that it discussed her role as in</p> |

investigator, type of documentation in an investigation, interviews, information gathering, outlets to access information, and drafting an investigative report. The second investigator stated the training discussed necessary steps to take, processing the crime scene, how to interview, tools to use during the investigation, supporting documentation and how to write a concise report.

115.34 (b): DOC 490.800, page 12 states PREA investigators will be trained in: crime scene management/investigation, including evidence collection in Prisons and Reentry Centers; confidentiality of all investigation information; Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process; Crisis intervention; investigating sexual misconduct; techniques for interviewing sexual misconduct victims and criteria and evidence required to substantiate administrative action or prosecution referral. It further states within 6 months of assuming duties, Appointing Authorities must complete training specific to PREA investigations and: responding to allegations; assessing witness credibility; making substantiation decisions; referring to law enforcement; making notifications and creating action plans. A review of the Administrative Investigations training curriculum confirms that the training includes information on techniques for interviewing sexual abuse victims (module 3), proper use of Miranda and Garrity warnings (module 3), sexual abuse evidence collection in a confinement setting (module 2) and the criteria and evidence to substantiate an administrative investigation (module 1 and module 5). A review of documentation indicated there are over 525 agency staff that have completed the specialized training of which 31 are staff at WCCW. The auditor reviewed fifteen investigations that were completed by ten different investigators. A review of documentation confirmed all ten completed the specialized training. The interviews with the investigators confirmed that the required topics were covered in the training.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that 20 facility investigators have completed the required training. Further communication with the PCM indicated that the agency has 568 investigators and 29 of those investigators are at WCCW. An agency spreadsheet confirms that over 525 staff have completed the specialized investigator training, including 31 staff at WCCW. The auditor reviewed fifteen investigations that were completed by ten different investigators. A review of documentation confirmed all ten completed the specialized training.

115.34 (d): The auditor is not required to audit this provision.

Based on a review of the PAQ, DOC 490.800, DOC 490.860, the Administrative Investigations Training Curriculum, Investigator Training Records, Investigative Reports as well as the interview with the investigator, indicates that this standard

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| | appears to be compliant. |
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| 115.35 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting 3. DOC PREA for Health Services Training Curriculum 4. Medical and Mental Health Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff <p>Findings (By Provision):</p> <p>115.35 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. DOC 490.800, page 12 states except medical records, clerical, pharmacy personnel, and the Dietary Services Manager, health services employees/contract staff will be trained in: detecting and assessing signs of sexual misconduct, responding effectively and professionally to sexual misconduct victims, completing DOC 02-348 Fight/Assault Activity Review, reserving physical evidence, reporting sexual misconduct and counseling and monitoring procedures. A review of the DOC PREA for Health Services training curriculum indicated that it includes the following topics: definitions, DOC policies and procedures, reporting, dynamics of sexual abuse, medical response and evidence collection, health care roles and responsibilities and confidentiality. The topics included the requirements under this provision including: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 87 medical and mental health staff and that 100% of these staff received the specialized training. A review of nine medical and mental health training records, to include two contracted medical staff, indicated that all nine had received the specialized training. The interviews with medical and mental health care staff confirmed both have received the specialized training for medical and mental health care staff. One staff indicated that it is an annual training that goes over protecting privacy, obtaining information, preserving evidence, SANE exams and reporting to the</p> |

Lieutenant. The second staff member stated that training covered signs of trauma, ways to respond, signs of sexual abuse, confidentiality and SANE.

115.35 (b): The PAQ indicated that agency medical staff do not perform forensic exams and as such this provision does not apply. Forensic exams are conducted offsite. Interviews with medical and mental health staff confirm that they do not perform forensic medical examinations. One staff member stated the inmate would be sent out to the local hospital for an examination.

115.35 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. At the completion of the specialized training, medical and mental health care select a response indicating "by checking this option I am providing my electronic signature indicating that I have reviewed and understand all section of this training course". A review of nine medical and mental health training records, to include two contracted medical staff, indicated that all nine had received the specialized training. The training was completed via electronic verification.

115.35 (d): DOC 490.800, page 10 states all new employees, contract staff and volunteers will receive 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. The training will address, but not be limited to, the following: reviewing this policy and related operational memorandums; zero tolerance for misconduct and related retaliation; preventing and detecting sexual misconduct, including: communicating effectively with individuals, including lesbian, gay, bisexual, transgender, intersex, and/or non-binary individuals; gender-specific issues; examples of conduct, circumstances, and behaviors that may be precursors to sexual misconduct; avoiding inappropriate relationships with individuals under the Department's jurisdiction; recognizing signs of possible/threatened sexual misconduct and staff involvement; recognizing predatory behavior and common reactions of sexual misconduct victims; the dynamics of sexual misconduct in confinement, reporting sexual misconduct, including: mandatory reporting for incarcerated youth and individuals classified as vulnerable adults, and disciplinary consequences for staff's failing to report; responding to sexual misconduct, including first responder duties and confidentiality requirements. Page 11 further 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. A review of nine medical and mental health staff training records indicated that all nine had received the PREA training. All nine received the PREA 101 and/or PREA 102 training, as contractors (not vendors) are required to complete the same training as staff.

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| | <p>Based on a review of the PAQ, DOC 490.800, DOC PREA for Health Services Training Curriculum, Medical and Mental Health Staff Training Records as well as interviews with medical and mental health care staff indicate that this standard appears compliant.</p> |
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115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.820 - Prison Rape Elimination Act (PREA) Risk Assessments and Assignments
3. OMNI PREA Risk Assessment (PRA) Assessors Guide
4. PREA Risk Assessment
5. OMNI PREA Access/Security Groups
6. PREA Risk Assessment Questions Form
7. Inmate Assessment and Reassessment Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located

Findings (By Provision):

115.41 (a): The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. DOC 490.820, page 2 states Prison Rape Elimination Act (PREA) Risk Assessments (PRAs) will be completed in the individual's electronic file and must be completed in person with the individual.

Page 3 states case managers and designated Reentry Center employees will complete a PRA within 72 hours of arrival for all individuals arriving at any Department facility. This includes individuals returning to a facility from unescorted leave (e.g., out to court). Facilities will establish procedures to ensure completion within 72 hours, even on weekends and holidays. The interview with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness upon admission to the facility. She stated a PRA is done within 72 hours. Interviews with seventeen inmates that arrived within the previous eighteen months (the auditor utilized eighteen months rather than twelve to ensure a large enough sample for interview) indicated thirteen were asked the risk screening questions. Most indicated they were asked when they first arrived and a few indicated it was a little longer than that. The auditor was provided a demonstration of the initial risk assessment. The staff indicated that the process has changed due to COVID-19 and having to quarantine individuals. The staff indicated that prior to COVID-19 they would meet with the inmate in their office and ask the risk screening questions on the electronic system. Currently with COVID-19 quarantine they have the inmate fill out a form that asks about prior victimization, vulnerability and LGBTI status/identity. The staff member stated that if the individual indicates any prior sexual victimization they would dress in full PPE and have the individual pulled out to discuss the answers. The staff stated that they ask the inmate to fill out the form in private and they do this through the door. The staff indicated that she also looks at the demographic information that is already populated in the electronic system and that once the answers from the form are entered into the system a designation will generate based on the answers.

115.41 (b): The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. DOC 490.820, page 2 states Prison Rape Elimination Act (PREA) Risk Assessments (PRAs) will be completed in the individual's electronic file and must be completed in person with the individual. Page 3 states case managers and designated Reentry Center employees will complete a PRA within 72 hours of arrival for all individuals arriving at any Department facility. This includes individuals returning to a facility from unescorted leave (e.g., out to court). Facilities will establish procedures to ensure completion within 72 hours, even on weekends and holidays. The PAQ stated that 570 inmates, or 99% of those that arrived in the previous twelve months that stayed over 72 hours, were screened for their risk of sexual victimization and risk of sexually abusing other inmates. The PAQ further stated that during documentation review the facility identified five offenders who were screened over 72 hours after arrival. A review of thirteen inmate files of those that arrived within the previous twelve months confirmed that all thirteen were screened within 72 hours. An additional review of 20 inmate files of those at the facility longer than a year confirmed that all 20 had an initial risk screening completed. Interviews with seventeen inmates that arrived within the previous eighteen months (the auditor utilized eighteen months rather than twelve to ensure a large enough sample for interview) indicated thirteen were asked the risk screening questions. Most indicated

they were asked when they first arrived and a few indicated it was a little longer than that. The interview with the staff who perform the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness within 72 hours of arrival at the facility.

115.41 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. The PAQ stated that risk assessments are completed in the Offender Management Network Information (OMNI) system. A review of the PREA Risk Assessment confirmed that the assessment includes ten questions for victimization and five questions for abusiveness. A number score is associated with a yes response to each question. The number score is weighted and is not the same for each question. The score is totaled and if the individual scores over an eleven on the victimization section they are considered at risk for victimization. If the individual scores eight or more on the abusiveness section they are considered at risk for sexual perpetration. Additionally, the auditor observed that one question on the risk screening only associated points if answered yes by a male due to the nature of the question and appropriateness for scoring in the female institutional setting. The OMNI PREA Risk Assessment (PRA) Assessors Guide provides direction to staff completing the risk assessment on how to navigate the system and how to accurately complete the assessment.

115.41 (d): A review of the PREA Risk Assessment indicates it contains eleven questions including: prior incarcerations, age, stature, whether the individual was sexually abused while incarcerated, whether the individual has a sex offense or crime with sexual motivation, LGBTI status, perception or fear of being sexually abused, criminal history, disabilities and prior sexual abuse in the community. A review of the PREA Risk Assessment confirmed that it contains the components requirements under this provision. The staff who perform the risk screening indicated that the initial risk screening is completed through a check sheet. The check sheet includes information about; prior incarcerations, age, physical build, crimes of a sexual nature, sex offenses, LGBTI status, violent criminal history, mental illnesses, perception of risk and any sexual abuse that occurred while incarcerated or in the community. She further stated they also focus on being gender responsive now too. The staff member indicated that they ask the questions on the check sheet and they also review their history prior to meeting with them to review information as well.

115.41 (e): A review of the PREA Risk Assessment confirmed that it contains five questions related to the requirements under this provision including: prior incarcerations, prior sexual abuse while incarcerated, violent offenses while incarcerated, conviction of a sexual offense and conviction of a violent offense. The staff who perform the risk screening indicated that the initial risk screening is completed through a check sheet. The check sheet includes information about; prior incarcerations, age, physical build, crimes of a sexual nature, sex offenses, LGBTI

status, violent criminal history, mental illnesses, perception of risk and any sexual abuse that occurred while incarcerated or in the community. She further stated they also focus on being gender responsive now too. The staff member indicated that they ask the questions on the check sheet and they also review their history prior to meeting with them to review information as well.

115.41 (f): The PAQ indicated that policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The PAQ stated that all offenders are required to be rescreened between 21 and 30 calendar days after arrival at the facility. DOC 490.820, page 4 states a follow-up PRA will be completed between 21 and 30 days after the individual's arrival at the facility. The PAQ indicated that 403, or 98% of inmates entering the facility that stayed over 30 days were reassessed for their risk of sexual victimization and abusiveness within 30 days of their arrival. The PAQ stated that after a review of documentation, seven offenders had a reassessment completed over 30 days of their arrival at the facility. The interview with the staff responsible for the risk screening indicated individuals are reassessed via a follow-up PRA between 21 and 30 days of arrival. A review of thirteen inmate files of those that arrived in the previous twelve months indicated that eleven had a reassessment completed. Two of the thirteen had not been at the facility over 30 days and as such their reassessment was not yet due. Ten of the eleven completed had the risk assessment done within the required 30 days.

115.41 (g): The PAQ indicated that policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. DOC 490.820, page 4 states for-cause PRAs will be completed within 10 business days by the assigned case manager: when additional information is received suggesting potential for victimization or predation (e.g., reports of behavior while in jail or on the bus in transit, court documents, Pre-Sentence Investigations); if the individual self-discloses information that could impact assessed risk (e.g., previously unreported prior abuse, sexual orientation/identity); when there is a finding of guilt on certain infractions listed in the PRA, including violent infractions and infractions for sexual assault/abuse, when an employee/contract staff observes behavior suggesting potential for victimization or predation and for substantiated allegations of individual-on-individual sexual abuse/assault or staff sexual misconduct. The agency conducts reassessments due to incident of sexual abuse only for substantiated allegations. During the previous eighteen months the facility had one substantiated sexual abuse allegation, however the inmate was not in custody of the facility at the time of the report (Warden to Warden notification) and as such a reassessment was not required. The facility provided the auditor with two examples of allegations reported previously that were deemed substantiated and the inmate victims were reassessed due to incident of sexual abuse. The staff

responsible for the risk screening confirmed that individuals are reassessed when warranted due to request, referral, incident of sexual abuse or receipt of additional information. Additionally, during documentation review the auditor observed a “for cause” risk assessment that was completed on an inmate due to disclosure of their gender identity. This risk assessment was initiated based on new information learned by facility staff that would affect the individual’s risk of victimization. Interviews with seventeen inmates that arrived within the previous eighteen months indicated seven had been asked the risk screening questions on more than one occasion. Most indicated that the questions were asked between a month to six months after they arrived. It should be noted that during documentation review, the auditor confirmed that all of the inmates that arrived over 30 days prior to the on-site portion of the audit were documented with a risk reassessment.

115.41 (h): The PAQ indicated that policy prohibits disciplining inmates for refusing to answer whether or not the inmate has mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether or not the inmate has previously experienced sexual victimization; and the inmate’s own perception of vulnerability. DOC 490.820, page 5 states individuals 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 interview with the staff responsible for the risk screening confirmed that individuals are not disciplined for refusing to answer risk screening questions. She stated if they are uncomfortable talking about the information staff just notate that information.

115.41 (i): The OMNI PREA Access/Security Groups document outlines who has access to the PREA Risk Assessment information and the level of access. The document outlines that information is limited to the PC, Superintendent, Associate Superintendent, CPM, CUS and Counselors. Inmate risk assessments are electronic while medical and mental health documents are paper. During the tour the auditor spoke with health service staff and confirmed medical and mental health records are paper and maintained in medical records. This area is locked and requires electronic card access. Access to this area is limited to medical and mental health care staff. The records staff member stated that in order for staff other than medical or mental health to view an inmates file they would have to fill out a DOC 13-159 form and require approval before they can view the file. Risk assessments are electronic with limited access. During the tour the Captain illustrated that security staff access is limited to only a view of the PREA designation (i.e. potential victim or potential perpetrator). The Captain pulled up the electronic system and confirmed that he was unable to view the results of the risk assessment. It should be noted that during conversation with the risk screening staff they produced a paper form of some of the risk screening questions and indicated that they were using this during COVID when they were not able to have in-person contact with the inmates. Staff indicated that the form was entered into the electronic system and then shredded. Information

related to sexual abuse allegations is maintained in investigative files located in the PREA Specialist's office and the investigative office. Both areas are secure with very limited access. Additionally, information is entered into the electronic system. Access to details related to investigation is very limited. The PREA Coordinator confirmed that the agency has outlined who should have access to the risk screening information so the sensitive information is not exploited. She stated all of the risk assessments are high level documents with access only approved through her. She further stated that classification counselors, the PCM and the PREA Compliance Specialist have access and she is required to approve any request for access personally. The PCM confirmed that the agency has outlined who should have access to the risk screening information in order to ensure sensitive information is not exploited. The staff who conduct the risk screening indicated the agency has outlined who should have access to the risk screening information so that sensitive information is not exploited. She stated primarily classification counselors (those completing the risk screening), the custody unit supervisor, the custody program manager and the associate superintendents have access to the risk screening information.

Based on a review of the PAQ, DOC 490.820, OMNI PREA Risk Assessment (PRA) Assessors Guide, the PREA Risk Assessment, the OMNI PREA Access/Security Groups, the PREA Risk Assessment Questions Form, Inmate Assessment and Reassessment Documents, observations made during the tour and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicates that this standard appears to require corrective action. During COVID-19 the facility modified their initial risk screening process that involved providing a form to the inmate to fill out that asked questions about prior victimization, vulnerability and LGBTI status/identify. The form is provided in cell and is directions are discussed through the door of the cell, regardless of whether the inmate has a roommate. While the auditor understands the battle with COVID-19 logistics, the method of initial risk screening currently being utilized is not private and is not an environment that elicits truthful responses. Additionally, while the agency does have the process of "for cause" risk assessments and the auditor was able to identify one of these assessments during documentation review, it was determined that individuals who report sexual abuse are only reassessed if the investigation is substantiated. As such, individual involved in unsubstantiated investigations are not reassessed. The standard requires that individuals be reassessed due to incident of sexual abuse. This component is self-reported by the inmate and as such, even those with unsubstantiated investigations may report the sexual abuse that occurred during a subsequent risk screening, which would alter their risk factors and potentially their score of risk of victimization and abusiveness.

Corrective Action

The facility will need to develop a process for initial risk assessment that is private and elicits truthful responses on sensitive questions. The risk assessment should not be completed in cell or around other staff and/or inmates. The facility will need to provide the auditor with a process memo related to the new risk assessment process as well as training documents on the new process for all applicable staff. Additionally, the facility will need to ensure that all inmates who allege sexual abuse, except those that an investigation deems the allegation did not occur (unfounded), receive a reassessment. The facility will need to train appropriate staff on this process and provide the auditor with training documentation. Additionally, the facility will need to provide examples of the reassessments completed during the corrective action period.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Memorandum from the Warden to Staff on Risk Screening Privacy
2. Updated DOC 490.820 - Prison Rape Elimination Act (PREA) Risk Assessments and Assignments
3. List of Sexual Abuse Investigations During the Corrective Action Period
4. Reassessments Due to Incident of Sexual Abuse

On December 21, 2022 the auditor received a copy of the memo sent from the Warden to all staff related to the screening for risk of victimization. The memo advised staff that risk assessment are to take place in a private setting such as an office or the classroom with only the assessor and the incarcerated individual. The memo advised that risk assessments should not take place in dayrooms, on the tier, in a cell or around other staff and/or incarcerated individuals.

On April 12, 2023 the facility provided updated DOC 490.820, which describes the PRA for cause process. Page 4 states that for cause PRAs will be completed within ten business days by the assigned case manager for victims of substantiated or

unsubstantiated allegations of individual-on-individual sexual abuse/assault or staff sexual misconduct. On the same date the facility provided a list of sexual abuse allegations made during the corrective action period. One allegation of sexual abuse was closed unsubstantiated. The facility provided the corresponding for cause PRA for the victim.

Based on the documentation provided, the facility has corrected this standard.

115.42 Use of screening information

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.820 - Prison Rape Elimination Act (PREA) Risk Assessments and Assignments
3. DOC 300.380 - Classification and Custody Facility Plan Review
4. DOC 490.700 - Transgender, Intersex and/or Non-Binary Housing and PREA Risk Assessment Housing Guide
5. PREA Risk Assessment (PRA) Potential Victim and Potential Predator Lists
6. Housing Review for Transgender, Intersex and Gender Non-Conforming Individuals (DOC 02-385)
7. Biannual Assessments
8. LGBTI Inmate Housing Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Transgender or Intersex Inmates
5. Interview with Gay, Lesbian and Bisexual Inmates

Site Review Observations:

1. Housing Assignments of LGBTI Inmates
2. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ stated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The PAQ indicated that prior to housing assignment the PRA is reviewed. DOC 490.820, pages 7-8 state PRA information will be reviewed when making job and programming assignments per DOC 300.380 Classification and Custody Facility Plan Review. Before placing the individual in a multi-person cell/room, employees responsible for making housing assignments will review the PRA identifier to ensure the compatibility of cell/roommates. An individual who scores at potential risk for sexual victimization will not be housed in the same cell/room as an individual who scores at potential risk for sexual predation or as a dual identifier. A review of the PRA Housing Guide indicates that page 7 outlines which offenders can be housed together based on the screening information. Page 7 states that potential victims should never be housed with offenders who score potential predator or dual identified. Dual identified offenders can only be housed with someone who scores no risk identified. The PRA Housing Guide further states that if an offender is identified as a potential victim, potential predator or dual identified the offender's cellmate(s)/roommate(s) will be reviewed immediately for compatibility, using the most current risk assessment to ensure the offenders remain an appropriate match based on all available information. Additionally, it states that PREA screenings will be reviewed to ensure the compatibility of cell/room assignments and will be documented using the PREA housing chrono entry. The PRA Housing Guide also states that a monitoring plan will be developed for offenders who are identified as potential victims, potential predators, or who are dual identified and reviewed by the Facility Risk Management Team. The interview with the PCM indicated that the information from the risk screening is utilized to house individuals appropriately, not only housing unit but roommates within the unit as well. She also stated the information is utilized to determine who they are allowed to program with as well. The staff responsible for the risk screening also confirmed the information from the risk screening is utilized for housing. She stated they do not place potential victims with potential predators and they are mindful of placement as it related to the risk screening outcome. A review of documentation indicated that inmates were identified as potential victim, potential predator or dual. These designations are utilized by staff to appropriately house individuals. Staff make notes in the text section of the electronic PREA screening for those that have a designation determined. The notes confirm that staff reviewed other inmates in the housing unit to ensure that potential victims were not housed with potential predators or those determined to be dual. Additionally, a review of the PREA Risk Assessment (PRA) Potential Victim and Potential Predator lists confirmed that potential victims were not placed in the same cell or in the open bay dorm with potential perpetrators or those identified as dual. A review of program and work assignments for individuals on the potential victim and potential predator lists also confirmed that none of the potential victims were assigned to a program or work assignment with a potential predator that was not directly supervised by staff.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. DOC 490.820, pages 7-8 state PRA information will be reviewed when making job and programming assignments per DOC 300.380 Classification and Custody Facility Plan Review. Before placing the individual in a multi-person cell/room, employees responsible for making housing assignments will review the PRA identifier to ensure the compatibility of cell/roommates. An individual who scores at potential risk for sexual victimization will not be housed in the same cell/room as an individual who scores at potential risk for sexual predation or as a dual identifier. The PRA Housing Guide further states that if an offender is identified as a potential victim, potential predator or dual identified the offender's cellmate(s)/roommate(s) will be reviewed immediately for compatibility, using the most current risk assessment to ensure the offenders remain an appropriate match based on all available information. Additionally, it states that PREA screenings will be reviewed to ensure the compatibility of cell/room assignments and will be documented using the PREA housing chrono entry. The PRA Housing Guide also states that a monitoring plan will be developed for offenders who are identified as potential victims, potential predators, or who are dual identified and reviewed by the Facility Risk Management Team. The staff responsible for the risk screening also confirmed the information from the risk screening is utilized for housing. She stated they do not place potential victims with potential predators and they are mindful of placement as it related to the risk screening outcome. A review of documentation indicated that inmates were identified as potential victim, potential predator or dual. These designations are utilized by staff to appropriately house individuals. Staff make notes in the text section of the electronic PREA screening for those that have a designation determined. The notes confirm that staff reviewed other inmates in the housing unit to ensure that potential victims were not housed with potential predators or those determined to be dual. Additionally, a review of the PREA Risk Assessment (PRA) Potential Victim and Potential Predator lists confirmed that potential victims were not placed in the same cell or in the open bay dorm with potential perpetrators or those identified as dual. A review of program and work assignments for individuals on the potential victim and potential predator lists also confirmed that none of the potential victims were assigned to a program or work assignment with a potential predator that was not directly supervised by staff.

115.42 (c): The PAQ stated that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case by case basis. DOC 490.700, page 3 states housing decision will be determined based on several factors as identified in DOC 40.140 Cell/Room Assignment. If the arriving individual does not have a PREA Risk Assessment and Housing Protocol for Transgender, Intersex, and Non-binary Individuals on file, the individual will be evaluated by appropriate personnel and temporarily assigned to the least restrictive housing ending final outcome of the Multidisciplinary Team (MDT). The interview with the PCM indicated the facility utilizes the housing protocol forms to ensure appropriate placement. She stated they meet as a committee with a representative

from custody, medical, mental health and classification. She stated the inmate is also included in the meeting. The PCM confirmed that they identify where and who to house the individual with and they consider the inmate's health and safety when determining the placement. She also confirmed that the placement considers any security and management problems. The interviews with three transgender inmates indicated all three were asked about how they felt about their safety with regard to housing, programming and other assignments. A review of documentation requested on-site for six transgender inmates as well as PAQ supplemental documentation for over twelve additional transgender inmates confirmed that the MDT reviewed housing for each inmate. The MDT also discussed shower concerns with the inmates and their own views with respect to their safety on housing assignments.

115.42 (d): DOC 490.700, page 7 states the facility MDT will reassess placement and programming assignments every six months using DOC 02-385 Housing Review for Transgender, Intersex, and Non-binary Individuals to review any threats to the individual's safety. The interview with the PCM indicated that transgender and intersex individuals are reassessed every six months to review any threats to safety. She stated they may also do it sooner if there is a need or a change in status. The interview with the staff responsible for the risk screening confirmed that transgender and intersex individuals are reviewed at least twice a year. She stated they have face to face interviews with the individuals and talk about their safety, housing and shower preference. A review of documentation for six transgender inmates that all six were reviewed at least twice a year.

115.42 (e): The interviews with the PCM and the staff responsible for risk screening confirmed that the transgender or intersex individuals' own views with respect to his/her safety would be given serious consideration. The interviews with three transgender inmates indicated all three were asked about how they felt about their safety with regard to housing, programming and other assignments.

115.42 (f): DOC 490.700, page 8 states transgender, intersex and/or non-binary individuals may shower separately if requested by the individual or deemed necessary due to safety and security. Facilities will develop local procedures to allow transgender, intersex and/or non-binary individuals the opportunity to shower and dress/undress separately from other individuals. This may include individual shower stalls, separate shower times, or other procedures based on facility design. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex individuals are provided the opportunity to shower separately. The PCM stated that most of the units have separate showers, but if the individual does not feel comfortable to be in the separate showers at the same time as other, they can set a shower time when others aren't out. She stated the shower preference is based on the individuals comfort. During the tour it was observed that showers in all units were single person. Showers were equipped with wall and door

barriers that provided adequate privacy. The interviews with three transgender inmates confirmed that they have all been given the opportunity to shower separately. The inmates indicated that all showers are single person and that there are barriers between each shower that prevents others from viewing them. One inmate stated that the facility constructed additional barriers in the showers for privacy and she thought the showers were really good at the facility.

115.42 (g): DOC 490.820, page 9 states individuals who identify as lesbian, gay, bisexual, transgender, intersex, and non-binary may not be placed in dedicated facilities/areas within a facility. The interviews with the PC and PCM confirmed that the agency does not have a consent decree, legal settlement or legal judgment that for placement of LGBTI individuals in a specific facility, unit or wing. Interviews with the two LGB inmates and three transgender inmate confirmed none felt that LGBTI inmates were placed in one dedicated facility, housing unit or wing based on sexual preference and/or gender identity. A review of documentation indicated that LGBTI inmates were housed across each housing unit at the facility.

Based on a review of the PAQ, DOC 490.820, DOC 300.380, DOC 490.700, the PREA Risk Assessment (PRA) Potential Victim and Potential Predator Lists, Housing Reviews for Transgender, Intersex and Gender Non-Conforming Individuals (DOC 02-385), Biannual Assessments, LGBTI Inmate Housing Documents, observations made during the tour and information from interviews with the PC, PCM, staff responsible for the risk screenings and LGBTI inmates, indicates that this standard appears to be compliant.

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| 115.43 | Protective Custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.820 - Prison Rape Elimination Act (PREA) Risk Assessments and Assignments 3. DOC 320.255 - Restrictive Housing 4. Housing Assignments of Inmates at High Risk of Victimization <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Staff who Supervise Inmates in Segregated Housing <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations in the Segregation Unit <p>Findings (By Provision):</p> <p>115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ further stated there have been zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months for one to 24 hours awaiting completion of an assessment. DOC 490.820, page 8 states an individual who scores at potential risk for sexual victimization will not be housed in the same cell/room as an individual who scores at potential risk for sexual predation or as a dual identifier. In Prisons, this separation may include placement in Administrative Segregation. Placement in Administrative Segregation for more than 24 hours should only occur if no suitable alternative housing exists and will last only until alternative placement can be made. Each alternative considered, along with the reason(s) it was determined unsuitable, will be documented in a PREA Housing chronology entry. The Warden confirmed that the agency has a policy that prohibits placing</p> |

individuals at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. She stated she does not remember a time that this has occurred and that this is avoided at all costs and is not part of the culture of the facility. A review of housing assignments for inmate at high risk of victimization indicated that none were placed in segregation due to their risk of victimization.

115.43 (b): DOC 490.820, page 8 states individuals on this type of placement will have access to programming and job assignments to the extent possible. When unavailable, the reason and duration will be documented in the individual's electronic file. The interview with the staff who supervise inmates in segregated housing indicated that this placement would be extremely rare, if ever. She stated if an individual was placed in segregation for their protection they would have services offered to them in segregation. She indicated rounds are made daily and they have access to religious services, education, recreation, dayroom, etc. She stated they may not have full access, but they would have access. The staff member further confirmed that any restrictions would be documented in the online system in the segregation tab. During the tour she observed that the segregated housing unit had a separate outdoor recreation area as well as a dayroom for indoor recreation. Hearing rooms were located in the entrance of the unit and a property room was located within the unit. Phones were located in the dayroom and large PREA posters were observed in the dayroom as well. Inmates have access to the telephone during their hour out of cell, five days a week. They also have access to locked drop boxes during out of cell time (showers, recreation, etc.). Staff also stated that inmates can request forms and provide the staff the completed forms and the staff could place the forms in the locked boxes for them.

115.43 (c): The PAQ indicated there were zero inmates assigned to involuntary segregated housing due to their risk of victimization. DOC 490.820, page 8 states an individual who scores at potential risk for sexual victimization will not be housed in the same cell/room as an individual who scores at potential risk for sexual predation or as a dual identifier. In Prisons, this separation may include placement in Administrative Segregation. Placement in Administrative Segregation for more than 24 hours should only occur if no suitable alternative housing exists and will last only until alternative placement can be made. Each alternative considered, along with the reason(s) it was determined unsuitable, will be documented in a PREA Housing chronology entry. The interview with the Warden confirmed that individuals would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. She stated they are able to transfer to another facility if classification is appropriate. The Warden further stated the individual would not remain in segregated housing longer than what is needed to create a plan for their safety. The interview with the staff who supervise inmates in segregated housing confirmed any use of involuntary segregated housing would only be made after an assessment of all

available alternatives has been made and there are no other alternatives for separation from likely abusers. She stated they have other means to house individuals and that they can separate by pod or unit. The staff further stated there is voluntary and involuntary protective custody and staff are required to meet with anyone in segregation within two days of placement, then within fourteen days of placement and then again within 30 days of placement. She also stated they conduct administrative segregation hearings once a week. The staff confirmed she has never had any knowledge of anyone remaining involuntarily segregated for more than a week as they can typically transfer someone within a week. There were no inmates in segregated housing for their risk of victimization and as such no interviews were completed.

115.43 (d): The PAQ stated there have been zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months for one to 24 hours awaiting completion of an assessment. As such there were zero case files of inmates at risk of sexual victimization who were held in involuntary segregated housing that included both a statement of the basis for the facility's concern for the inmate's safety and the reason why alternative means of separation could not be arranged. There were no inmates at high risk of victimization that were involuntarily segregated over the previous twelve months.

115.43 (e): The PAQ indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. DOC 490.820, page 9 states in the rare event that placement lasts more than 30 days, a review will be conducted every 30 days to determine the continued need for the placement. The interview with the staff who supervise inmates in segregated housing confirmed that any individuals that was involuntarily segregated would be reviewed at least every 30 days for continued need of placement in segregated housing.

Based on a review of the PAQ, DOC 490.820, DOC 320.255, Housing Assignments of Inmates at High Risk of Victimization, observations from the facility tour and information from the interviews with the Warden and staff who supervise inmates in segregated housing indicates that this standard appears to be compliant.

115.51 Inmate reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting
3. DOC 450.100 - Mail for Individuals in Prison
4. WAC 137-48-020
5. Statewide Orientation Handbook
6. Prison Rape Elimination Act: A Resource for Incarcerated Individuals Brochure
7. PREA Posters
8. PREA Orientation Video Transcript
9. Memorandum of Understanding with the Colorado Department of Corrections
10. Prison Rape Elimination Act: A Resource for Staff, Volunteers and Contractors Brochure
11. Report of Prison Rape Elimination Act (PREA) Allegation to an Outside Agency (DOC 21-379)

Documentation Received During the Interim Report

1. Process Memorandum/Email Related to Outside Reporting Entity Process
2. Documentation of Inmate Education on Outside Reporting Entity Process

Interviews:

1. Interview with the PREA Compliance Manager
2. Interview with Random Staff
3. Interview with Random Inmates

Site Review Observations:

1. Observation of PREA Reporting Information in all Housings Units

Findings (By Provision):

115.51 (a): The PAQ stated that the agency has established procedures for allowing for multiple internal ways for inmates to report privately to agency official abuse sexual abuse or sexual harassment; retaliation by other inmates or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. DOC 490.800, pages 16-18 state individuals, visitors, family members/associates, and other community members can report: allegations of sexual misconduct, retaliation by individuals or staff for reporting sexual misconduct, and/or staff actions or neglect that may have contributed to an incident of sexual misconduct. Reporters may remain anonymous and no actions will be taken to attempt to identify any individual who reported an allegation anonymously. Individuals may report PREA allegations in the following ways. Through the confidential PREA hotline at 800-586-9431, or at 844-242-1201 for teletypewriter (TTY). The tollfree number will be posted on or near all telephones used by incarcerated individuals in Prisons and Reentry Centers and in the lobby/reception area in all Field Offices. Telephones will be accessible to individuals in a Prison or Reentry Center only during their free time hours. The facility/office will not record or monitor calls to the hotline. An IPIN will not be required to place a call to the hotline. Headquarters will record and monitor all calls to the hotline. Messages will be checked by Headquarters personnel each regular workday. Individuals can report verbally to any staff and in writing, through the following processes: DOC 21-473 Kite, written notes or letters to staff, legal mail addressed to the State Attorney General, the Office of the Governor, law enforcement, Just Detention International, and/or the PREA Coordinator, per DOC 450.100 Mail for Individuals in Prison or DOC 450.110 Mail for Individuals in Reentry Centers, through resolution requests, including emergent requests per DOC 550.100 Resolution Program and the Resolution Program Manual and written reports to an outside agency for individuals in a Prison or Reentry Center. A review of the Statewide Orientation Handbook, PREA brochure and PREA posters confirm that offenders can report multiple ways, including: verbally to any staff member, contractor or volunteer; through a kite or written note; through the a kiosk message; by calling the PREA hotline (states calls are recorded at headquarters and not monitored and an IPIN number is not required); through writing a letter to the Department PREA Coordinator, State Attorney General or Office of the Governor (states that can use legal mail to send the letters); by submitting a grievance; by sending a Report of PREA Allegation form (states pre-addressed envelopes that can be dropped in the grievance box and are able to remain anonymous and through a third party such as visitors, family member and community members. Additionally, a review of the PREA Orientation Video Script confirmed that the video covers reporting methods, including: verbally to staff, via a kit or kiosk message, legal mail to numerous places, by sending a report of PREA allegations to the PREA reporting office (forms available in living areas) and through submitting a grievance. During the tour

the auditor called the internal PREA hotline and left a message to test functionality. Inmates are advised to select English or Spanish upon contact with the hotline. The auditor received confirmation from the PC the same day the call was placed (October 20, 2022) that the call was received. Inmates have access to the phones most of the day and are also able to make calls via their tablets. The internal PREA hotline is accessible on all phones and tablets and a generic pin is provided to allow them to remain anonymous. The auditor had an inmate illustrate how to call the hotline from the tablet. Additionally, an inmate demonstrated how to submit a request to a staff member on the tablet. The inmate indicated that the information on the kiosk is similar to sending an email to staff. The auditor also submitted a written kite (on October 20, 2022) via the kite drop box in a housing unit. An inmate assisted the auditor with completing the kite and submitting it to the appropriate box number. The auditor received confirmation on October 24, 2022 that the kite was received and processed. Inmates in segregated housing have access to phones and drop boxes when they are out of their cell for dayroom/recreation time and/or shower time. Telephone access is typically five days a week. During the tour the auditor observed that inmates are able to place outgoing mail in any of the drop boxes around the facility, including the drop boxes in each housing unit. Each drop box is locked and mailroom staff are the only individuals with access to the boxes. None of the drop boxes were specific to sexual abuse or sexual harassment allegations or information. Inmates are provided a packet upon arrival with a pencil, paper and envelopes. They also have the ability to purchase writing materials through commissary and the facility has a policy for indigent inmates. The auditor observed that each unit had numerous forms for the inmates to utilize and fill out. Inmates in segregated housing are provided out of cell time five days a week via recreation and/or showers. Drop boxes are located in the unit and inmates can place mail/forms in the box during out of cell time and can also provide them to the staff to place in the box during any other time. The interview with the mailroom staff indicated that outgoing mail is placed in drop boxes around the facility. The boxes are locked and mail is not screened by staff on the units, but it is screened by the mailroom staff. The staff indicated letters mailed to the Colorado Department of Correction (external reporting entity) are not screened and are sealed in a pre-stamped envelope. The staff also confirmed that mail sent to the victim advocacy service is also not screened. The staff stated that correspondence to these organizations are also not tracked. Incoming mail is received and is opened by mailroom staff to check for contraband and threats, with the exception of legal mail and mail from the Ombudsman. Interviews with 32 inmates indicated that all 32 knew at least one method to report an allegation of sexual abuse or sexual harassment. Most stated they could report verbally or through the hotline. A few indicated they could report via kite, grievance and/or their family. The fourteen random staff interviewed stated that inmates can report verbally to any staff member, through a kite or grievance, through the Ombudsman or by calling the PREA hotline. The auditor observed PREA information posted throughout the facility. Each housing unit had at least one very large poster as well as regular paper size posters. Posters were observed on the wall and on the bulletin boards. The posters included information on reporting, the zero tolerance policy and victim advocacy. Reporting information included the internal hotline (0-800-586-9431), the external reporting mechanism (DOC form 21-379) and other methods including reporting to

staff and reporting in writing via a kite or grievance. Posted information was observed to be at adequate height with large font. Posters were observed in both English and Spanish. The poster also had information on accommodations for deaf/heard of hearing individuals (V/TTY/TDD). Posters were also observed throughout most of the facility including in intake, visitation, education, program areas, work areas and other common areas. In addition to the large posters, the auditor observed that smaller (8.5 x 11) posters were also located in the housing units and around the facility on bulletin boards and walls. The posters included information on the zero tolerance policy and how to report via staff and the PREA hotline. These posters were observed in English and Spanish and were at adequate height with appropriate size font. Posters were also observed in most units near the telephones, which provided the inmates with a discrete method of utilizing the telephone numbers. Informal conversation with staff and inmates confirmed that the PREA posters have been up for quite some time and that the information is always available. Inmates stated that the PREA video is also on one of the television channels 24 hours a day.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report abuse or harassment to a public entity or office that is not part of the agency. This agency is the Colorado Department of Corrections. The PAQ further indicate that the facility does not house inmates detained solely for civic immigration purposes. DOC 490.800, pages 18-19 state individuals can report through a written report to an outside agency for individuals in a Prison or Reentry Center. These reports will be made using DOC 21-379 Report of PREA Allegation to an Outside Agency. Individuals can remain anonymous by not identifying themselves on the form. The forms will be available in areas accessible to individuals in Prisons, with pre-addressed envelopes attached. In Prisons, the individual will place the completed form in the provided pre-addressed envelope and place it in any resolution box. When resolutions are retrieved, the Resolution Specialist/designee will forward the form to the mailroom to be processed without opening, even if there is no return address identifying the author on the envelope. Once received, the outside agency will forward the report to the PREA Coordinator/designee, who will review the allegation per DOC 490.860 Prison Rape Elimination Act (PREA) Investigation. Upon request, individuals placed in restrictive housing will be provided with DOC 21-379 Report of PREA Allegation to an Outside Agency and a pre-addressed envelope. The agency has an MOU with the Colorado Department of Corrections (CDOC) related to this provision. The MOU states that WADOC and CDOC will establish a means for offender under their jurisdiction to report claims or allegations of sexual abuse, sexual assault or sexual harassment to the other party. Allegations reported by offenders may be done so anonymously. The agencies will create a form that will allow offenders to report and mail issues and allegation of sexual abuse, sexual assault and sexual harassment to the receiving party. The agencies created DOC 21-379 Report of Prison Rape Elimination Act (PREA) Allegation. This form is then submitted in a pre-addressed, pre-franked envelope. A review of the Statewide Orientation Handbook, PREA brochure and PREA posters confirm that offenders can report multiple ways, including: verbally to any staff member, contractor or volunteer; through a kite or written note; through the a kiosk

message; by calling the PREA hotline (states calls are recorded at headquarters and not monitored and an IPIN number is not required); through writing a letter to the Department PREA Coordinator, State Attorney General or Office of the Governor (states that can use legal mail to send the letters); by submitting a grievance; by sending a Report of PREA Allegation form (states pre-addressed envelopes that can be dropped in the grievance box and are able to remain anonymous and through a third party such as visitors, family member and community members. Additionally, a review of the PREA Orientation Video Script confirmed that the video covers reporting methods, including: verbally to staff, via a kit or kiosk message, legal mail to numerous places, by sending a report of PREA allegations to the PREA reporting office (forms available in living areas) and through submitting a grievance. During the tour the auditor observed that inmates are able to place outgoing mail in any of the drop boxes around the facility, including the drop boxes in each housing unit. Each drop box is locked and mailroom staff are the only individuals with access to the boxes. None of the drop boxes were specific to sexual abuse or sexual harassment allegations or information. Inmates are provided a packet upon arrival with a pencil, paper and envelopes. They also have the ability to purchase writing materials through commissary and the facility has a policy for indigent inmates. The auditor observed that each unit had numerous forms for the inmates to utilize and fill out. Inmates in segregated housing are provided out of cell time five days a week via recreation and/or showers. Drop boxes are located in the unit and inmates can place mail/forms in the box during out of cell time and can also provide them to the staff to place in the box during any other time. The interview with the mailroom staff indicated that outgoing mail is placed in drop boxes around the facility. The boxes are locked and mail is not screened by staff on the units, but it is screened by the mailroom staff. The staff indicated letters mailed to the Colorado Department of Correction (external reporting entity) are not screened and are sealed in a pre-stamped envelope. The staff also confirmed that mail sent to the victim advocacy service is also not screened. The staff stated that correspondence to these organizations are also not tracked. Incoming mail is received and is opened by mailroom staff to check for contraband and threats, with the exception of legal mail and mail from the Ombudsman. The auditor observed PREA information posted throughout the facility. Each housing unit had at least one very large poster as well as regular paper size posters. Posters were observed on the wall and on the bulletin boards. The posters included information on reporting, the zero tolerance policy and victim advocacy. Reporting information included the internal hotline (0-800-586-9431), the external reporting mechanism (DOC form 21-379) and other methods including reporting to staff and reporting in writing via a kite or grievance. Posted information was observed to be at adequate height with large font. Posters were observed in both English and Spanish. The poster also had information on accommodations for deaf/heard of hearing individuals (V/TTY/TDD). Posters were also observed throughout most of the facility including in intake, visitation, education, program areas, work areas and other common areas. In addition to the large posters, the auditor observed that smaller (8.5 x 11) posters were also located in the housing units and around the facility on bulletin boards and walls. The posters included information on the zero tolerance policy and how to report via staff and the PREA hotline. These posters were observed in English and Spanish and were at adequate height with appropriate size font. Posters were

also observed in most units near the telephones, which provided the inmates with a discrete method of utilizing the telephone numbers. Informal conversation with staff and inmates confirmed that the PREA posters have been up for quite some time and that the information is always available. Inmates stated that the PREA video is also on one of the television channels 24 hours a day. The auditor also tested the outside reporting mechanism via the DOC 21-379 form. The forms and pre-addressed envelopes are located in the housing units. The forms allow the individual to opt out of providing their name and DOC number. The form specifically states "this information may be submitted anonymously". The auditor filled out the form on October 20, 2022 and placed it in the outgoing mail box located in the housing unit. On October 28, 2022 the PC provided confirmation that the information was provided to her office from the Colorado Department of Corrections, confirming the functionality of the outside reporting entity. The mailroom staff confirmed that letters to CDOC are not screened and are not tracked. The housing units had a box that was labeled indicating that the forms were for the outside reporting mechanism. The auditor selected the form and found that it was a form related to the Ombudsman. While the outside reporting mechanism is functional, the auditor did not observe the DOC 21-379 form in all housing units. Additionally, there were no pre-addressed envelopes in the housing unit. The auditor solicited assistance from an inmate in the housing unit and she was unaware of where to locate the forms. She asked the staff for a form but they were unable to provide the form. The auditor did locate the form and envelopes in a subsequent housing unit. A review of the incident report log confirmed that two allegations were reported via the external reporting entity and resulted in 2022 investigations. The interview with the PCM indicated that the agency utilizes the Colorado Department of Corrections (CDOC) as the outside reporting entity. She stated that the agency has an MOU with CDOC to receive allegations. There are forms and preaddressed envelopes available in each housing unit and in other areas of the facility. Individuals can mail these anonymously to CDOC. She confirmed that the envelopes go through the mail room but are not inspected. The PCM further stated the CDOC processes the information and returns it to the headquarters PREA office who then triages the information and sends it to the appropriate Appointing Authority to handle. Interviews with 32 inmates indicated that eight were aware of the outside reporting mechanism and 23 knew they could report anonymously. During the interim report period the facility developed a process to ensure that all housing units have the DOC 21-379 form as well as the preaddressed envelopes. Additionally, the facility indicated that they would be moving all forms to the literature section in each housing unit to negate lack of confidentiality when retrieving a form. A process memo was provided to the auditor outlining these protocols. Additionally, during the interim report period the facility conducted town hall meetings with all current inmates in their respective housing units. The Correctional Unit Supervisors discussed the outside agency reporting process, to include discussion of the forms, preaddressed envelopes and where they can be located. The PCM also provided documentation indicating that all future incoming inmates will be provided information on the outside reporting entity upon arrival as well as a copy of the reporting form and a preaddressed envelope.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ also indicated that staff document verbal reports immediately. DOC 490.800, page 19 states staff will report all allegations, related retaliation, and knowledge of related staff actions or neglect that may have contributed to an incident per DOC 490.850 Prison Rape Elimination Act (PREA) Response. The PREA brochure states that staff must immediately report any knowledge, suspicion or information received regarding an incident of sexual abuse, sexual solicitation, sexual harassment or sexual coercion, or any staff neglect or violation of responsibilities that may be attributed to such an incident. Staff receiving any information or incident of sexual misconduct must deliver the information confidentially and immediately to the shift commander or appropriate appointing authority/duty officer. Any knowledge of retaliation must be reported in the same manner. The facility uploaded examples via the PAQ supplemental documents to illustrate that staff are required to document verbal reports via an incident report. Interviews with 32 inmates confirmed that all 32 knew they could report verbally or in writing to staff and 29 were aware that they could report through a third party. Interviews with fourteen staff confirmed inmates can report verbally, in writing, anonymously and through a third party. Fourteen of the fifteen staff stated that if they received a verbal report they would document it via an incident report and provide it to the Lieutenant immediately. A review of fifteen investigative reports indicated that eleven were reported verbally, one was reported via the hotline, one was reported through a third party, one was reported via a Warden to Warden notification and one was discovered by staff during a review of video cameras. The eleven verbal reports were documented via an incident report. During the tour, the auditor asked staff to advise how they submit a written report. Staff indicated they would document the information via an incident report. The staff member stated that an incident report would be completed electronically and then printed and signed. He indicated that he can access the incident report on the computer in the staff office and that all staff office computers have the incident report form. The staff confirmed that a report of sexual abuse would involve him bypassing his direct supervisor and reporting directly to the Lieutenant. Informal conversation with inmates indicate they can report verbally but typically nothing is confidential at the facility. A few of the inmates confirmed that verbal reports are taken seriously and staff are responsive to verbal reports. Inmates and staff confirmed that other reporting mechanism include the hotline and kites.

115.51 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ stated staff can report allegations of a highly sensitive nature directly to the Appointing Authority or Duty Officer and that staff are informed of this information through policy, PREA training and the PREA brochure. Attachment 2, PREA Reporting Process states that staff may report allegations of higher sensitive nature directly to the Appointing Authority or Duty Officer. Allegations made against the Appointing Authority will be reported to the next higher authority. DOC 490.800, page 19 states staff will report all

allegations, related retaliation, and knowledge of related staff actions or neglect that may have contributed to an incident per DOC 490.850 Prison Rape Elimination Act (PREA) Response. The PREA brochure states that staff must immediately report any knowledge, suspicion or information received regarding an incident of sexual abuse, sexual solicitation, sexual harassment or sexual coercion, or any staff neglect or violation of responsibilities that may be attributed to such an incident. Staff receiving any information or incident of sexual misconduct must deliver the information confidentially and immediately to the shift commander or appropriate appointing authority/duty officer. Any knowledge of retaliation must be reported in the same manner. Interviews with fourteen staff indicate that all fourteen were aware that they can privately report sexual abuse and sexual harassment of inmates. Most staff indicated that they bypass their direct supervisor and report immediately to the Lieutenant.

Based on a review of the PAQ, DOC 490.800, DOC 450.100, WAC 137-48-020, Statewide Orientation Handbook, Prison Rape Elimination Act: A Resource for Incarcerated Individuals Brochure, PREA Posters, Memorandum of Understanding with the Colorado Department of Corrections, Prison Rape Elimination Act: A Resource for Staff, Volunteers and Contractors Brochure, Report of Prison Rape Elimination Act (PREA) Allegation to an Outside Agency (DOC 21-379), documentation received during the interim report period, observations from the facility tour and interviews with the PCM, random inmates and random staff, this standard appears to have been corrected and as such is compliant.

Recommendation

While inmates in segregated housing are able to report via the telephone during their out of cell time, are able to report verbally to any staff member and are able to report in writing either via placing the information in the locked box during their out of cell time or by handing it to a staff member, the auditor highly recommends that the facility implement another reporting method that is accessible seven days a week that does not require the report to pass through the hands of the security staff assigned to the unit. Due to the inmates limited out of cell time, the auditor determined that reporting methods other than via a staff member are limited. Thus, the auditor recommends that the facility implement a process, such as having a staff member (non-security) take a locked box to the unit daily and collect any written correspondence and reports, to ensure inmates in segregated housing have multiple methods to report sexual abuse and sexual harassment.

In addition to the corrective action made during the interim report, the facility also sent out a memo from the Warden to all staff related to reporting information. The memo advised that staff completed the town hall meetings to educate incarcerated

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| | <p>individuals on the outside reporting mechanism and the ability to remain anonymous. Additionally, it indicated that moving forward all incarcerated individuals will receive an Outside Reporting Form, envelope and OCVA brochures at intake. Additionally, the memo stated that case managers will monitor orientation and ask questions to ensure comprehension. The memo also directed supervisors to monitor the Outside Reporting Form in the housing units weekly and to ensure that the forms are with the rest of the literature and not singled out.</p> |
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115.52

Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting
3. DOC 550.100 - Resolution Program
4. Resolution Program Manual
5. Grievance Log
6. Sample Grievances

Interviews:

1. Interview with Inmates Who Reported Sexual Abuse

Findings (By Provision):

115.52 (a): The PAQ indicated that the agency is not exempt from this standard. DOC 550.100, page 2 states resolution requests alleging sexual misconduct will be forwarded immediately to the applicable authority per DOC 490.850 Prison Rape Elimination Act (PREA) Response and will not be reviewed through the resolution process. Additionally, page 14-15 of the Resolution Program Manual states PREA response procedures and investigations supersede the Resolution Program. Allegations or investigations involving sexual assault, sexual abuse, sexual harassment, and staff sexual misconduct will not be accepted or reviewed through the Resolution Program. PREA allegations are not subject to the informal resolution process and there is no time limitation for reporting a PREA incident. Additionally, DOC 490.800, pages 17-18 states individuals are not required to use the informal resolution process before submitting a resolution request containing PREA-related information. The individual will be notified via the resolution response that the allegation was forwarded for review for a possible PREA investigation. The PREA Coordinator/designee will notify the appropriate resolution staff of the determination on whether the allegation meets the definition of sexual misconduct. If the allegation does not meet the definition of sexual misconduct, the individual may refile the resolution per DOC 550.100 Resolution Program.

115.52 (b): The PAQ indicated that the agency has a policy that allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident alleged to have occurred. Additionally, it states that the policy does not require an inmate to use an informal grievance process. DOC 550.100, page 2 states resolution requests alleging sexual misconduct will be forwarded immediately to the applicable authority per DOC 490.850 Prison Rape Elimination Act (PREA) Response and will not be reviewed through the resolution process. Additionally, page 14-15 of the Resolution Program Manual states PREA response procedures and investigations supersede the Resolution Program. Allegations or investigations involving sexual assault, sexual abuse, sexual harassment, and staff sexual misconduct will not be accepted or reviewed through the Resolution Program. PREA allegations are not subject to the informal resolution process and there is no time limitation for reporting a PREA incident.

115.52 (c): The PAQ indicated that agency policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitted it to the staff member who is the subject of the complaint. It further stated that agency policy and procedure requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. DOC 550.100, page 2 states resolution requests alleging sexual misconduct will be forwarded immediately to the applicable authority per DOC 490.850 Prison Rape Elimination Act (PREA) Response and will not be reviewed through the resolution process. Additionally, page 14-15 of the Resolution Program Manual states PREA response procedures and investigations supersede the Resolution Program. Allegations or investigations involving sexual assault, sexual abuse, sexual harassment, and staff sexual misconduct will not be accepted or reviewed through the Resolution Program. PREA allegations are not subject to the informal resolution process and there is no time limitation for reporting a PREA incident.

115.52 (d):The PAQ indicated that the agency policy and procedure does not require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. Further communication with the PCM indicated that any grievances containing a PREA allegation is removed from the formal resolution process and is promptly responded to and no response is extended beyond established timeframes. The PAQ indicated that there were three grievance of sexual abuse filed in the previous twelve months and the grievance reached a final decision within 90 days after being filed. Further communication with the PCM indicated that any allegations of sexual abuse are withdrawn from the resolution process and the resolution request is promptly responded to and no resolution request response is extended beyond established timeframes. DOC 550.100, page 2 states resolution requests alleging sexual misconduct will be forwarded immediately to the applicable authority per DOC 490.850 Prison Rape Elimination Act (PREA) Response and will not be reviewed through the resolution process. Additionally, page 14-15 of the Resolution Program

Manual states PREA response procedures and investigations supersede the Resolution Program. Allegations or investigations involving sexual assault, sexual abuse, sexual harassment, and staff sexual misconduct will not be accepted or reviewed through the Resolution Program. PREA allegations are not subject to the informal resolution process and there is no time limitation for reporting a PREA incident. A review of the grievance log indicated there were three allegations reported that were initially identified as sexual abuse or sexual harassment. After initial review of the grievances, two did not appear to meet the definition of sexual abuse or sexual harassment. The third was immediately forwarded for investigation under case 22-21598. Additionally, the auditor reviewed a sample of fifteen additional grievances and confirmed that none were sexual abuse or sexual harassment. During a review of the incident report log the auditor identified twelve additional allegations reported via resolution requests. All twelve were routed through the triage unit and if they met the definition of sexual abuse or sexual harassment, were return to the facility for investigation. The interviews with the inmates who reported sexual abuse indicated that none filed a grievance reporting their allegation.

115.52 (e): The PAQ stated that agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. It further stated agency policy and procedure does not require that if the inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. The PAQ did not indicate the number of third party grievances where the inmate declined, however further communication with the PCM indicated that there have not been any third-party grievances filed where the inmate declined to process it, in the previous twelve months. The PCM stated that third-party assistance is provide through the Resolution Coordinator. Furter communication with the PCM indicated that any allegations of sexual abuse are withdrawn from the resolution process and the resolution request is promptly responded to and third party assistance is provided through the Resolution Coordinator. DOC 550.100, page 2 states resolution requests alleging sexual misconduct will be forwarded immediately to the applicable authority per DOC 490.850 Prison Rape Elimination Act (PREA) Response and will not be reviewed through the resolution process. Additionally, page 14-15 of the Resolution Program Manual states PREA response procedures and investigations supersede the Resolution Program. Allegations or investigations involving sexual assault, sexual abuse, sexual harassment, and staff sexual misconduct will not be accepted or reviewed through the Resolution Program. PREA allegations are not subject to the informal resolution process and there is no time limitation for reporting a PREA incident.

115.52 (f): The PAQ stated the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. It further stated that agency policy and procedure for

emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. DOC 550.100, page 2 states resolution requests alleging sexual misconduct will be forwarded immediately to the applicable authority per DOC 490.850 Prison Rape Elimination Act (PREA) Response and will not be reviewed through the resolution process. Additionally, page 14-15 of the Resolution Program Manual states PREA response procedures and investigations supersede the Resolution Program. Allegations or investigations involving sexual assault, sexual abuse, sexual harassment, and staff sexual misconduct will not be accepted or reviewed through the Resolution Program. PREA allegations are not subject to the informal resolution process and there is no time limitation for reporting a PREA incident.

115.52 (g): The PAQ stated that the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. The PAQ indicated that zero inmates have been disciplined for filing a grievance in bad faith in the previous twelve months. DOC 550.100, page 2 states resolution requests alleging sexual misconduct will be forwarded immediately to the applicable authority per DOC 490.850 Prison Rape Elimination Act (PREA) Response and will not be reviewed through the resolution process. Additionally, page 14-15 of the Resolution Program Manual states PREA response procedures and investigations supersede the Resolution Program. Allegations or investigations involving sexual assault, sexual abuse, sexual harassment, and staff sexual misconduct will not be accepted or reviewed through the Resolution Program. PREA allegations are not subject to the informal resolution process and there is no time limitation for reporting a PREA incident.

Based on a review of the PAQ, DOC 490.800, DOC 550.100, the Resolution Program Manual, the grievance log and sample grievances, this standard appears the agency is exempt from this standard and as such is compliant.

115.53

Inmate access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting
3. Memorandum of Understanding with the Department of Commerce Office of Crime Victim Advocacy
4. Statewide Orientation Handbook
5. PREA Orientation Video Transcript
6. Victim Advocacy: A Resource for Incarcerated Individuals Brochure
7. Victim Advocacy Poster

Documentation Received During the Interim Report Period:

1. Process Memorandum/Email Related Victim Advocacy Education
2. Documentation of Education of Current Inmates on Victim Advocacy Information

Interviews:

1. Interview with Random Inmates

Findings (By Provision):

115.53 (a): The PAQ indicated the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by; giving inmates mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations. The PAQ also stated that the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. The PAQ further indicated that the facility does not detain inmates solely for civil immigration purposes. DOC 480.800, pages 13-14 state individuals will have tollfree access to the Sexual Assault Support and Information Line operated by the Office of Crime Victims Advocacy (OCVA). Individuals may call 1-855-210-2087 Monday through Friday 8:00

a.m. - 5:00 p.m. to reach an OCVA PREA Support Specialist. Calls will not be monitored or recorded, and an IPIN will not be required. As appropriate, the OCVA PREA Support Specialist may refer the individual to a local Community Sexual Assault Program (CSAP) Victim Advocate, who can: provide additional support, assist sexual assault survivors in healing and provide information regarding available resources and options. Policy further states that sexual assault support services may also be obtained through legal mail addressed to Just Detention International, 3325 Wilshire Boulevard, Suite 340, Los Angeles, CA 90010. Legal mail will be handled per DOC 450.100 Mail for Individuals in Prison or DOC 450.110 Mail for Individuals in Reentry Centers. Additionally, in-person consultations may be available for individuals. A review of the Statewide Orientation Handbook confirms that page 14 includes information on the Office of Crime Victim Advocacy. The Handbook indicates that OCVA is an outside victim advocacy service and that the toll-free line is for confidential support services and is not a reporting line. The Handbook further states that calls are not monitored or recorded and do not require a pin. Calls can be made Monday through Friday from 8:00am to 5:00pm. Additionally, the Handbook states that an advocates role is to listen and provide support and they will keep information confidential unless the information is likely to result in clear risk of serious physical injury or death to you or another person. The victim advocacy brochure provides information on what to expect from a victim advocate, services they provide and their role. The brochure also has information on OCVA including the phone number, hours of operation and information that the calls are not monitored or recorded and do not require an IPIN. Additionally, the brochure has the mailing address to Just Detention International and indicates that mail sent to the address must be sent as legal mail in order to remain confidential. In addition to the Handbook and brochure, the victim advocacy poster also has the same information for OCVA. The poster also has the mailing address for Just Detention International. All documents reviewed were available in both English and Spanish. Further, a review of the PREA Orientation Video confirms that it goes over information on the availability of a community victim advocate. The video specifically discusses OCVA and indicates that calls are free, are not recorded, do not require a pin and that OCVA is not a mandatory reporting for sexual abuse. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had at least one very large poster as well as regular paper size posters. Poster were observed on the wall and on the bulletin boards. The poster included the phone number (1-855-210-2087) for outside victim advocacy services. The poster indicated that victim advocacy is available Monday through Friday from 8:00am to 5:00pm and that calls are not recorded and do not require an IPIN. Posted information was observed to be at adequate height with large font. Posters were observed in both English and Spanish. The poster also had information on accommodations for deaf/heard of hearing individuals (V/TTY/TDD). Posters were also observed throughout most of the facility including in intake, visitation, education, program areas, work areas and other common areas. In addition to the large posters, the auditor observed that smaller (8.5 x 11) posters were also located in the housing units and around the facility on bulletin boards and walls. Posters were also observed in most units near the telephones, which provided the inmates with a discrete method of utilizing the telephone numbers. Informal conversation with staff and inmates confirmed that the PREA posters have been up

for quite some time and that the information is always available. Inmates stated that the PREA video is also on one of the television channels 24 hours a day. The auditor tested the victim advocacy hotline during the tour. The first attempt was unsuccessful, however the line had a voicemail that indicated that a staff member was busy helping another individual and that the line was not a reporting line for the Department of Correction. The voicemail further advised that the line was not recorded. On the second attempt the auditor reached a live person who advised that there are counselors available to provide services to inmates when they call. The victim advocate stated that they are available to provide services Monday through Friday 8:00am to 5:00pm. She further confirmed that the line is not recorded and the information provided to the organization is confidential. The victim advocate further stated that they utilize a language service to assist with anyone who is LEP and/or disabled. During the tour the auditor observed that inmates are able to place outgoing mail in any of the drop boxes around the facility, including the drop boxes in each housing unit. Each drop box is locked and mailroom staff are the only individuals with access to the boxes. None of the drop boxes were specific to sexual abuse or sexual harassment allegations or information. Inmates are provided a packet upon arrival with a pencil, paper and envelopes. They also have the ability to purchase writing materials through commissary and the facility has a policy for indigent inmates. The auditor observed that each unit had numerous forms for the inmates to utilize and fill out. Inmates in segregated housing are provided out of cell time five days a week via recreation and/or showers. Drop boxes are located in the unit and inmates can place mail/forms in the box during out of cell time and can also provide them to the staff to place in the box during any other time. The interview with the mailroom staff indicated that outgoing mail is placed in drop boxes around the facility. The boxes are locked and mail is not screened by staff on the units, but it is screened by the mailroom staff. The staff confirmed that mail sent to the victim advocacy service is not screened. The staff stated that correspondence to these organizations are also not tracked. Incoming mail is received and is opened by mailroom staff to check for contraband and threats, with the exception of legal mail and mail from the Ombudsman. The staff confirmed any mail from Just Detention International would be handled like mail from the Ombudsman. Interviews with 32 inmates indicated nineteen were aware of outside emotional support services and eighteen were provided a mailing address and telephone number to a local, state or national rape crisis center. Three of the six inmates who reported sexual abuse or sexual harassment indicated they were provided contact information for a local, state or national rape crisis center (included in the eighteen indicated prior). During the interim report period a process memo was provided to the auditor outlining that all future incoming inmates would be provided additional education related to OCVA and Just Detention International verbally, in addition to the video, brochure and posters. Additionally, during the interim report period the facility conducted town hall meetings with all current inmates in their respective housing units. The Correctional Unit Supervisors discussed the victim advocacy services and how to utilize them.

115.53 (b): The PAQ stated that the facility informs inmates, prior to giving them

access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs inmates about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. DOC 480.800, pages 13-14 state individuals will have tollfree access to the Sexual Assault Support and Information Line operated by the Office of Crime Victims Advocacy (OCVA). Individuals may call 1-855-210-2087 Monday through Friday 8:00 a.m. - 5:00 p.m. to reach an OCVA PREA Support Specialist. Calls will not be monitored or recorded, and an IPIN will not be required. As appropriate, the OCVA PREA Support Specialist may refer the individual to a local Community Sexual Assault Program (CSAP) Victim Advocate, who can: provide additional support, assist sexual assault survivors in healing and provide information regarding available resources and options. Policy further states that sexual assault support services may also be obtained through legal mail addressed to Just Detention International, 3325 Wilshire Boulevard, Suite 340, Los Angeles, CA 90010. Legal mail will be handled per DOC 450.100 Mail for Individuals in Prison or DOC 450.110 Mail for Individuals in Reentry Centers. Additionally, in-person consultations may be available for individuals. A review of the Statewide Orientation Handbook confirms that page 14 includes information on the Office of Crime Victim Advocacy. The Handbook indicates that OCVA is an outside victim advocacy service and that the toll-free line is for confidential support services and is not a reporting line. The Handbook further states that calls are not monitored or recorded and do not require a pin. Calls can be made Monday through Friday from 8:00am to 5:00pm. Additionally, the Handbook states that an advocates role is to listen and provide support and they will keep information confidential unless the information is likely to result in clear risk of serious physical injury or death to you or another person. The victim advocacy brochure provides information on what to expect from a victim advocate, services they provide and their role. The brochure also has information on OCVA including the phone number, hours of operation and information that the calls are not monitored or recorded and do not require an IPIN. Additionally, the brochure has the mailing address to Just Detention International and indicates that mail sent to the address must be sent as legal mail in order to remain confidential. In addition to the Handbook and brochure, the victim advocacy poster also has the same information for OCVA. The poster also has the mailing address for Just Detention International. Further, a review of the PREA Orientation Video confirms that it goes over information on the availability of a community victim advocate. The video specifically discusses OCVA and indicates that calls are free, are not recorded, do not require a pin and that OCVA is not a mandatory reporting for sexual abuse. All documents reviewed were available in both English and Spanish. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had at least one very large poster as well as regular paper size posters. Poster were observed on the wall and on the bulletin boards. The poster included the phone number (1-855-210-2087) for outside victim advocacy services. The poster indicated that victim advocacy is available Monday through Friday from 8:00am to 5:00pm and that calls are not recorded and do not require an IPIN. Posted information was observed to be at adequate height with large font. Posters were observed in both English and Spanish. The poster also had information on accommodations for deaf/heard of hearing individuals (V/TTY/TDD). Posters were also observed throughout

most of the facility including in intake, visitation, education, program areas, work areas and other common areas. In addition to the large posters, the auditor observed that smaller (8.5 x 11) posters were also located in the housing units and around the facility on bulletin boards and walls. Posters were also observed in most units near the telephones, which provided the inmates with a discrete method of utilizing the telephone numbers. Informal conversation with staff and inmates confirmed that the PREA posters have been up for quite some time and that the information is always available. Inmates stated that the PREA video is also on one of the television channels 24 hours a day. The auditor tested the victim advocacy hotline during the tour. The first attempt was unsuccessful, however the line had a voicemail that indicated that a staff member was busy helping another individual and that the line was not a reporting line for the Department of Correction. The voicemail further advised that the line was not recorded. On the second attempt the auditor reached a live person who advised that there are counselors available to provide services to inmates when they call. The victim advocate stated that they are available to provide services Monday through Friday 8:00am to 5:00pm. She further confirmed that the line is not recorded and the information provided to the organization is confidential. The victim advocate further stated that they utilize a language service to assist with anyone who is LEP and/or disabled. During the tour the auditor observed that inmates are able to place outgoing mail in any of the drop boxes around the facility, including the drop boxes in each housing unit. Each drop box is locked and mailroom staff are the only individuals with access to the boxes. None of the drop boxes were specific to sexual abuse or sexual harassment allegations or information. Inmates are provided a packet upon arrival with a pencil, paper and envelopes. They also have the ability to purchase writing materials through commissary and the facility has a policy for indigent inmates. The auditor observed that each unit had numerous forms for the inmates to utilize and fill out. Inmates in segregated housing are provided out of cell time five days a week via recreation and/or showers. Drop boxes are located in the unit and inmates can place mail/forms in the box during out of cell time and can also provide them to the staff to place in the box during any other time. The interview with the mailroom staff indicated that outgoing mail is placed in drop boxes around the facility. The boxes are locked and mail is not screened by staff on the units, but it is screened by the mailroom staff. The staff confirmed that mail sent to the victim advocacy service is not screened. The staff stated that correspondence to these organizations are also not tracked. Incoming mail is received and is opened by mailroom staff to check for contraband and threats, with the exception of legal mail and mail from the Ombudsman. The staff confirmed any mail from Just Detention International would be handled like mail from the Ombudsman. The auditor tested the victim advocacy hotline during the tour. The first attempt was unsuccessful, however the line had a voicemail that indicated that a staff member was busy helping another individual and that the line was not a reporting line for the Department of Correction. The voicemail further advised that the line was not recorded. On the second attempt the auditor reached a live person who advised that there are counselors available to provide services to inmates when they call. The victim advocate stated that they are available to provide services Monday through Friday 8:00am to 5:00pm. She further confirmed that the line is not recorded and the information provided to the organization is confidential. The victim advocate also

stated that they utilize a language service to assist with anyone who is LEP and/or disabled. Interviews with 32 inmates indicated nineteen were aware of outside emotional support services and eighteen were provided a mailing address and phone number to a local, state or national rape crisis center. Of the eighteen inmates that advised they were provided contact information, eighteen stated they knew when they could contact the organization. Most indicated they could contact them anytime as the line was 24 hours and some indicated there were hours on the sign that indicated when you could call them. All eighteen stated that services were free of charge and seventeen indicated that they believed the information they provided to the organization would remain confidential. Inmates are not detained solely for civil immigration purposes and therefore that part of the provision does not apply. During the interim report period a process memo was provided to the auditor outlining that all future incoming inmates would be provided additional education related to OCVA and Just Detention International verbally, in addition to the video, brochure and posters. Additionally, during the interim report period the facility conducted town hall meetings with all current inmates in their respective housing units. The Correctional Unit Supervisors discussed the victim advocacy services and how to utilize them.

115.53 (c): The PAQ indicated that the agency or facility maintains a memorandum of understanding or other agreement with community service providers that are able to provide inmates with emotional services related to sexual abuse and maintains copies of those agreements. The agency has an MOU with the Department of Commerce Office of Crime Victims Advocacy. The MOU was originally signed in 2017 but has been updated twice, with the most recent in 2021. The MOU states that the purpose of the agreement is to provide advocacy services in furtherance of DOC's compliance with the Prison Rape Elimination Act. The MOU further has a scope of work that outlines services that are provided under the MOU to include; crisis intervention, assessment of needs, referral to additional resources, medical advocacy and legal advocacy. The scope of work further details how calls to OCVA are handled and the potential to provide service and educational opportunities for staff and offenders.

Based on a review of the PAQ, DOC 490.800, Memorandum of Understanding with the Department of Commerce Office of Crime Victim Advocacy, Statewide Orientation Handbook, Victim Advocacy: A Resource for Incarcerated Individuals Brochure, Victim Advocacy Poster, documentation received during the interim report period, observations from the facility tour as well as information from interviews with random inmates and inmates who reported sexual abuse indicates that the standard appears to have been corrected and as such is compliant.

In addition to the corrective action made during the interim report, the facility also sent out a memo from the Warden to all staff related to victim advocacy information. The memo advised that staff completed the town hall meetings to educate incarcerated individuals on the victim advocacy information. Additionally, it indicated

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| | <p>that moving forward all incarcerated individuals will receive an Outside Reporting Form, envelope and OCVA brochures at intake. Additionally, the memo stated that case managers will monitor orientation and ask questions to ensure comprehension.</p> |
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| 115.54 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.800 – Prison Rape Elimination Act (PREA) Prevention and Reporting 3. Prison Rape Elimination Act – A Resource for Family and Friends Brochure 4. Family and Friends Poster <p>Findings (By Provision):</p> <p>115.54 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. The PAQ stated that visitors, family members and other community members can report allegations by calling the PREA hotline, writing a letter to the PREA Coordinator or sending an email to DOCPREA@doc.wa.gov. The PAQ stated that the information on how to report is found publicly on the agency website and is posted in the visiting rooms. DOC 490.800, page 19 states visitors, family members/ associates, and other community members can report allegations by calling the PREA hotline, writing a letter to the PREA Coordinator, or sending an email to DOCPREA@doc.wa.gov. The PREA brochure contained information on PREA, how to know if a family member or friend has been a victim, how to help and how to report. The brochure indicates numerous reporting avenues including contacting the facility, calling the PREA hotline and emailing DOCPREA@doc1.wa.gov. The family and friends poster also instructs individuals to report via the hotline or through DOCPRE@doc1.wa.gov. A review of the agency’s website confirms that third parties can click a green button stating “Report Sexual Misconduct”. A box then pops up and indicates that third parties can report by calling 800-586-9431; by emailing DOCPREA@doc1.wa.gov and/or by mailing information to PREA, PO Box 41131, Olympia, WA 98504. The auditor sent an email to the provided email address on August 11, 2022 in order to test the functionality of the third party reporting method. The auditor received confirmation on the same date that the test was received by the DOC PREA Triage Unit. Additionally, on August 12, 2022 the PC forwarded the information that the test email was received and advised that had the email contained an allegation of sexual abuse or sexual harassment it would have been returned to the appropriate facility for investigation. It should be noted that on October 10, 2022 the auditor sent an email to the PC related to the discrepancies of the two email addresses (one had doc.wa.gov while the other had doc1.wa.gov). She</p> |

advised the DOCPREA@doc1.wa.gov is the correct email and the other email in policy and provided in the PAQ was incorrect. She indicated the policy would be revised to include the correct email address. During the tour the third party reporting information was not observed by the auditor in the visitation area or the front lobby, however the regular PREA posters were observed in visitation. The facility provided the auditor with photos indicating that the third party posters were in the visitation area prior to the on-site portion of the audit. Additionally, during the interim report period the facility removed the regular PREA posters and put up the third party reporting posters in visitation. Additionally, they hung the third party posters at the front entrance to the facility. Photos were provided to the auditor to confirm these posters were placed in visitation and the front lobby.

Based on a review of the PAQ, DOC 490.800, the Prison Rape Elimination Act - A Resource for Family and Friends Brochure, the Family and Friends Poster, photos received during the interim report period, the agency's website and the functional test of the third party reporting mechanism, this standard appears to be compliant.

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| 115.61 | Staff and agency reporting duties |
| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 429 376">Documents:</p> <ol data-bbox="256 412 1270 734" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.850 - Prison Rape Elimination Act (PREA) Response 3. DOC 350.550 - Reporting Abuse and Neglect/Mandatory Reporting 4. Incident Reports from Medical and Mental Health Care Staff 5. Investigative Reports <p data-bbox="256 842 414 878">Interviews:</p> <ol data-bbox="256 913 991 1160" style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Medical and Mental Health Staff 3. Interview with the Warden 4. Interview with the PREA Coordinator <p data-bbox="256 1267 587 1303">Findings (By Provision):</p> <p data-bbox="256 1415 1477 2078">115.61 (a): The PAQ stated that the agency required all staff to report immediately and according to agency policy; any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. DOC 490.800, page 19 states staff will report all allegations, related retaliation, and knowledge of related staff actions or neglect that may have contributed to an incident per DOC 490.850 Prison Rape Elimination Act (PREA) Response. DOC 490.850 pages 2-3 and WCCW 490.850, pages 3-4 state 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 incarcerated setting even if it is not a Department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to the incident. Allegations of sexual assault that occurred within 120 hours and involve penetration and/or the exchange of bodily fluids are considered emergent PREA incidents and must be reported</p> |

immediately. A provider may wait until the end of a session to report if a non-emergent potential PREA incident is discovered during medical, mental health, or sex offender treatment session. The provider will complete necessary documentation no later than the end of the same shift. Employees/contract staff will report PREA related information confidentially to the Shift Commander using DOC 21-917 Incident Report. Interviews with fourteen staff confirm that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. Staff stated they would immediately report the allegation/information to the Lieutenant.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. DOC 490.850, pages 2-3 and WCCW 490.850, pages 3-4 state 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 incarcerated setting even if it is not a Department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to the incident. Allegations of sexual assault that occurred within 120 hours and involve penetration and/or the exchange of bodily fluids are considered emergent PREA incidents and must be reported immediately. A provider may wait until the end of a session to report if a non-emergent potential PREA incident is discovered during medical, mental health, or sex offender treatment session. The provider will complete necessary documentation no later than the end of the same shift. Employees/contract staff will report PREA related information confidentially to the Shift Commander using DOC 21-917 Incident Report. Additionally, policies state staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process. Interviews with fourteen staff confirm that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. Staff stated they would immediately report the allegation/information to the Lieutenant. Staff stated that in instances of sexual abuse and sexual harassment allegations they bypass their direct supervisor and report to the Lieutenant.

115.61 (c): DOC 490.850, pages 2-3 and WCCW 490.850, pages 3-4 state 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 incarcerated setting even if it is not a Department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to the incident. Allegations of sexual assault that occurred within 120 hours and involve penetration and/or the exchange of bodily fluids are considered emergent PREA incidents and must be reported immediately. A provider

may wait until the end of a session to report if a non-emergent potential PREA incident is discovered during medical, mental health, or sex offender treatment session. The provider will complete necessary documentation no later than the end of the same shift. Page 3 (DOC 490.850) and Page 4 (WCCW 490.860) also state that individuals will be informed of the requirements of mandatory reporting at reception, and information will be posted in Health Services areas where it can be seen by incarcerated individuals. Policies also state that health service providers must inform of the duty to report before providing treatment when an individual displays symptoms/signs of sexual misconduct or discloses to a medical or mental health provider sexual misconduct that occurred while in a correctional setting. When an individual discloses to medical or mental health sexual abuse that occurred in the community, the individual must sign DOC 13-035 Authorization for Disclosure of Health Information before the provider can release the information. Interviews with medical and mental health care staff confirm that they immediately report any allegation/incident of sexual abuse or sexual harassment that occurred within a confinement setting and that they notify inmates of limitations of confidentiality and duty to report. One of the staff interviewed indicated that she had previously become aware of such incidents and she reported it to the Shift Commander. A review of documentation indicated there were allegations reported to medical or mental health care staff during the previous twelve months. Documentation further confirmed that in these instances the medical and mental health care staff reported it to security and completed an incident report.

115.61 (d): DOC 490.850 and WCCW 490.850, page 10 state that the Appointing Authority/Duty Officer will ensure that notification is made to Child Protective Services (CPS), if the alleged incident occurred in any correctional setting and the alleged victim is/as under the age of eighteen at the time. Additionally, the Appointing Authority/Duty Officer will ensure that notification is made to Adult Protective Services (APS), if the alleged victim is classified as a vulnerable adult. The interview with the PC indicated that unless precluded by federal, state or local law, staff and contractors are required to report allegations of sexual abuse for alleged victims under the age of eighteen or those considered a vulnerable adult to designated state or local services agencies under applicable mandatory reporting laws. She stated the agency would notify Child Protective Services or Adult Protective Services as well as local law enforcement. The Warden stated the agency has a sister agency, Child Protective Services, and the facility would notify this agency of any reports.

115.61 (e): WCCW 490.850, pages 3-4 state 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 incarcerated setting even if it is not a Department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to the incident. Allegations of sexual assault that occurred within 120 hours and involve penetration and/or the exchange of bodily fluids are considered emergent PREA

incidents and must be reported immediately. A provider may wait until the end of a session to report if a non-emergent potential PREA incident is discovered during medical, mental health, or sex offender treatment session. The provider will complete necessary documentation no later than the end of the same shift. Employees/contract staff will report PREA related information confidentially to the Shift Commander using DOC 21-917 Incident Report. The interview with the Warden confirmed that all allegations of sexual abuse or sexual harassment are reported to the facility investigators. She stated the process is that all allegations are initially reported to the Shift Commander. Then the statewide process is that allegations are reviewed by headquarters PREA triage and then they will indicate if an investigation is to be opened (if it meets the definition of sexual abuse or sexual harassment). If they indicate an investigation is to be opened, the information is returned back to the facility (to the Warden) for investigation. A review of fifteen investigative reports indicated that eleven were reported verbally, one was reported via the hotline, one was reported through a third party, one was reported via a Warden to Warden notification and one was discovered by staff during a review of video cameras. All fifteen allegations were forwarded to the triage unit who then returned to the facility for investigation.

Based on a review of the PAQ, DOC 490.850, DOC 350.550, Incident Reports from Medical and Mental Health Care Staff, Investigative Reports and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden indicate that this standard appears to be compliant.

115.62 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.820 - Prison Rape Elimination Act (PREA) Risk Assessments and Assignments
3. DOC 490.850 - Prison Rape Elimination Act (PREA) Response
4. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Random Staff

Findings (By Provision):

115.62 (a): The PAQ indicated that when the agency or facility learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. The PAQ stated that the actions are documented on the response checklist and entered in the Incident Management Report System (IMRS). DOC 490.820, page 6 states immediate actions will be taken to protect the individual when it has been determined that the individual is at substantial risk of immediate sexual assault or abuse. The PAQ indicated that there were zero inmates who were determined to be at imminent risk of sexual abuse. The interview with the Agency Head Designee indicated that every potential victim and perpetrator will be reviewed by the facility risk management team to develop a monitoring plan. These individuals also have increased contact with staff and staff monitor any changed behavior for potential issues. The Agency Head Designee further stated that if they had imminent risk of sexual abuse they would ensure the individual is in or is placed in a safe environment refer the allegation for investigation, investigate the allegation, move the individual's housing or transfer one of the individuals to another facility, if applicable and take any other necessary intervention steps. The Warden stated that the individual would be placed on monitoring and would be met with at least every 30 days. He indicated they may also involve medical and mental health care staff. She

stated they would identify any needs of the individual and mitigate any risk. This could be through monitoring changes of behavior and ensuring necessary staff are aware of the issue/potential issue. The interviews with fourteen staff indicated that they would take immediate action. Staff stated they would contact the Lieutenant and most indicated they would isolate or remove the individual from the area/situation. A few stated that they would have the inmate moved to a different housing unit. A review of documentation indicated there were no instances of an inmate at substantial risk of imminent sexual abuse, however in all instances where an inmate reported sexual abuse, staff took appropriate measures, to include separation, to protect the victim.

Based on a review of the PAQ, DOC 490.820, DOC 490.850, Investigative Reports and interviews with the Agency Head Designee, Warden and random staff indicate that this standard appears to be compliant.

115.63 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.850 - Prison Rape Elimination Act (PREA) Response
3. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation
4. Warden to Warden Notifications
5. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

Findings (By Provision):

115.63 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. DOC 490.850, page 8 and WCCW 490.850, pages 8-9 state that the Appointing Authority will notify the appropriate Appointing Authority or facility administrator within 72 hours of receipt of an allegation when the alleged incident occurred in another Department location or another jurisdiction. The PAQ indicated that during the previous twelve months, the facility had eleven inmates report that they were sexually abused while confined at another facility. The PAQ further stated that the facility response related to the eleven allegations included notification to the applicable facility administrator. A review of a sample of eight Warden to Warden notifications indicated that all eight were reported to the appropriate agency head/facility head, all eight were documented and all eight were provided within 72 hours of receipt of the report.

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 ours after

receiving the allegation. DOC 490.850, page 8 and WCCW 490.850, pages 8-9 state that the Appointing Authority will notify the appropriate Appointing Authority or facility administrator within 72 hours of receipt of an allegation when the alleged incident occurred in another Department location or another jurisdiction. A review of a sample of eight Warden to Warden notifications indicated that all eight were reported to the appropriate agency head/facility head, all eight were documented and all eight were provided within 72 hours of receipt of the report.

115.63 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. DOC 490.850 and WCCW 490.850, page 11 states if an allegation involved another facility/location, all original records will be forwarded to the applicable Appointing Authority and a copy will be retained at the facility/location receiving the allegation. A review of a sample of eight Warden to Warden notifications indicated that all eight were reported to the appropriate agency head/facility head, all eight were documented and all eight were provided within 72 hours of receipt of the report.

115.63 (d): The PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. DOC 490.860, page 2 states the Department will thoroughly, promptly and objectively investigate all allegations of sexual misconduct involving individuals under the jurisdiction or authority of the Department. Investigation 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. The PAQ stated there were four sexual abuse allegations received from other facilities. The PAQ stated there were three sexual abuse allegations received from other facilities. A review of documentation confirmed there were three allegations reported through Headquarters via another agency/facility. All three had an investigation initiated and all three were currently ongoing investigations. The interview with the Agency Head Designee indicated that notifications would be reported to the appropriate Appointing Authority. He stated that the allegation would then be investigated. The Agency Head Designee confirmed that there have been instances of these reports and they were referred for investigation. The Warden stated that when they receive an allegation from another agency/facility they open up an investigation, go through the checklist and report it up through the triage process. She stated if it is the opposite and they are notified the allegation occurred elsewhere, they notify the head of that facility/agency within 72 hours. The Warden advised that she was not aware of any instances where they received an allegation from another agency/facility. She stated they typically get the opposite as they are the reception center for women.

Based on a review of the PAQ, DOC 490.850, DOC 490.860, Warden to Warden Notifications, Investigative Reports and interviews with the Agency Head Designee

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| | and Warden, this standard appears to be compliant. |
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115.64 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.850 - Prison Rape Elimination Act (PREA) Response
3. DOC 02-111 PREA Response and Containment Checklist
4. DOC 02-007 Aggravated Sexual Assault Checklist
5. Investigative Reports

Interviews:

1. Interview with First Responders
2. Interview with Random Staff
3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. DOC 490.850, page 5 states for all allegations except aggravated sexual assault, the Shift Commander/Community Corrections Supervisor (CCS)/designee will implement appropriate security procedures and initiate DOC 02-111 PREA Response and Containment Checklist. Page 6 states for allegations of aggravated assault, the Shift Commander/CCS/designee will initiate DOC 02-007 Aggravated Sexual Assault Checklist, and the PREA Response Team will conduct a coordinated, multidisciplinary response to the allegation. A review of DOC 02-111 confirmed that the checklist has required actions that include separating the victim, accused and possible witnesses; dispatching an officer to secure and maintain the scene, ensuring medical treatment is provided and ensuring mental health treatment is offered. The DOC 02-007 has similar information but also

includes direction to request the alleged victim and ensure the accused not destroy physical evidence on their bodies. The PAQ indicated that during the previous twelve months, there have been 57 allegations of sexual abuse and all 57 involved the separation of alleged victim and abuser. None of the 57 involved the preservation of the crime scene or evidence collection. A review of fifteen investigations indicated eight were sexual abuse. The DOC 02-007 or DOC 02-111 were included in five of the investigative reports. Two inmates were not at the facility at the time of the report and as such the checklist was not completed. One investigation was missing a checklist. Of five investigations with a checklist, three indicated the victim, alleged perpetrator and applicable witnesses were separated and three indicated that medical and/or mental health services were offered/provided. Of those that did not indicate separation, the checklist stated that it was not applicable, indicating that there was not a need for separation. None of the eight investigations reviewed involved the preservation of the crime scene or instruction to the inmate(s) to not take any action to destroy evidence. The interview with the security staff first responder indicated she would isolate the individual (separate), immediately notify the Shift Commander and secure the crime scene. The non-security first responder stated she would immediately alert security and take the inmate to the Lieutenant. The interviews with inmates who reported sexual abuse indicated that three inmates reported verbally to staff and all three stated the other inmate (alleged perpetrator) was moved from the cell/housing unit. One inmate stated she told her mom who reported and that staff came to talk to her two weeks after she told her mom and the other inmate (alleged perpetrator) was moved. One inmate stated that she reported through the hotline and nothing was done for a year. The sixth inmate stated that she reported to staff who took her to the office and she remained in the same unit and the staff was not moved.

115.64 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. The PAQ further stated that all staff, security and non-security are trained in emergency response procedures to include isolation and containment of emergency situations and any actions beyond initial containment of emergency incidents would be managed under the direction of the Shift Commander, Duty Officer or Appointing Authority. DOC 490.850, page 5 states for all allegations except aggravated sexual assault, the Shift Commander/Community Corrections Supervisor (CCS)/designee will implement appropriate security procedures and initiate DOC 02-111 PREA Response and Containment Checklist. Page 6 states for allegations of aggravated assault, the Shift Commander/CCS/designee will initiate DOC 02-007 Aggravated Sexual Assault Checklist, and the PREA Response Team will conduct a coordinated, multidisciplinary response to the allegation. A review of DOC 02-111 confirmed that the checklist has required actions that include separating the victim, accused and possible witnesses; dispatching an officer to secure and maintain the scene, ensuring medical treatment is provided and ensuring mental health treatment is offered. The DOC 02-007 has similar information but also includes direction to request the alleged victim and

ensure the accused not destroy physical evidence on their bodies. The PAQ indicated that during the previous twelve months, there were sixteen allegations of sexual abuse involving a non-security first responder. In all sixteen instances the non-security first responder notified security. None of the sixteen instances involved the request that the alleged victim not take any actions that could destroy physical evidence. A review of fifteen investigations indicated eight were sexual abuse. The DOC 02-007 or DOC 02-111 were included in five of the investigative reports. Two inmates were not at the facility at the time of the report and as such the checklist was not completed. One investigation was missing a checklist. Of five investigations with a checklist, three indicated the victim, alleged perpetrator and applicable witnesses were separated and three indicated that medical and/or mental health services were offered/provided. None of the eight investigations reviewed involved the preservation of the crime scene or instruction to the inmate(s) to not take any action to destroy evidence. Of those that did not indicate separation, the checklist stated that it was not applicable, indicating that there was not a need for separation. None of the eight investigations reviewed involved the preservation of the crime scene or instruction to the inmate(s) to not take any action to destroy evidence. The interview with the security staff first responder indicated she would isolate the individual (separate), immediately notify the Shift Commander and secure the crime scene. The non-security first responder stated she would immediately alert security and take the inmate to the Lieutenant. The interviews with inmates who reported sexual abuse indicated that three inmates reported verbally to staff and all three stated the other inmate (alleged perpetrator) was moved from the cell/housing unit. One inmate stated she told her mom who reported and that staff came to talk to her two weeks after she told her mom and the other inmate (alleged perpetrator) was moved. One inmate stated that she reported through the hotline and nothing was done for a year. The sixth inmate stated that she reported to staff who took her to the office and she remained in the same unit and the staff was not moved. Interviews with random staff confirmed that all were aware of first responder duties. Most stated they would separate the individuals, notify the Shift Commander and preserve the scene.

Based on a review of the PAQ, DOC 490.850, DOC 02-111 PREA Response and Containment Checklist, DOC 02-007 Aggravated Sexual Assault Checklist, Investigative Reports and interviews with random staff, staff first responders and inmates who reported abuse indicate this standard appears to be compliant.

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| 115.65 | Coordinated response |
| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <hr/> <p data-bbox="256 340 429 376">Documents:</p> <ol data-bbox="256 412 667 519" style="list-style-type: none"> <li data-bbox="256 412 667 448">1. Pre-Audit Questionnaire <li data-bbox="256 483 619 519">2. PREA Response Plan <p data-bbox="256 627 414 663">Interviews:</p> <ol data-bbox="256 698 702 734" style="list-style-type: none"> <li data-bbox="256 698 702 734">1. Interview with the Warden <p data-bbox="256 842 587 878">Findings (By Provision):</p> <p data-bbox="256 985 1474 1944">115.65 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. DOC 490.850, page 4 states each Prison, Reentry Center, and Field Office will maintain a PREA Response Plan providing detailed instructions for responding to allegations of sexual misconduct. The PREA Response Plan will consist of 4 sections composed of the documents listed in PREA Response Plan Contents (Attachment 4). The plan will be maintained by the PREA Compliance Manager/Specialist in the Shift Commander's office. A review of the PREA Response Plan confirms that the plan includes a section on response to aggravated sexual assault allegations and a section for all other sexual misconduct allegations. The plan contains checklists, the crime scene security log, information on hospital for forensic medical examinations, the PREA response kit, medical follow-up form and the mental health referral form. Additionally, it includes the uniform evidence protocol, definitions, contact information for local law enforcement and the local victim advocate, additional checklist and all applicable facility and agency policies and procedures. The forms, policies and procedures outline duties for first responders, supervisors, medical and mental health care staff, investigators and facility leadership. The Warden confirmed that the facility has a response plan to coordinate actions among facility leadership, staff first responder, medical, mental health and investigators. She stated the facility has a PREA response plan that is kept in the operational memorandum and on the shared drive. She also stated they have a rape kit process in the shift office for quick response.</p> <p data-bbox="256 2051 1417 2087">Based on a review of the PAQ, the PREA Response Plan and the interview with the</p> |

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| | Warden, this standard appears to be compliant. |
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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Collective Bargaining Agreement with Teamsters Local Union 117 Volume 1 - DOC Only <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency’s behalf has not entered into or renewed a collective bargaining agreement or other agreement since the last PREA audit. A review of collective bargaining agreement confirmed that Article 8 (page 13) describes discipline under the agreement. The agreement states that the employer will not discipline any permanent employee without just case. Further review of the agreement confirms it does not limit the ability of the agency to remove the alleged staff member from contact with the offender and does not determine the extend discipline is warranted. The interview with the Agency Head Designee indicated that the agency does have a collective bargaining agreement, however it does not preclude the agency from removing or reassigning staff members.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, the collective bargaining agreement and the interview with the Agency Head Designee, this standard appears to be compliant.</p> |

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| 115.67 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation 3. Investigative Reports 4. PREA Monthly Retaliation Monitoring Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden 3. Interview with Designated Staff Member Charged with Monitoring Retaliation 4. Interview with Inmates who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>115.67 (a): The PAQ indicated that the agency has a policy to protection all inmates and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. DOC 490.800, page 1 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. DOC 490.860, page 6 states retaliation against anyone for reporting sexual misconduct or participating in an investigation of such misconduct is prohibited, and may result in disciplinary actions if found to have: engaged in retaliation, failed to report such activities, or failed to take immediate steps to prevent retaliation. The PAQ did not indicate who was responsible for monitoring, however further communication with the PCM indicated that Human Resource staff will monitor staff and the PREA Compliance Specialist will monitor offenders.</p> <p>115.67 (b): Interviews with the Agency Head Designee, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The Agency Head Designee stated they have a retaliation monitoring program that continues for 90 days, or</p> |

longer, if needed. He stated they also can move staff or incarcerated individuals for protection if needed. The Agency Head Designated stated that any reported allegation is investigated and they immediately try to make sure the individual is not at risk. He confirmed that they would take necessary steps such as moving housing units, facility transfers and/or removal of staff from contact with the individual. The interview with the Warden indicated that the facility would make sure to communicate the need to monitor the individual every 30 days, or more if needed. She stated they ensure all retaliation is reported and they monitor discipline, housing changes, program changes and negative performance reviews as signs of retaliation. The Warden indicated that protective measure could include housing changes, removal of staff from contact with the individual, moving the staff to a different work unit, transfer to another facility, if possible and offering of mental health services. The staff members responsible for monitoring for retaliation stated their role in preventing retaliation is by being in the units and watching for any issues or concerns. Both staff indicated that they listen to the individuals related to any of their concerns. The staff indicated they make sure everyone is aware that retaliation is not tolerated and to report any issues. The staff stated that protective measures include unit or pod changes, program changes, job changes and other options. One staff member stated they would get mental health involved if necessary. Staff can be reassigned or removed from contact with individuals as well. The staff stated they meet with the individual and ask them questions about their safety, their job, any disciplinary infractions, etc. and this information is documented on the retaliation monitor tracker. Both staff indicated they monitor for 90 days and they typically meet with the individual every 30 days. Interviews with six inmate who reported sexual abuse indicated five did not feel protected against retaliation. Four of the five stated that they don't feel protected because staff are in "cahoots" and specific staff target them. One inmate stated that she did not feel protected because her initial allegation was determined to not have any merit. It should be noted that two of the inmates who reported sexual abuse had an allegation against an inmate not a staff member. One inmate stated that she is constantly being harassed by the other inmate but that she had not reported it. While five inmates indicated they did not feel protected against retaliation, none offered any information that could be corroborated by the auditor. Conversely, the auditor reviewed an investigation and noted there were other investigations related to retaliation. One of these investigations was substantiated and the inmate was disciplined, indicating that the facility takes retaliation seriously.

115.67 (c): The PAQ states that the agency/facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The PAQ indicated that monitoring is conducted for 90 days and that the agency/facility acts promptly to remedy any such retaliation. The PAQ stated that monitoring does not extend beyond 90 days, however communication with the PCM indicated this was marked incorrectly and that the agency/facility will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. Retaliation is reported to the Shift Lieutenant and an

investigation is initiated. DOC 490.860, page 7 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. Indicators of retaliation may include, but are not limited to: disciplinary reports, housing/program changes and reassignments, or negative performance reviews. Retaliation monitoring will continue for 90 days following notification, or longer if the Appointing Authority/designee determines it is necessary. Any report of retaliation expressed or indicated during the monitoring period will be immediately reported as follows, with appropriate action taken by the Appointing Authority/designee. In a Prison, information will be reported to the Shift Commander. A review of the PREA Monthly Retaliation Monitoring Report indicates that the staff member is directed to meet with the individual once a month for 90 days. The report directs the staff to ask about any housing/program changes, disciplinary reports and/or reassignment and/or negative performance reviews. The PAQ indicated that there has been one instance of retaliation in the previous twelve months and it was investigated under a 2021 case number. The Warden stated any reports of retaliation are investigated and they would offer the same services as outlined in provision (b). The staff responsible for monitoring stated they monitor for 90 days and typically meet with the individual every 30 days. They use the checklist and ask about infractions, grievances, mental health issues, job changes, housing changes and anything else that may suggest retaliation. The staff indicated that they would continue to monitor past the 90 days, as needed. One staff indicated there is not a maximum but that it wouldn't be more than a year. A review of documentation indicated there have been two reports of retaliation reported in the previous twelve months, both of which were referred for investigation. One investigation was closed unsubstantiated while the other was still on ongoing investigation. It should be noted that there was a report of retaliation that was prior to the previous twelve months that was referred for investigation and deemed substantiated. The auditor reviewed eight reported sexual abuse allegations. Two did not require monitoring as the victim was not at the facility at the time of the reported allegation. Of the remaining six allegations, two were unfounded, however the investigations took longer than 90 days and as such monitoring for retaliation was still required. Of the six investigations, five had monitoring for retaliation documented. Monitoring was conducted for 90 days and was documented on the PREA Monthly Retaliation Monitoring Report. All reviews included in-person status checks and included the alleged victim's (or other person being monitored) view on retaliation and changes as well as their signature. It should be noted, that four other investigations, three sexual harassment and one retaliation, also included monitoring for retaliation, which exceeds the requirement of this standard.

115.67 (d): The interviews with the staff responsible for the risk screening confirmed that they meet with the individual in person at least every 30 days and ask about infractions, housing changes, program changes and anything else that may suggest retaliation. The auditor reviewed eight reported sexual abuse allegations. Two did not

require monitoring as the victim was not at the facility at the time of the reported allegation. Of the remaining six allegations, two were unfounded, however the investigation took longer than 90 days and as such still required monitoring for retaliation. Of the six investigations, three had monitoring for retaliation documented. Monitoring was conducted for 90 days and was documented on the PREA Monthly Retaliation Monitoring Report. All reviews included in-person status checks and included the alleged victim's (or other person being monitored) view on retaliation and changes as well as their signature.

115.67 (e): DOC 490.860, page 6 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. The interview with the Agency Head Designee indicated that if there is a report of retaliation it will be investigated and appropriate action will be taken. He stated they would try to move the individual causing the issues first. He further confirmed that they would offer the same services outlined in provision (b) to anyone who cooperates with an investigation or reports concerns of retaliation. The Warden indicated that protective measure could include housing changes, removal of staff from contact with the individual, moving the staff to a different work unit, transfer to another facility, if possible and offering of mental health services. She confirmed any report of retaliation would be investigated.

115.67(f): Auditor not required to audit this provision.

Based on a review of the PAQ, DOC 490.860 – Prison Rape Elimination Act (PREA) Investigation, Investigative Reports, PREA Monthly Retaliation Monitoring Report and interviews with the Agency Head Designee, Warden, staff responsible for monitoring for retaliation and inmates who reported sexual abuse, this standard appears to be compliant.

115.68 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.850 - Prison Rape Elimination Act (PREA) Response
3. Inmate Victim Housing Documents

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing

Site Review Observations:

1. Observations of the Segregated Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. The PAQ also indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ stated there were zero inmates who reported sexual abuse who were involuntarily segregated. DOC 490.850, pages 9-10 and WCCW 490.850, pages 10-11 state in prisons, an alleged victim will be placed in Administrative Segregation/ Secured Housing per DOC 320.200 only upon the alleged victim's documented request, or if the Appointing Authority/Duty Officer has specific information that the alleged victim may be in danger to self or in danger from other individuals. The placement should only be made when no suitable alternative housing exists and last only as long as necessary for the individual's protection. Additionally, policies state the Appointing Authority/designee will attempt to minimize any disturbance to the

alleged victim's housing location, program activities, and/or supervision during the investigation. During the tour the observed that the segregated housing unit had a separate outdoor recreation area as well as a dayroom for indoor recreation. Hearing rooms were located in the entrance of the unit and a property room was located within the unit. Phones were located in the dayroom and large PREA posters were observed in the dayroom as well. Inmates have access to the telephone during their hour out of cell, five days a week. They also have access to locked drop boxes during out of cell time (showers, recreation, etc.). Staff also stated that inmates can request forms and provide them the completed forms and the staff could place the forms in the locked boxes for them. A review of documentation for eight inmates who reported sexual abuse indicated two were not at the facility at the time of the reported allegation while the remaining six remained in their current housing status. Documentation confirmed that none of the six were placed in involuntary segregated housing after reporting sexual abuse. The Warden confirmed that the agency has a policy that prohibits placing inmates who report sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. She stated the individual would not remain in segregated housing longer than what is needed to create a plan for their safety. The Warden further confirmed that they have not had any instances of inmates who reported sexual abuse being placed in involuntary segregated housing. The interview with the staff who supervise inmates in segregated housing indicated that this placement would be extremely rare, if ever. She stated if an individual was placed in segregation for their protection they would have services offered to them in segregation. She indicated rounds are made daily and they have access to religious services, education, recreation, dayroom, etc. She stated they may not have full access, but they would have access. The staff member further confirmed that any restrictions would be documented in the online system in the segregation tab. The staff who supervise inmates in segregated housing confirmed any use of involuntary segregated housing would only be made after an assessment of all available alternatives has been made and there are no other alternatives for separation from likely abusers. She stated they have other means to house individuals and that they can separate by pod or unit. The staff indicated there is voluntary and involuntary protective custody and staff are required to meet with anyone in segregation within two days of placement, then within fourteen days of placement and then again within 30 days of placement. She also stated they conduct administrative segregation hearings once a week. The staff confirmed she has never had any knowledge of anyone remaining involuntarily segregated for more than a week as they can typically transfer someone within a week. Additionally, the staff who supervise inmates in segregated housing confirmed that any individual that was involuntarily segregated would be reviewed at least every 30 days for continued need of placement in segregated housing. There were no inmates who reported sexual abuse that were involuntarily segregated and as such no interviews were conducted.

Based on a review of the PAQ, DOC 490.850, Inmate Victim Housing Documents and the interviews with the Warden and staff who supervise inmates in segregated

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| | housing, this standard appears to be compliant. |
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| 115.71 | Criminal and administrative agency investigations |
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| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation 3. DOC 400.360 - Polygraph Testing 4. Mutual Aid Agreement with the Washington State Patrol 5. Department of Corrections Records Retention Schedule 6. Investigator Training Records 7. PREA For Appointing Authority Training Curriculum 8. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff 2. Interview with the Warden 3. Interview with the PREA Coordinator 4. Interview with the PREA Compliance Manager 5. Interview with Inmates Who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>115.71 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. DOC 490.860, page 2 states the Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving individuals under the jurisdiction or authority of the Department. There were 237 allegations reported at the facility during the previous twelve months (October 2021 through October 2022). 78 did not rise to the level of PREA (did not meet the definition of sexual abuse or sexual harassment), 44 were already under investigation or the information was added to an active investigation, five were in regard to retaliation and ten were forwarded to the appropriate agency/</p> |

facility to investigate (Warden to Warden). The remaining 100 allegations were referred for administrative investigation. None of the allegations were referred for prosecution and none of the allegations had a criminal investigation completed. Of the 100, five had a completed investigation on the first day of the on-site portion of the audit. The auditor reviewed a sample of fifteen investigative reports, thirteen that were closed and two that were still ongoing. The review indicated that indicated three of the investigations were completely promptly (within 60 days), while the remainder were completed between four months to over a year later. Additionally, only five allegations reported in 2022 were documented with a closed investigations. The remaining 85 were still open investigations. All closed investigations were thorough and objective. Twelve of the thirteen closed investigation included interviews of the alleged victim, perpetrator and witnesses/potential witnesses, when applicable. Three of the investigations were not timely and as such interviews were unable to be completed as inmates had been released and/or staff had resigned/retired. Five investigations included a review of evidence, including video monitoring technology. All closed cases involved a review of prior reports of sexual abuse. The interviews with the investigators indicated that allegations are sent to the PREA triage unit where they determine if the allegation meets the definition of sexual abuse or sexual harassment. The investigation is then assigned to a facility investigator. Both investigators stated once they receive the information from the PREA triage unit they start their investigation immediately. Both investigators confirmed that anonymous and third party reports of sexual abuse are investigated in the same manner as all other reported sexual abuse allegations. The one investigator indicated that it is the same principal and practice for all investigations.

115.71 (b): DOC 490.800, page 12 states PREA investigators will be trained in: crime scene management/investigation, including evidence collection in Prisons and Reentry Centers; confidentiality of all investigation information; Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process; Crisis intervention; investigating sexual misconduct; techniques for interviewing sexual misconduct victims and criteria and evidence required to substantiate administrative action or prosecution referral. It further states within 6 months of assuming duties, Appointing Authorities must complete training specific to PREA investigations and: responding to allegations; assessing witness credibility; making substantiation decisions; referring to law enforcement; making notifications and creating action plans. A review of the Administrative Investigations training curriculum confirms that the training includes information on techniques for interviewing sexual abuse victims (module 3), proper use of Miranda and Garrity warnings (module 3), sexual abuse evidence collection in a confinement setting (module 2) and the criteria and evidence to substantiate an administrative investigation (module 1 and module 5). A review of documentation indicated there are over 525 agency staff that have completed the specialized training of which 31 are staff at WCCW. The auditor reviewed fifteen that were completed by ten different investigators. A review of documentation confirmed all ten completed the specialized training. The interviews with the investigators confirmed that the required topics were covered in the training.

115.71 (c): DOC 490.860, page 4 states investigators will, if requested by an alleged victim of individual-on-individual sexual assault/ abuse or staff sexual misconduct, initiate arrangements with the Office of Crime Victims Advocacy (OCVA) for a victim advocate to be present during the investigatory interview by calling 1-855-210-2087 Monday through Friday 8:00 a.m. - 5:00 p.m. to reach an OCVA PREA Support Specialist. Investigators will interview alleged victims, accused individuals/staff, and witnesses in a confidential location; refer the individual for mental health assessment using DOC 13-509 PREA Mental Health Notification if the investigation uncovers new information that the individual was the victim of any physical and/or emotional trauma of a sexual nature, whether in an institutional setting or in the community and collect any additional evidence per DOC 420.375 Contraband and Evidence Handling (RESTRICTED), DOC 420.365 Evidence Management for Work/Training Release, or DOC 420.395 Evidence/Property Procedures for Field. The auditor reviewed a sample of fifteen investigative reports, thirteen that were closed and two that were still ongoing. All closed investigations were thorough and objective. Twelve of the thirteen closed investigation included interviews of the alleged victim, perpetrator and witnesses/potential witnesses, when applicable. Three of the investigations were not timely and as such interviews were unable to be completed as inmates had been released and/or staff had resigned/retired. Five investigations included a review of evidence, including video monitoring technology. All closed cases involved a review of prior reports of sexual abuse. The interviews with the investigators indicated that initial steps involve getting the full packet of information to review the allegation, identifying all parties involved, going over all evidence and scheduling interviews. The investigators stated they would conduct any interviews, review video, listen to phone calls, review JPay and collect any other additional evidence. The investigators stated they would then pull all the information together and complete an investigative report. Both investigators indicated they would be responsible for gathering evidence such as video, JPay, call logs, interviews, physical evidence such as DNA, etc.

115.71 (d): DOC 490.860, page 3 states all allegations that appear to be criminal in nature will be referred to law enforcement for investigation by the Appointing Authority/designee. Referrals may be made using DOC 03-505 Law Enforcement Referral of PREA Allegation. A review of documentation indicated all of the investigations were completed by facility investigators. None of the allegations were referred to outside law enforcement. The interviews with the investigators indicated that the facility does not contact prosecutors, rather outside law enforcement would do that. The indicated they would refer anything that appears to be criminal to outside law enforcement and then they would take any action related to prosecution.

115.71 (e): The interviews with the investigators confirmed that they would not require an inmate victim to take a polygraph or truth telling device test. They further stated that they do not judge credibility rather credibility is based on what is found,

said, etc. during the investigation. One investigator stated that she is unbiased and that the investigation is strictly fact finding. The interviews with six inmates who reported sexual abuse confirmed that none were required to take a polygraph or truth telling device test as part of the investigation.

115.71 (f): DOC 490.860, page 4 states investigators will submit the investigation report and DOC 02-382 PREA Data Collection Checklist to the appropriate Appointing Authority/designee. All reports will follow DOC 02-351 Investigation Report. Photocopies/photographs of all physical evidence and evidence cards will be included in the investigation report. Additionally, electronic evidence (e.g., video recording, JPay message, telephone recording) used as part of an investigation will be submitted with the investigation report. The interviews with the investigators confirmed that administrative investigations would be documented in written reports and information on all interviews conducted, any evidence gathered, observations of the camera system, any notification to local law enforcement, the initial complaint and any photos. One investigator further stated that the information is then forwarded to the Appointing Authority who then determines the investigative outcome. Both investigators confirmed that every investigation involves fact finding which includes whether staff followed policy and procedure through a review of video and/or logs. During a review of documentation the auditor observed that there were allegations deemed "Other" that were reported on the sexual abuse and sexual harassment log. These "Other" investigations involved allegations of staff failure to report and/or staff actions that contributed to the sexual abuse. A review of a sample of fifteen investigations confirmed that the thirteen closed investigations were documented in a written report. Most of the reports had information related to interviews and a few had information related to a review of cameras. While all were documented in an investigative report, the auditor determined that investigative reports were inadequate. A few of the investigations were hard to follow and the auditor was unable to understand how the investigative outcome was derived from the information and evidence described in the investigative report. One investigation was substantiated and indicated that video confirmed the outcome, but there was no indication in the investigative report on what the video showed. Another investigation was deemed substantiated and then documented to have been reopened and determined to be unsubstantiated. There was no indication on what new evidence was reviewed in order for the outcome to be changed, nor was there any indication on why the outcome was changed. Additionally, the auditor reviewed the information and determined that neither the substantiated or unsubstantiated investigative finding was appropriate, as the alleged victim indicated that the allegation was actually consensual activity. During interviews with inmates a few indicated that this occurs frequently in that individuals state activity is consensual but the facility still investigates it as a sexual abuse or sexual harassment allegation. The auditor was unable to confirm this information as there was not any detailed information provided to further review.

115.71 (g): The interviews with the investigators confirmed that criminal investigations would be documented in written reports by outside law enforcement. The investigators stated that they do not believe they receive a report of the investigation, but they could request it if needed. A review of documentation indicated there were zero criminal investigations completed and as such there were no investigative reports to review.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated there were zero allegations referred for prosecution since the last PREA audit. DOC 490.860, page 2 states the Department may discipline and refer for prosecution, when appropriate, persons determined to be perpetrators of sexual misconduct. Investigations involving represented employees will be conducted per the provisions of the applicable collective bargaining agreement. A review of documentation indicated there were zero criminal investigations during the previous twelve months and as such there were zero allegations referred for prosecution. The interviews with the investigators indicated when they determine that an allegation is criminal and/or they substantiated an investigation they refer it to outside law enforcement.

115.71 (i): The PAQ stated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. DOC 480.860, page 13 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 five years. Page 37 of the Department of Corrections Records Retention Schedule indicates that PREA investigations are retained for 50 years after close of the investigation. A review of a few historical investigations confirmed investigations are retained appropriately.

115.71 (j): DOC 490.860, page 2 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. The investigators stated that the departure of the victim or abuser does not negate the investigation. One investigator stated that they investigation does not stop and they continue all their fact finding activities. The other stated that they would continue the investigation regardless and that they would try to make contact with the last existing phone number/address.

115.71 (k): The auditor is not required to audit this provision.

115.71 (I): The PC stated that currently the Superintendent or the facility Intelligence and Investigation Unit are the point of contact for local law enforcement. She stated they receive regular status updates on cases. The interview with the PCM confirmed that the Chief Investigator has been designated as the outside law enforcement liaison. She stated the investigator gets monthly updates on the status and he communicates them on a regular basis. The Warden also stated that the Intelligence and Investigation Unit are responsible for tracking investigative information and that the staff update her every 30 days or so on the status. The investigators stated that if an outside agency conducts an investigation they serve as a liaison and support the agency moving forward with whatever they may need.

Based on a review of the PAQ, DOC 490.860, DOC 400.360, Mutual Aid Agreement with the Washington State Patrol, Department of Corrections Records Retention Schedule, Investigator Training Records, PREA For Appointing Authority Training Curriculum, Investigative Reports and information from interviews with the Agency Head Designee, Warden, PREA Coordinator, PREA Compliance Manager, investigators and inmates who reported sexual abuse, this standard appears to require corrective action. While the agency has policies and procedures related to the investigative process, the auditor determined that investigative reports were not adequate nor was the timeframe of investigations. The auditor reviewed a sample of fifteen investigative reports, thirteen that were closed and two that were still ongoing. The review indicated that indicated three of the investigations were completely promptly (within 60 days), while the remainder were completed between four months to over a year later. Additionally, only five allegations reported in 2022 were documented with a closed investigations. The remaining 85 were still open investigations. All closed investigations were thorough and objective. Twelve of the thirteen closed investigation included interviews of the alleged victim, perpetrator and witnesses/potential witnesses, when applicable. Three of the investigations were not timely and as such interviews were unable to be completed as inmates had been released and/or staff had resigned/retired. A review of a sample of fifteen investigations confirmed that the thirteen closed investigations were documented in a written report. Most of the reports had information related to interviews and a few had information related to a review of cameras. While all were documented in an investigative report, the auditor determined that investigative reports were inadequate. A few of the investigations were hard to follow and the auditor was unable to understand how the investigative outcome was derived from the information and evidence described in the investigative report. One investigation was substantiated and indicated that video confirmed the outcome, but there was no indication in the investigative report on what the video showed. Another investigation was deemed substantiated and then documented to have been reopened and determined to be unsubstantiated. There was no indication on what new evidence was reviewed in order for the outcome to be changed, nor was there any indication on why the outcome was changed. Additionally, the auditor reviewed the information and determined that neither the substantiated or unsubstantiated investigative finding was appropriate, as the alleged victim indicted that the allegation was actually consensual activity.

Corrective Action

The facility will need to train appropriate staff on investigations, including how to write an inclusive and thorough investigative report and how to derive investigative outcomes based on evidence. Once the training is complete, documentation should be provided to the auditor. Additionally, the facility will need to provide the auditor with copies of investigative reports completed during the corrective action period to confirm that investigations are completely timely and that investigative reports contain appropriate information and appropriate investigative findings.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Responding to Sexual Misconduct for the Appointing Authority Training Curriculum
2. Appointing Authority Training Record
3. Investigator Training Records
4. Investigative Reports

On January 3, 2023 the facility provided confirmation that the Appointing Authority (the staff member responsible for determining investigative outcomes/findings) was provided additional training. The training was the PREA for Appointing Authority Training Curriculum, which was re-titled, "Responding to Sexual Misconduct for the Appointing Authority". Section 4.13 - Determination of Findings, outlines the three investigative outcomes and how to determine the allegations' findings. The section clearly documents the differences in the outcomes and when to utilize each.

On February 23, 2023 the facility provided the auditor with investigator training records confirming that all facility investigators received refresher training during the month of January. Additionally, on the same date the facility provided the auditor with two completed investigations. A review of the investigations confirmed that both were

completed timely, one within 30 days and one within 40 days. Both involved the interview of the alleged victim and suspect and both included interviews of witnesses. Neither involved video reviews as one occurred in the bathroom and one was verbal and not on video.

Based on the documentation provided, the facility has corrected this standard.

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| 115.72 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation 3. PREA For Appointing Authority Training Curriculum 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.72 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. DOC 490.860, page 5 states an allegation is substantiated when it was determined to have occurred by a preponderance of the evidence. Additionally, Attachment 1, PREA Investigative Process states that for a case to be substantiated, the allegation must be determined to have occurred by a preponderance of evidence. A review of the PREA for Appointing Authority training curriculum indicates that staff are advised on page 101 to impose a standard no higher than a preponderance of the evidence to determine whether an allegation is substantiated. A review of a sample of fifteen investigations indicated that thirteen were completed. The auditor determined that investigative findings were inadequate based on the information provided in the report for three of the investigations. One investigation was initially deemed substantiated but was reopened and deemed unsubstantiated. Based on the information provided in the report the alleged victim indicated that all activities were consensual and as such the investigation should have been unfounded as consensual activities do not constitute PREA allegations. A second investigation was deemed substantiated but the auditor was unable to determine how the outcome was derived based on the information in the investigative report. A third allegation indicated that video review corroborated the alleged victim's statement, however the investigation was deemed unsubstantiated. The interviews with the investigators indicated that the evidence required to substantiate a case is a preponderance of evidence or over 51 percent.</p> |

Based on a review of the PAQ, DOC 490.860, PREA Appointing Authority training curriculum, investigative reports and information from interviews with the investigators indicate that this standard appears to require corrective action. A review of investigative reports indicated that the facility is not utilizing a preponderance of evidence to substantiated administrative investigations and that based on information in the investigative reports reviewed, the facility is not making appropriate investigative findings based on information/evidence.

Corrective Action

The facility will need to train appropriate staff a preponderance of evidence and how to derive investigative outcomes based on evidence. Once the training is complete, documentation should be provided to the auditor. Additionally, the facility will need to provide the auditor with copies of investigative reports completed during the corrective action period to confirm appropriate investigative findings.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Responding to Sexual Misconduct for the Appointing Authority Training Curriculum
2. Appointing Authority Training Record

On January 3, 2023 the facility provided confirmation that the Appointing Authority (the staff member responsible for determining investigative outcomes/findings) was provided additional training. The training was the PREA for Appointing Authority Training Curriculum, which was re-titled, "Responding to Sexual Misconduct for the Appointing Authority". Section 4.13 - Determination of Findings, outlines the three investigative outcomes and how to determine the allegations' findings. The section clearly documents the differences in the outcomes and when to utilize each.

On February 23, 2023 the facility provided the auditor with two completed investigations. Both investigative findings were accurate based on the evidence and information contained in the investigative report.

Based on the documentation provided, this standard has been corrected.

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| 115.73 | Reporting to inmates |
| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 429 376">Documents:</p> <ol data-bbox="256 412 1235 663" style="list-style-type: none"> <li data-bbox="256 412 667 448">1. Pre-Audit Questionnaire <li data-bbox="256 483 1235 519">2. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation <li data-bbox="256 555 632 591">3. Investigative Reports <li data-bbox="256 627 604 663">4. Victim Notifications <p data-bbox="256 770 416 806">Interviews:</p> <ol data-bbox="256 842 1062 1021" style="list-style-type: none"> <li data-bbox="256 842 703 878">1. Interview with the Warden <li data-bbox="256 913 799 949">2. Interview with Investigative Staff <li data-bbox="256 985 1062 1021">3. Interview with Inmates Who Reported Sexual Abuse <p data-bbox="256 1128 588 1164">Findings (By Provision):</p> <p data-bbox="256 1272 1481 2060">115.73 (a): The PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. Attachment 1, PREA Investigative Process states when a decision has been made, the alleged victim will be personally notified in a confidential manner. DOC 490.860, page 5 states for each allegation in the report, the Appointing Authority will determine whether the allegation is: substantiated - the allegation was determined to have occurred by a preponderance of the evidence; unsubstantiated - evidence was insufficient to make a final determination that the allegation was true or false, or unfounded - the allegation was determined not to have occurred. Once the Appointing Authority has made a determination, the alleged victim will be notified of the findings. The PAQ indicated that there were 47 investigations completed within the previous twelve months and 47 notifications made. A review of a sample of documentation for eight sexual abuse allegations indicated that seven were closed. Of the seven all had a victim notification documented. It should be noted that three of the seven had a victim notification documented prior to the closure of the case. The PCM indicated that they notify the victim after the investigation is complete, however the case is not considered closed until all activities are completed (to include monitoring for</p> |

retaliation) and the PC's office review and approves. The interview with the Warden confirmed that the facility notifies inmates of the outcome of the investigation into their allegation. She stated that the Case Manager makes these notifications. The interviews with the investigators also confirmed that the facility informs the inmate victim of the outcome of the investigation. The interviews with six inmates who reported sexual abuse indicated all were aware that the facility was required to inform them of the outcome of the investigation into their allegation. A few of the inmates stated they were informed a few months after they reported the allegation and most stated the notification was verbal. It should be noted that the auditor reviewed sexual harassment investigations as well as two investigations deemed "other" (failure to report and retaliation) and in each instance the facility informed the inmate victim of the outcome of the investigations, exceeding the requirement under this provision.

115.73 (b): The PAQ indicated that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. The PAQ indicated that there were zero investigations completed by an outside agency within the previous twelve months and as such no notifications were required. A review of documentation indicated there were zero investigations completed by an outside agency and thus no notifications were required under this provision.

115.73 (c): The PAQ indicated that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate whenever: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. DOC 490.860, page 11 states the Department will make notifications, in writing, to alleged victims until they are no longer under Department jurisdiction for individual-on-individual allegations of sexual assault or abuse when the Department learns that the accused has been indicted on or convicted of a charge related to sexual assault or abuse within the facility. The PAQ indicated that there have been substantiated or unsubstantiated allegations (four total) of sexual abuse committed by a staff member against an inmate in the previous twelve months. The PAQ stated that in each case the inmate was not subsequently informed of the components under this provision. It stated that during audit preparation it was discovered that offenders were not being notified under this provision. The facility corrected the issue and implemented notifications under this provision. Interviews with inmates who reported sexual abuse indicated that two were against a staff member, however neither were provided any notification under this provision. A review of the investigative log indicated that there was one substantiated staff-on-inmate allegation over the previous eighteen months. A review of documentation indicated that the investigation was initially deemed

unfounded and was later reopened and changed to substantiated. The staff member was no longer employed with the agency and the inmate was no longer incarcerated with the agency. As such, no notifications were required under this provision.

115.73 (d): The PAQ indicates that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. DOC 490.860, pages 11-12 state the Department will make notifications, in writing, to alleged victims until they are no longer under Department jurisdiction when the accused employee no longer works at the facility; when the accused employee is no longer regularly assigned to the individual's housing unit and if the Department learns that the accused employee has been indicted on or convicted of any charge related to staff sexual misconduct within the facility. The interviews with inmates who reported sexual abuse indicated four were against another inmate, however none of the four were provided notifications under this provision. A review of the investigative log indicated there was one substantiated inmate-on-inmate allegation, however the allegation was not sexual abuse or sexual harassment but rather retaliation. As such, no notifications were required under this provision.

115.73 (e): The PAQ indicated that the agency has a policy that all notifications to inmates described under this standard are documented. DOC 490.860, pages 5-6 state for allegations against an incarcerated individual, the Appointing Authority/ designee will notify the accused of the findings in writing using DOC 02-400 Notice of PREA Investigation Findings. For allegations against staff, the Appointing Authority/ PREA Compliance Manager or Human Resources Manager will verbally notify the accused of the findings. If the allegation is substantiated, the notification may be provided during the pre-disciplinary process. Page 12 further states notifications will be provided to alleged victims in a confidential manner through legal mail or by another method determined by the Appointing Authority. The PAQ stated that there were zero notifications made pursuant to this standard. Further communication with the PCM indicated this was incorrect and there 47 total notifications under this standard and all 47 were documented. A review of a sample of documentation for eight sexual abuse allegations indicated that seven were closed. Of the seven all had a victim notification documented. It should be noted that three of the seven had a victim notification documented prior to the closure of the case. A review of the investigative log indicated that there was one substantiated staff-on-inmate allegation over the previous eighteen months. A review of documentation indicated that the investigation was initially deemed unfounded and was later reopened and changed to substantiated. The staff member was no longer employed with the agency and the inmate was no longer incarcerated with the agency. As such, no notifications were required under this provision. The PCM indicated that they notify the victim after the investigation is complete, however the case is not considered

closed until all activities are completed (to include monitoring for retaliation) and the PC's office review and approves. The interview with the Warden confirmed that the facility notifies inmates of the outcome of the investigation into their allegation. She stated that the Case Manager makes these notifications. The interviews with the investigators also confirmed that the facility informs the inmate victim of the outcome of the investigation.

115.73(f): This provision is not required to be audited.

Based on a review of the PAQ, DOC 490.860, Investigative Reports, Victim Notifications and information from interviews with the Warden, investigators and the inmates who reported sexual abuse, this standard appears to be compliant.

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| 115.76 | Disciplinary sanctions for staff |
| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 429 376">Documents:</p> <ol data-bbox="256 412 1410 734" style="list-style-type: none"> <li data-bbox="256 412 667 448">1. Pre-Audit Questionnaire <li data-bbox="256 483 979 519">2. Revised Code of Washington (RCW) 72.09.225 <li data-bbox="256 555 1410 591">3. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting <li data-bbox="256 627 1235 663">4. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation <li data-bbox="256 698 632 734">5. Investigative Reports <p data-bbox="256 842 587 878">Findings (By Provision):</p> <p data-bbox="256 985 1474 1308">115.76 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. DOC 490.860, page 9 and DOC 490.800, page 2 state employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies. Additionally, RCW 72.09.225 states the Secretary will immediately institute proceedings to terminate the employment of any person who is found by the department, based on a preponderance of evidence, to have had sexual intercourse or sexual contact with an inmate.</p> <p data-bbox="256 1424 1474 1962">115.76 (b): The PAQ indicated there were zero staff members who violated the sexual abuse and sexual harassment policies and zero staff members who was terminated for violating the sexual abuse or sexual harassment policies. DOC 490.860, page 9 and DOC 490.800, page 2 state employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies. Additionally, RCW 72.09.225 states the Secretary will immediately institute proceedings to terminate the employment of any person who is found by the department, based on a preponderance of evidence, to have had sexual intercourse or sexual contact with an inmate. A review of the investigative log indicated that there was one substantiated staff-on-inmate allegation over the previous eighteen months. A review of documentation indicated that the investigation was initially deemed unfounded and was later reopened and changed to substantiated. The staff member was no longer employed with the agency and as such no discipline records were reviewed.</p> |

115.76 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. DOC 490.860, page 9 and DOC 490.800, page 2 state employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies. Additionally, RCW 72.09.225 states the Secretary will immediately institute proceedings to terminate the employment of any person who is found by the department, based on a preponderance of evidence, to have had sexual intercourse or sexual contact with an inmate. The PAQ indicated there were zero staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigative reports indicated there were zero substantiated staff-on-inmate investigations completed in the previous twelve months. There was a substantiated staff-on-inmate investigation completed prior to the twelve months and it was one of the investigation reviewed by the auditor. A review of documentation indicated that the investigation was initially deemed unfounded and was later reopened and changed to substantiated. The staff member was no longer employed with the agency and as such no discipline records were reviewed.

115.76 (d): The PAQ stated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. DOC 490.860, page 6 states when a substantiated allegation is criminal in nature, the Appointing Authority/ designee will notify: law enforcement, unless such referral was made previously during the course of the investigation, and relevant licensing bodies. Page 9 further states in cases of substantiated staff sexual misconduct: telephone, mail including E-messaging, and visiting restrictions will be imposed between the employee/contract staff and the named victim(s) per DOC 450.050 Prohibited Contact. The Appointing Authority will ensure the finding(s) is reported to relevant licensing bodies. The PAQ indicated that there were zero staff members disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months and zero staff member were reported to law enforcement or relevant licensing bodies.

Based on a review of the PAQ, Revised Code of Washington (RCW) 72.09.225, DOC 490.800, DOC 490.860 and Investigative Reports indicates that this standard appears to be compliant.

| 115.77 | Corrective action for contractors and volunteers |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Revised Code of Washington (RCW) 72.09.225 3. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting 4. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation 5. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.77 (a): The PAQ stated that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. DOC 490.860, page 9 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. For contract staff terminations, the Appointing Authority will notify the contract staff/organization in writing with a copy to the PREA Coordinator/designee, who will alert all facilities of the termination. Facilities will establish procedures to track contract staff terminations and notify appropriate control points to ensure facility access is not granted. Volunteer terminations will be tracked per DOC 530.100 Volunteer Program. Former volunteers with any: PREA investigation finding of substantiated, where the volunteer is the accused, will not be able to apply for visits with an incarcerated individual for 3 years. Substantiated allegations of sexual intercourse or staff sexual misconduct will not be able to communicate with an incarcerated individual (e.g., telephone, the mail, E-messages) for one year. The PAQ indicated that there have been zero contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports confirmed there</p> |

were zero allegations of sexual abuse or sexual harassment reported against a contractor or volunteer.

115.77 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. DOC 490.860, page 9 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 interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies by a volunteer or contractor would result in termination of the individual or prohibited contact with offenders. She stated the punishment would depend on the severity of the allegation. Disciplinary action could include training, education or more formal disciplinary sanctions.

Based on a review of the PAQ, Revised Code of Washington (RCW) 72.09.225, DOC 490.800, DOC 490.860, Investigative Reports and information from the interview with the Warden, this standard appears to be compliant.

115.78 Disciplinary sanctions for inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Washington Administrative Code (WAC) 137-28
3. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation
4. DOC 460.000 - Disciplinary Process for Prisons
5. DOC 460.050 - Disciplinary Sanctions
6. Statewide Orientation Handbook
7. Investigative Reports
8. Disciplinary Records

Interviews:

1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): The PAQ stated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. DOC 490.860, page 10 states individuals in Prison and Reentry Centers may be subject to disciplinary action per DOC 460.050 Disciplinary Sanctions or DOC 460.135 Disciplinary Procedures for Work Release for violating Department PREA policies. For substantiated allegations against an incarcerated individual, a 635, 637, or 659 violation must be written against the perpetrator as applicable. WAC 137-28 outlines the offender disciplinary process, to include charges, process and sanctions. The PAQ indicated there have been zero administrative and zero criminal finding of guilt for inmate-on-inmate sexual abuse within the previous twelve months. A review of investigative reports indicated there were zero inmate-on-inmate sexual abuse investigations that were substantiated, however there was one inmate-on-inmate retaliation investigation substantiated. A review of documentation confirmed that the

perpetrator of the retaliation was issued a serious infraction report and received 30 day loss of dayroom and recreation after a disciplinary hearing.

115.78 (b): WAC 137-28 outlines the offender disciplinary process, to include charges, process and sanctions. The interview with the Warden indicated that if an individual is found to have violated the sexual abuse or sexual harassment policies he/she would be written a disciplinary report. The disciplinary hearing officer would follow the disciplinary sanctions table and guidelines when determining sanctions. A few sanctions could include loss of good time, loss of privileges, increased security level and participating in the max security program. The Warden confirmed that disciplinary sanctions are consistent and that they would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and sanctions imposed for comparable offenses by other inmates. A review of investigative reports indicated there were zero inmate-on-inmate sexual abuse investigations that were substantiated, however there was one inmate-on-inmate retaliation investigation substantiated. A review of documentation confirmed that the perpetrator of the retaliation was issued a serious infraction report and received 30 day loss of dayroom and recreation after a disciplinary hearing.

115.78 (c): WAC 137-28-360 states that in determining an appropriate sanction, the hearing officer should consider the offender's mental health and his/her intellectual, emotional and maturity levels and what effect a particular sanction might have on the offender in light of such factors. The interview with the Warden confirmed that an individual's mental disability or mental illness would be considered in the disciplinary process. A review of investigative reports indicated there were zero inmate-on-inmate sexual abuse investigations that were substantiated, however there was one inmate-on-inmate retaliation investigation substantiated. A review of documentation confirmed that the perpetrator of the retaliation was issued a serious infraction report and received 30 day loss of dayroom and recreation after a disciplinary hearing. The hearing document noted that the inmate did not have any competency concerns.

115.78 (d): The PAQ states that the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the sexual abuse and the facility considers whether to require the offending inmate to participate in these interventions as a condition of access to programming and other benefits. The interview with the mental health staff member confirmed that they offer therapy, counseling and other intervention services designed to address and correct underlying reason or motivations for sexual abuse to the perpetrator. She stated they offer the services to perpetrators but they do not require them to participate in order to gain access to any other programs or services.

115.78 (e): DOC 490.860, page 10 states alleged victims are not subject to disciplinary action related to violating PREA policies except when an investigation of staff sexual misconduct determines that the staff did not consent to the contact. The PAQ stated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.78 (f): The PAQ stated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. DOC 490.860, page 10 states alleged victims are not subject to disciplinary action related to violating PREA policies except when: an investigation of staff sexual misconduct determines that the staff did not consent to the contact; the formal PREA investigation resulted in a determination that the allegation was unfounded; a 549 violation may be written and served upon completion of the investigation and 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.

115.78 (g): The PAQ indicates that the agency prohibits all sexual activity between inmates and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. DOC 490.800, Attachment 1 and page 11 of the Statewide Orientation Handbook state that consensual, non-coerced sexual activity between inmates is prohibited by Department rules and policies and may result in an infraction, but is not defined as a violation of PREA policies or law. It should be noted that during the course of inmate interviews, a few inmates stated that the facility conducts PREA investigations on allegations where the alleged victim indicates that the activities were consensual. One inmate provided an investigative report number related to the concern. The auditor reviewed the investigation and did confirm that the alleged victim indicated the activities were consensual and were not sexual abuse. The investigation was initially deemed substantiated, but later re-opened and deemed unfounded. Further communication with the PC indicated that the Appointing Authority makes a determination whether a situation needs to be investigated. She stated that sometimes one may say its consensual but it is still investigated to ensure that there was not any pressure, coercion or threatening behavior taking place. The auditor was unable to verify any other instances where an investigation was completed on consensual sexual activity where it was deemed sexual abuse.

Based on a review of the PAQ, Washington Administrative Code (WAC) 137-28, DOC 490.860, DOC 460.000, DOC 460.050 - Disciplinary Sanctions, Statewide Orientation Handbook, Investigative Reports, Disciplinary Records and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

| 115.81 | Medical and mental health screenings; history of sexual abuse |
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| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.820 - Prison Rape Elimination Act (PREA) Risk Assessments and Assignments 3. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting 4. DOC 490.850 - Prison Rape Elimination Act (PREA) Response 5. WCCW 490.850 - Prison Rape Elimination Act (PREA) Response 6. DOC 630.500 - Mental Health Services 7. DOC 610.025 - Health Services Management of Alleged Sexual Misconduct Cases 8. OMNI PREA Risk Assessment (PRA) Assessors Guide 9. PREA Mental Health Notification (DOC 13-509) 10. Substance Abuse Recover Unit Compound Release of Confidential Information (DOC 14-172) 11. Authorization for Disclosure of Health Information (DOC 13-035) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with Medical and Mental Health Staff 3. Inmates who Disclosed Prior Victimization During the Risk Screening <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Risk Screening Area <p>Findings (By Provision):</p> |

115.81 (a): The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. DOC 490.820, page 7 states case managers will complete referrals for mental health services using DOC 13-509 PREA Mental Health Notification if the screening indicates that the individual has perpetrated sexual abuse and/or has experienced prior sexual victimization, whether in an institutional setting or in the community: at the time the initial/intake PRA is completed, or if a follow-up/for cause assessment results in: an individual obtaining a new yes score as a perpetrator or having experienced sexual abuse, or if an individual has a score of yes, but there is new information. The referring employee will ask if the individual wishes to meet with a mental health provider as a result of the PRA information and will document the response on the DOC 13-509 PREA Mental Health Notification. DOC 630.500, page 4 states facility employees/contract staff will report mental health concerns on DOC 13-420 Request for Mental Health Assessment. The PAQ indicated that 100% of the inmates who reported prior victimization were offered a follow-up with medical and/or mental health within fourteen days. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. A review of the PRA Assessment Guide illustrates that when an individual answers yes to prior sexual victimization, a box pops up on the screen directing staff to complete a DOC 13-509. The DOC 13-509 form includes a section for a reason for the notification, the response to the notification and the mental health staff's response. The form allows space for the staff to identify whether the individual accepted or declined the follow-up. The interview with staff responsible for the risk screening confirmed that if an individual discloses prior sexual victimization during the risk screening they are offered a follow-up with mental health within fourteen days. The staff stated they typically complete the 13-509 form and offer mental health services. If the individual declines they still complete the form and just notate the individual declined services. The staff also stated that they have bridge services in the housing units where they can reach out twice a day. The staff confirmed that she completes the form immediately and mental health would see the individual within fourteen days. Interviews with two inmates who disclosed prior victimization during the risk screening confirmed both were offered a follow-up with mental health care staff. Both stated they were immediately offered the follow-up, however they declined the services. A review of a sample of documentation confirmed that all eighteen inmates who disclosed prior sexual victimization were offered a follow-up with mental health on the same date as the risk screening. Two inmates accepted the services while sixteen declined. All eighteen had a DOC 13-509 completed and the two inmates who accepted services were documented with receiving services within fourteen days.

115.81 (b): The PAQ indicated that the provision is not applicable as the facility is a jail. Further communication with the PCM indicated that the Rio Grande Processing Center is not a prison, but rather a pre-trial detention facility (jail). DOC 490.820, page 7 states case managers will complete referrals for mental health services using

DOC 13-509 PREA Mental Health Notification if the screening indicates that the individual has perpetrated sexual abuse and/or has experienced prior sexual victimization, whether in an institutional setting or in the community: at the time the initial/intake PRA is completed, or if a follow-up/for cause assessment results in: an individual obtaining a new yes score as a perpetrator or having experienced sexual abuse, or if an individual has a score of yes, but there is new information. The referring employee will ask if the individual wishes to meet with a mental health provider as a result of the PRA information and will document the response on the DOC 13-509 PREA Mental Health Notification. DOC 630.500, page 4 states facility employees/contract staff will report mental health concerns on DOC 13-420 Request for Mental Health Assessment. The PAQ indicated that 100% of those inmates who were identified to have prior sexual abusiveness were seen within fourteen days by medical or mental health staff. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. A review of the PRA Assessment Guide illustrates that when an individual answers yes to prior sexual abusiveness, staff are to complete a DOC 13-509. The DOC 13-509 form includes a section for a reason for the notification, the response to the notification and the mental health staff's response. The form allows space for the staff to identify whether the individual accepted or declined the follow-up. The interview with staff responsible for the risk screening indicated that the process is the same for an individual with prior sexual abusiveness (same process as indicated above in provision a). She confirmed any individual identified with prior sexual abusiveness would be referred to mental health via completion of the 13-509 form and would be seen within fourteen days. During documentation review the auditor did not identify any inmate with prior sexual abusiveness and as such there was no documentation to review.

115.81 (c): The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. DOC 490.820, page 7 states case managers will complete referrals for mental health services using DOC 13-509 PREA Mental Health Notification if the screening indicates that the individual has perpetrated sexual abuse and/or has experienced prior sexual victimization, whether in an institutional setting or in the community: at the time the initial/intake PRA is completed, or if a follow-up/for cause assessment results in: an individual obtaining a new yes score as a perpetrator or having experienced sexual abuse, or if an individual has a score of yes, but there is new information. The referring employee will ask if the individual wishes to meet with a mental health provider as a result of the PRA information and will document the response on the DOC 13-509 PREA Mental Health Notification. DOC 630.500, page 4 states facility employees/contract staff will report mental health concerns on DOC 13-420 Request for Mental Health Assessment. The PAQ indicated that 100% of the inmates who reported prior victimization were offered a follow-up with medical and/or mental health within fourteen days. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required

services. A review of the PRA Assessment Guide illustrates that when an individual answers yes to prior sexual victimization, a box pops up on the screen directing staff to complete a DOC 13-509. The DOC 13-509 form includes a section for a reason for the notification, the response to the notification and the mental health staff's response. The form allows space for the staff to identify whether the individual accepted or declined the follow-up. The interview with staff responsible for the risk screening confirmed that if an individual discloses prior sexual victimization during the risk screening they are offered a follow-up with mental health within fourteen days. The staff stated they typically complete the 13-509 form and offer mental health services. If the individual declines they still complete the form and just notate the individual declined services. The staff also stated that they have bridge services in the housing units where they can reach out twice a day. The staff confirmed that she completes the form immediately and mental health would see the individual within fourteen days. Interviews with two inmates who disclosed prior victimization during the risk screening confirmed both were offered a follow-up with mental health care staff. Both stated they were immediately offered the follow-up, however they declined the services. A review of a sample of documentation confirmed that all eighteen inmates who disclosed prior sexual victimization were offered a follow-up with mental health on the same date as the risk screening. Two inmates accepted the services while sixteen declined. All eighteen had a DOC 13-509 completed and the two inmates who accepted services were documented with receiving services within fourteen days.

115.81 (d): The PAQ stated that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. The PAQ further stated that the information is shared is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education and program assignments. DOC 490.850 and WCCW 490.850, page 2 as well as DOC 490.800, page 2 state that information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation, and other security and management decisions. 490.860, page 2 states information related to investigations of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, security, and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action. Inmate risk assessments are electronic while medical and mental health documents are paper. During the tour the auditor spoke with health service staff and confirmed medical and mental health records are paper and maintained in medical records. This area is locked and requires electronic card access. Access to this area is limited to medical and mental health care staff. The records staff member stated that in order for staff other than medical or mental health to view an inmates file they would have to fill out a DOC 13-159 form and require approval before they can view the file. Risk assessments are electronic with limited access. During the tour the Captain illustrated that security staff access is limited to only a view of the PREA designation (i.e. potential victim or potential perpetrator). The Captain pulled up the electronic system

and confirmed that he was unable to view the results of the risk assessment. It should be noted that during conversation with the risk screening staff they produced a paper form of some of the risk screening questions and indicated that they were using this during COVID when they were not able to have in-person contact with the inmates. Staff indicated that the form was entered into the electronic system and then shredded. Information related to sexual abuse allegations is maintained in investigative files located in the PREA Specialist's office and the investigative office. Both areas are secure with very limited access. Additionally, information is entered into the electronic system. Access to details related to investigation is very limited.

15.81 (e): The PAQ indicated that medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of eighteen. DOC 610.025, page 2 states medical and mental health practitioners will obtain informed consent before reporting information about prior sexual victimization that did not occur in an incarcerated setting unless the patient is under the age of eighteen. The facility utilizes two forms for consent, DOC 14-172 for mental health and 13-035 for medical, both which outline consent and rights for disclosure of information. The interview with mental health staff confirmed they obtain informed consent prior to reporting sexual abuse that did not occur in a correctional setting. The staff further stated the facility does not house anyone under eighteen.

Based on a review of the PAQ, DOC 490.820, DOC 490.800, DOC 490.850, WCCW 490.850, DOC 630.500, DOC 610.025, OMNI PREA Risk Assessment (PRA) Assessors Guide, PREA Mental Health Notifications (DOC 13-509), DOC 14-172, DOC 13-035, observations made during the tour and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, this standard appears to be compliant.

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| 115.82 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. DOC 490.850 - Prison Rape Elimination Act (PREA) Response 3. WCCW 490.850 - Prison Rape Elimination Act (PREA) Response 4. DOC 610.025 - Health Services Management of Alleged Sexual Misconduct Cases 5. Medical and Mental Health Documents (Primary and Secondary) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff 2. Interview with First Responders <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Medical and Mental Health Areas <p>Findings (By Provision):</p> <p>115.82 (a): The PAQ indicated that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further stated that medical and mental health staff maintain secondary materials documenting services. DOC 490.850 and WCCW 490.850, page 7 state victims in all cases of reported sexual misconduct, regardless of who the misconduct is report to, will receive immediate medical and mental health services per DOC 610.025 Health Services Management of Alleged Sexual Misconduct Cases. Page 10 (DOC 490.850) and page 11 (WCCW 490.650) further states that individuals housed in facilities with onsite health services will receive timely access to medical and mental health</p> |

services per DOC 610.025. DOC 610.025, pages 3-5 outline medical and mental health services for victims of sexual abuse. Page 3 states medical and mental health treatment services will be offered when an incarcerated individual reports having been a victim of sexual misconduct. During the tour the auditor observed that the health services area contained a reception/waiting area, exam rooms, ancillary areas, infirmary room and suicide observation cells. The exam and treatment rooms provided privacy through window blinds while the ancillary room provided privacy via frosted windows and curtains. A review of medical and mental health documentation for the eight inmate victims of sexual abuse indicated that two were not at the facility at the time of the report and as such services were not required by the facility. Of the remaining five, four were documented with receiving or being offered medical and/or mental health services. Interviews with medical and mental health care staff confirm that inmates receive timely unimpeded access to emergency medical treatment and crisis intervention services. Medical staff stated they provide services immediately and that inmates are typically brought to health services right away and they would send the inmate out to the hospital for a forensic examination within the hour. The mental health staff stated that they provide services as soon as possible and that there is a crisis team member that responds daily. Both staff confirmed the services they provide are based on their professional judgment as well as policy and procedure. The interviews with inmates who reported sexual abuse indicated two were provided medical and/or mental health services, three were offered the services but declined and one was not provided any services.

115.82 (b): WCCW is staffed 24 hours a day, seven days a week. Inmates are treated at the facility unless they are required to be transported to a local hospital. DOC 490.850 and WCCW 490.850, page 7 state victims in all cases of reported sexual misconduct, regardless of who the misconduct is report to, will receive immediate medical and mental health services per DOC 610.025 Health Services Management of Alleged Sexual Misconduct Cases. Page 10 (DOC 490.850) and page 11 (WCCW 490.650) further states that individuals housed in facilities with onsite health services will receive timely access to medical and mental health services per DOC 610.025. DOC 610.025, pages 3-5 outline medical and mental health services for victims of sexual abuse. Page 3 states medical and mental health treatment services will be offered when an incarcerated individual reports having been a victim of sexual misconduct. The interview with the security staff first responder indicated she would isolate the individual (separate), make immediately notifications to the Shift Commander and secure the crime scene. The non-security first responder stated she would immediately alert security and take the inmate to the Lieutenant. A review of medical and mental health documentation for the eight inmate victims of sexual abuse indicated that two were not at the facility at the time of the report and as such services were not required by the facility. Of the remaining five, four were documented with receiving or being offered medical and/or mental health services.

115.82 (c): The PAQ states that inmate victims of sexual abuse while incarcerated are

offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. DOC 610.025, page 4 states in facilities with health service employees/contract staff onsite, the alleged victim will be assessed in person by an appropriate health care provider before transport. The health care provider will provide information regarding the need for further medical evaluation to determine the extent of injuries; testing for and treatment of sexually transmitted infections; need for post exposure prophylaxis for sexually transmitted infections and need for pregnancy prevention, if applicable. Page 6 further states follow-up appointments with a Department health care practitioner and mental health professional will be offered to provide additional evaluation and treatment that is medically necessary, including testing, prophylaxis and treatment of sexually transmitted diseases as well as offer pregnancy testing and other pregnancy related medical services, if applicable. A review of medical and mental health documentation for the eight inmate victims of sexual abuse indicated that two were not at the facility at the time of the report and as such services were not required by the facility. Of the remaining five, four were documented with receiving or being offered medical and/or mental health services. None of the five allegations reported by inmates at the facility involved penetration and as such information and access to emergency contraception and sexually transmitted infection prophylaxis was not required. Additionally, a review of the investigative log indicated that there was one allegation involving potential penetration (oral, anal or vaginal) in the previous twelve months, however the inmate victim reported this at a local jail and was not housed at the facility. Interviews with medical and mental health staff indicated that inmate victims of sexual abuse are offered timely information about and access to emergency contraception and sexually transmitted infection prophylaxis.

115.82 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. DOC 490.850, page 10 and WCCW 490.850, page 11 state all medical and mental health services for victims of sexual misconduct will be provided at no cost to the individual whether the individual inmates the abuser or cooperates with any related investigation. DOC 600.025, page 2 states individuals will be charged a co-payment for all visits, except medical and mental health services allowed under the Washington DOC Health Plan related to sexual misconduct as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting.

Based on a review of the PAQ, DOC 490.850, WCCW 490.850, DOC 610.025, Medical and Mental Health Documents, observations made during the tour and information from interviews with medical and mental health care staff, first responders and inmates who reported sexual abuse, the facility appears to meet this standard.

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| 115.83 | Ongoing medical and mental health care for sexual abuse victims and abusers |
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.850 - Prison Rape Elimination Act (PREA) Response
3. WCCW 490.850 - Prison Rape Elimination Act (PREA) Response
4. DOC 610.025 - Health Services Management of Alleged Sexual Misconduct Cases
5. Medical and Mental Health Documents (Primary and Secondary)

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates Who Reported Sexual Abuse

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. DOC 490.850 and WCCW 490.850, page 7 state victims in all cases of reported sexual misconduct, regardless of who the misconduct is report to, will receive immediate medical and mental health services per DOC 610.025 Health Services Management of Alleged Sexual Misconduct Cases. Page 10 (DOC 490.850) and page 11 (WCCW 490.650) further states that individuals housed in facilities with onsite health services will receive timely access to medical and mental health services per DOC 610.025. DOC 610.025, pages 3-5 outline medical and mental health services for victims of sexual abuse. Page 3 states medical and mental health treatment services will be offered when an incarcerated individual reports having been a victim of sexual misconduct.

Page 6 further outlines follow-up medical and mental health services including evaluating the patients physical and emotional state. During the tour the auditor observed that the health services area contained a reception/waiting area, exam rooms, ancillary areas, infirmary room and suicide observation cells. The exam and treatment rooms provided privacy through window blinds while the ancillary room provided privacy via frosted windows and curtains. Medical services are provided 24/7. Inmates have access to medical services on-site and are transported to the local hospital for any emergency services that are required.

115.83 (b): DOC 490.850, page 8 and WCCW 490.850, page 8 state each Prison, Reentry Center, and Field Office will develop procedures for victims to receive ongoing medical, mental health, and support services as needed. DOC 610.025, pages 3-5 outline medical and mental health services for victims of sexual abuse. Page 3 states medical and mental health treatment services will be offered when an incarcerated individual reports having been a victim of sexual misconduct. Page 6 further outlines follow-up medical and mental health services including evaluating the patients physical and emotional state. Interviews with medical and mental health care staff confirmed that inmates are offered follow-up services. The medical staff member stated that services would include basic first aid and then transportation to the hospital for a forensic medical examination. She stated upon return they would provide anything that is need such as follow-up services and referral to mental health. The mental health staff member stated that services would include a mental health evaluation, assessment for trauma, treatment planning and medication. The interviews with inmates who reported sexual abuse indicated that two were provided medical and/or mental health services but did not require any follow-up. Three stated they were offered services but they declined and one indicated she was not offered/ provided any medical or mental health services. A review of medical and mental health documentation for the eight inmate victims of sexual abuse indicated that two were not at the facility at the time of the report and as such services were not required by the facility. Of the remaining five, four were documented with receiving or being offered medical and/or mental health services. A review of a sample of documentation confirmed that all eighteen inmates who disclosed prior sexual victimization were offered a follow-up with mental health on the same date as the risk screening. Two inmates accepted the services while sixteen declined. All eighteen had a DOC 13-509 completed and the two inmates who accepted services were documented with receiving services within fourteen days.

115.83 (c): The facility utilizes the local hospitals for forensic medical examinations and offers basic medical and mental health services through appropriate licensed/ certified staff. A review of medical and mental health documentation for the eight inmate victims of sexual abuse indicated that two were not at the facility at the time of the report and as such services were not required by the facility. Of the remaining five, four were documented with receiving or being offered medical and/or mental health services. Interviews with medical and mental health care staff confirm that

medical and mental health services are consistent with the community level of care.

115.83 (d): The PAQ indicated that female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. DOC 610.025, page 4 states in facilities with health service employees/contract staff onsite, the alleged victim will be assessed in person by an appropriate health care provider before transport. The health care provider will provide information regarding the need for further medical evaluation to determine the extent of injuries; testing for and treatment of sexually transmitted infections; need for post exposure prophylaxis for sexually transmitted infections and need for pregnancy prevention, if applicable. Page 6 further states follow-up appointments with a Department health care practitioner and mental health professional will be offered to provide additional evaluation and treatment that is medically necessary, including testing, prophylaxis and treatment of sexually transmitted diseases as well as offer pregnancy testing and other pregnancy related medical services, if applicable. The interviews with inmates who reported sexual abuse indicated that none involved vaginal penetration and as such these services were not offered. A review of documentation confirmed there were zero inmates who reported sexual abuse that involved vaginal penetration requiring pregnancy testing.

115.83 (e): The PAQ indicated that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. DOC 610.025, page 4 states in facilities with health service employees/contract staff onsite, the alleged victim will be assessed in person by an appropriate health care provider before transport. The health care provider will provide information regarding the need for further medical evaluation to determine the extent of injuries; testing for and treatment of sexually transmitted infections; need for post exposure prophylaxis for sexually transmitted infections and need for pregnancy prevention, if applicable. Page 6 further states follow-up appointments with a Department health care practitioner and mental health professional will be offered to provide additional evaluation and treatment that is medically necessary, including testing, prophylaxis and treatment of sexually transmitted diseases as well as offer pregnancy testing and other pregnancy related medical services, if applicable. Interviews with medical and mental health care staff confirm that female victims of sexual abuse that results in pregnancy would be offered information and access to all lawful pregnancy related services. The medical staff member stated these service would be provided as soon as they became aware of the pregnancy. She stated that the facility offers onsite OBGYN services and they would take appropriate steps to send the inmate out for services if necessary. The interviews with inmates who reported sexual abuse indicated that none involved vaginal penetration and as such these services were not offered. A review of documentation confirmed there were zero inmates who reported sexual abuse that involved vaginal penetration that resulted in pregnancy.

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections (STI) as medically appropriate. DOC 610.025, page 4 states in facilities with health service employees/contract staff onsite, the alleged victim will be assessed in person by an appropriate health care provider before transport. The health care provider will provide information regarding the need for further medical evaluation to determine the extent of injuries; testing for and treatment of sexually transmitted infections; need for post exposure prophylaxis for sexually transmitted infections and need for pregnancy prevention, if applicable. Page 6 further states follow-up appointments with a Department health care practitioner and mental health professional will be offered to provide additional evaluation and treatment that is medically necessary, including testing, prophylaxis and treatment of sexually transmitted diseases as well as offer pregnancy testing and other pregnancy related medical services, if applicable. A review of medical and mental health documentation for the eight inmate victims of sexual abuse indicated that two were not at the facility at the time of the report and as such services were not required by the facility. Of the remaining five, four were documented with receiving or being offered medical and/or mental health services. None of the five allegations reported by inmates at the facility involved penetration and as such testing was not applicable. Additionally, a review of the investigative log indicated that there was one allegation involving potential penetration (oral, anal or vaginal) in the previous twelve months, however the inmate victim reported this at a local jail and was not housed at the facility. Interviews with six inmates who reported sexual abuse indicated that none involved the need for STI tests (allegations were all verbal or were physical touch not involving penetration).

115.83 (g): The PAQ stated that treatment services are provided to the inmate victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. DOC 490.850, page 10 and WCCW 490.850, page 11 state all medical and mental health services for victims of sexual misconduct will be provided at no cost to the individual whether the individual inmates the abuser or cooperates with any related investigation DOC 600.025, page 2 states individuals will be charged a co-payment for all visits, except medical and mental health services allowed under the Washington DOC Health Plan related to sexual misconduct as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting. The inmates who reported sexual abuse that received medical and/or mental health service confirmed that they did not have to pay for any of the services.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. The facility is technically a jail and as such this provision is not applicable. DOC 610.025,

page 7 states mental. Health professional will attempt to conduct a mental health evaluation within 60 days of receiving information of an incarcerated individual identified as the perpetrator in substantiated allegations of sexual assault and/or sexual abuse, both within the Department and from other jurisdictions. A review of documentation indicated there were zero substantiated inmate-on-inmate sexual abuse allegations and as such there were no confirmed inmate abusers. The interview with the mental health staff member confirmed that she attempts to conduct a mental health evaluation on all known inmate-on-inmate abusers within 60 days.

Based on a review of the PAQ, DOC 490.850, WCCW 490.850, DOC 610.025, Medical and Mental Health Documents, observations made during the tour and information from interviews with medical and mental health care staff and inmates who reported sexual abuse, this standard appears to be compliant.

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| 115.86 | Sexual abuse incident reviews |
| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 429 376">Documents:</p> <ol data-bbox="256 412 1394 663" style="list-style-type: none"> <li data-bbox="256 412 667 448">1. Pre-Audit Questionnaire <li data-bbox="256 483 1235 519">2. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation <li data-bbox="256 555 632 591">3. Investigative Reports <li data-bbox="256 627 1394 663">4. Local PREA Investigation Review Checklist (Sexual Abuse Incident Reviews) <p data-bbox="256 770 416 806">Interviews:</p> <ol data-bbox="256 842 976 1021" style="list-style-type: none"> <li data-bbox="256 842 703 878">1. Interview with the Warden <li data-bbox="256 913 976 949">2. Interview with the PREA Compliance Manager <li data-bbox="256 985 847 1021">3. Interview with Incident Review Team <p data-bbox="256 1128 587 1164">Findings (By Provision):</p> <p data-bbox="256 1272 1481 2060">115.86 (a): The PAQ stated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. DOC 490.860, page 8 states the Appointing Authority/designee will convene a local PREA Review Committee to examine the case for all substantiated and unsubstantiated investigations of individual-on-individual sexual assault/abuse and staff sexual misconduct. The PAQ indicated that thirteen criminal and/or administrative investigations of alleged sexual abuse were completed at the facility, excluding only unfounded incidents. A review of the Local PREA Investigation Review Checklist indicates that it includes the case number, offenders name, date the investigation was completed, date of the review and staff participating in the review. The checklist has yes and no check boxes with an area for comments as well. The checkboxes include the following questions: is a change to Department policy or local procedure indicated?; was the incident motivated by race, ethnicity, sexual orientation, transgender/intersex status, gang affiliation or other group dynamics?; did physical barriers or physical plant layout enable the abuse?; did the incident take place in an area subject to video monitoring?; were the Department approved staffing models followed?; was monitoring technology available/adequate? Additionally, the checklist has an area for recommendations to prevent future incidents and a section to indicate</p> |

if recommendations were accepted, and if not, why. A review of eight sexual abuse investigations indicated that one was still open and two were unfounded and as such did not require sexual abuse incident reviews. Of the remaining five investigations, all five had a sexual abuse incident review completed. It should be noted that one of the sexual abuse incident reviews was incomplete and did not have a date of completion.

115.86 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation and thirteen criminal and/or administrative investigations of alleged sexual abuse had a completed sexual abuse incident review within 30 days. DOC 490.860, page 8 states the committee will meet every 30 days or as needed. A review of eight sexual abuse investigations indicated that one was still open and two were unfounded and as such did not require sexual abuse incident reviews. Of the remaining five investigations, four had a sexual abuse incident review completed within 30 days of the conclusion of the investigation. One sexual abuse incident review was incomplete and did not have a date, so the auditor was unable to determine when it was done.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. DOC 490.860, page 8 state the committee will be multidisciplinary and include facility management, with input from supervisors, investigators, and medical/mental health practitioners. A review of eight sexual abuse investigations indicated that one was still open and two were unfounded and as such did not require sexual abuse incident reviews. Of the remaining five investigations, all five had a sexual abuse incident review completed. It should be noted that one of the sexual abuse incident reviews was incomplete and did not have a date of completion. The reviews included the Superintendent, Associate Superintendents, Correctional Program Manager, Captain, Medical, Mental Health and the PREA Specialist. The interview with the Warden confirmed that sexual abuse incident reviews are completed and the reviews include upper level management officials, line supervisors, investigators and medical and mental health care staff. She stated that the team meets regularly and reviews the information on the checklist. She stated the team includes medical, mental health, herself (Warden), a supervisor, the PCM and the investigator.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section an any recommendations for improvement, and submits each report to the facility head and PCM. DOC 490.860, page 8 states the committee will review policy compliance, causal factors, and systemic issues using DOC 02-383 Local PREA Investigation Review Checklist. A review of the completed sexual abuse incident review confirmed that all were

documented via the Local PREA Investigation Review Checklist which encompasses all the requirement under this provision. Interviews with the Warden, PCM and incident review team member confirmed that the facility conducts sexual abuse incident reviews and the reviews include the requirements under this provision. The Warden stated that information from the sexual abuse incident review is used to put together an action plan, if necessary. She stated they would also follow up with a vulnerability assessment and that if there is a problem identified they would implement corrective action through assigning appropriate staff and tracking the progression. The PCM stated that she is part of the review team and that she has not noticed any trends (she did indicate she has only been in the position since January). She indicated that the team completes the local review and they identify any needed changes and recommendations. She stated that sometimes the facility sees things locally and they then discuss it as a team to make necessary improvements.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. A review of completed sexual abuse incident reviews confirmed that a section exists for recommendations. A section also exists for whether the Local Review Committee accepted the recommendations and if not, the reason why. None of the sexual abuse incident reviews were noted with recommendations.

Based on a review of the PAQ, DOC 490.860, Investigative Reports, Local PREA Investigation Review Checklist (Sexual Abuse Incident Reviews) and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard appears to be compliant.

115.87 Data collection

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.800 - Prison Rape Elimination Act (PREA) Prevention and Reporting
3. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation
4. Data Collection Instrument
5. Washington State Department of Corrections Annual PREA Report

Findings (By Provision):

115.87 (a): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). DOC 490.860, page 12 states data will be collected by the PREA Coordinator/designee for each allegation of sexual misconduct. Data will be aggregated at least annually and include available information from investigation reports and incident review committees, as well as from each private facility contracted to confine or house individuals under the Department's jurisdiction. Data will be analyzed to identify factors contributing to sexual misconduct in Department facilities and offices. Data is collected utilizing the online electronic reporting system. This system captures numerous elements, including allegation type, date occurred, location it occurred, time it occurred, investigative outcome, etc. A review of the Washington State Department of Correctional Annual PREA Report confirms that it includes data from 2012 to current. The data is broken down by type and investigative outcome. The report contains a page that outlines the definitions of the data collection categories. Additionally, the report exceeds the requirement and breaks down the data with tables and graphs to depict data comparison across years and categories. The report contains not only overall agency data but also includes data broken down by facility.

115.87 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. DOC 490.860, page 12 states data will be collected by the PREA Coordinator/designee for each allegation of sexual misconduct. Data will be aggregated at least annually and include available information from investigation

reports and incident review committees, as well as from each private facility contracted to confine or house individuals under the Department's jurisdiction.

Data will be analyzed to identify factors contributing to sexual misconduct in Department facilities and offices. A review of the Washington State Department of Correctional Annual PREA Report confirms that it includes data from 2012 to current. The data is broken down by type and investigative outcome. Additionally, the report exceeds the requirement and breaks down the data with tables and graphs to depict data comparison across years and categories. The report contains not only overall agency data but also includes data broken down by facility.

115.87 (c): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV).. A review of the Washington State Department of Corrections Annual PREA Report confirmed that the agency collects aggregated data by type of allegation and investigative outcome. Additionally, the facility collects data about the number of forensic medical examinations, how investigations were reported, the location of substantiated incidents, law enforcement referrals, local committee reviews and use of victim advocacy services.

115.87 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. 490.860, page 12 states data will be collected by the PREA Coordinator/designee for each allegation of sexual misconduct. Data will be aggregated at least annually and include available information from investigation reports and incident review committees, as well as from each private facility contracted to confine or house individuals under the Department's jurisdiction. Data will be analyzed to identify factors contributing to sexual misconduct in Department facilities and offices

115.87 (e): The PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates and the data from the private facilities complies with SSV reporting regarding content. A review of the most recent (2021) Washington Department of Corrections Annual PREA Report confirmed that page 21 includes narrative and a table illustrating the sexual abuse data from 2017 to current for contracted facilities.

115.87 (f): The PAQ indicated that the agency provides the Department of Justice with

data from the previous calendar year upon request. DOC 490.860, page 13 states all data/reports will be provided on request to the U.S. Department of Justice.

Based on a review of the PAQ, DOC 490.860, DOC 490.800, data collection instrument, Annual PREA Reports, this standard appears to be compliant.

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| 115.88 | Data review for corrective action |
| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 558 300">Auditor Discussion</p> <hr/> <p data-bbox="256 340 430 376">Documents:</p> <ol data-bbox="256 412 1259 591" style="list-style-type: none"> <li data-bbox="256 412 667 448">1. Pre-Audit Questionnaire <li data-bbox="256 483 1235 519">2. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation <li data-bbox="256 555 1259 591">3. Washington State Department of Corrections Annual PREA Report <p data-bbox="256 698 414 734">Interviews:</p> <ol data-bbox="256 770 976 949" style="list-style-type: none"> <li data-bbox="256 770 922 806">1. Interview with the Agency Head Designee <li data-bbox="256 842 842 878">2. Interview with the PREA Coordinator <li data-bbox="256 913 976 949">3. Interview with the PREA Compliance Manager <p data-bbox="256 1057 587 1093">Findings (By Provision):</p> <p data-bbox="256 1128 1477 2087">115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. DOC 490.860, page 12 states the PREA Coordinator will generate an annual report of findings. The report will include: an analysis of PREA prevention and response for the Department and for each facility, including high-level summary information and detailed facility data analysis; findings and corrective actions at facility and Department levels and an assessment of the Department's progress in addressing sexual misconduct, including a comparison with data and corrective actions from previous years. A review of Washington State Department of Corrections Annual PREA Report indicates that it includes agency information as well as facility specific information. The report contains incident data (both agency and facility), the agency's progress of addressing sexual abuse, audit findings for each facility and the agency's strategic plans/action planning to address identified deficiencies. The report also includes facility specific accomplishments and corrective action plans. The interview with the Agency Head Designee indicated that data is collected and then provided to each facility as part of the annual reporting process. The data is evaluated to assist with developing local strategic plans as well as agency strategic plans. He stated that they complete the annual PREA report with visuality and transparency each year and that they look at trends and things occurring and actively adjust protocols to mitigate any issues or concerns. The PC</p> |

further stated that there is a policy on data collection (DOC 490.860). She stated that all data containing personal identifying information is securely retained and that the PREA triage unit has a data analyst that collects the data for all allegations that are received. She stated the data is collected, evaluated and then analyzed to determine if there are problems. She further stated they evaluate to determine if there are problems in specific areas or increased allegations and they have a conversation about these concerns to include possible causal factors. The PC confirmed that she generates an annual report by February for the previous calendar year. She stated the report includes an analysis of the PREA prevention and response, a high level summary and detailed facility information. She also stated it includes findings and corrective action, details of audits completed, what the agency has been working on and an overall assessment. She confirmed that the annual report includes a comparison of the current data with the previous years' data. The PCM stated that the facility collects data during the year and submits that data annually for the agency's PREA report.

115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. A review of Washington State Department of Corrections Annual PREA Report indicates that it includes agency information as well as facility specific information. The report contains incident data (both agency and facility), the agency's progress of addressing sexual abuse, audit findings for each facility and the agency's strategic plans/action planning to address identified deficiencies. The report also includes facility specific accomplishments and corrective action plans. Both the agency and facility sections include a comparison of aggregated data as well as prior deficiencies identified and accomplishments based on those deficiencies.

115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. DOC 490.860, page 13 states the report requires Secretary approval. Approved reports will be made available to the public through the Department's website. The interview with the Agency Head Designee confirmed that the annual PREA report is approved by the Secretary of the Department. The report is published online at <https://www.doc.wa.gov/corrections/prea/resources.htm#policies>

115.88 (d): The PAQ indicated none of the information contained in the published report had a need to be redacted. DOC 490.860, page 13 states information may be redacted from the report when publication would present a clear and specific threat to facility security, but the report must indicate the nature of the material redacted. A review of Washington State Department of Corrections Annual PREA Report confirms that no personal identifying information is included in the reports nor any security

related information. The reports did not contain any redacted information. The interview with the PC indicated that she has never witnessed anything redacted or a need to redact any information. She stated if there were redactions they would be anything that presented a clear or specific threat to security or any personal identifying information. She stated the public information does not contain either of those factors. She further confirmed if they did redact any information they would indicate the nature of what was redacted.

Based on a review of the PAQ, DOC 490.860, the Annual PREA Report, the website and information obtained from interviews with the Agency Head Designee, PC and PCM, this standard appears to be compliant.

115.89 Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DOC 490.860 - Prison Rape Elimination Act (PREA) Investigation
3. DOC 280.310 - Information Technology Security
4. DOC 280.515 - Data Classification and Sharing
5. Department of Corrections Records Retention Schedule
6. Washington State Department of Corrections Annual PREA Report

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. DOC 490.860, page 12 states all PREA data containing personal identifying information will be maintained as Category 4 data per DOC 280.515 Data Classification and Sharing. The PC stated that there is a policy on data collection (DOC 490.860). She stated that all data containing personal identifying information is securely retained and that the PREA triage unit has a data analyst that collects the data for all allegations that are received. She stated the data is collected, evaluated and then analyzed to determine if there are problems. She further stated they evaluate to determine if there are problems in specific areas or increased allegations and they have a conversation about these concerns to include possible causal factors. The PC confirmed that she generates an annual report by February for the previous calendar year. She stated the report includes an analysis of the PREA prevention and response, a high level summary and detailed facility information. She also stated it includes findings and corrective action, details of audits completed, what the agency has been working on and an overall assessment. She confirmed that the annual report includes a comparison of the current data with the previous years' data.

115.89 (b): The PAQ states that the agency will 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 through other means. DOC 490.860, page 13 states the report requires Secretary approval. Approved reports will be made available to the public through the Department's website. A review of the website <https://www.doc.wa.gov/corrections/prea/resources.htm#policies> confirmed that the current Annual PREA Report, which includes aggregated data for the agency, is available to the public online. Additionally, all prior annual reports from 2013 to current are also available on the agency website.

115.89 (c): The PAQ states that before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. It further states that none of the information in the annual reports requires redaction. A review of Washington State Department of Corrections Annual PREA Report confirms that no personal identifying information is included in the reports nor any security related information. The reports did not contain any redacted information.

115.89 (d): DOC 490.860, page 13 states records associated with allegations of sexual misconduct will be maintained per the Records Retention Schedule. The PREA Coordinator/designee will maintain electronic PREA case records per the Records Retention Schedule. Prior to destruction, all investigation records will be reviewed to ensure the accused has been released from incarceration or Department employment for a minimum of 5 years. If a review of the investigation records reveals that the accused person does not meet this 5 year requirement, the records will be maintained until this requirement is met, even if it exceeds the established retention schedule. A review of historical Annual PREA Reports indicated that aggregated data is available from 2013 to present.

Based on a review of the PAQ, DOC 490.860, DOC 280.310, DOC 280.515, the Department of Corrections Records Retention Schedule, the Annual PREA Report, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

| 115.401 | Frequency and scope of audits |
|---------|--|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Findings (By Provision):</p> <p>115.401 (a): The facility is part of the Washington State Department of Corrections. A review of the list of facilities and audit reports available on the agency website indicates that all agency facilities have had a completed PREA audit.</p> <p>115.401 (b): The facility is part of the Washington State Department of Corrections. A review of the list of facilities and audit reports available on the agency website indicates that at least one third of the agency’s facilities are audited each year. The facility is being audited in the first year of the three-year cycle.</p> <p>115.401 (h) - (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.</p> <p>115.401 (n): The auditor observed the audit announcement in each housing unit on bright yellow paper. The audit noticed advised the inmates to mark the letter PREA Audit so that it would be considered confidential. The auditor received two letters from inmates at the facility, both of which were unopened/altered.</p> |

| 115.403 | Audit contents and findings |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Findings (By Provision): 115.403 (f): The facility was previously audited on September 9-12, 2019. The final audit report is publicly available via the agency website. A review of the website confirmed that the agency has uploaded final reports for audited facilities. |

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

| 115.12 (b) | Contracting with other entities for the confinement of inmates | |
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| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | yes |

| 115.13 (a) | Supervision and monitoring | |
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| | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? | yes |
| | In calculating adequate staffing levels and determining the need | yes |

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| | for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |
| 115.13 (b) | Supervision and monitoring | |
| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) | yes |
| 115.13 (c) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| 115.13 (d) | Supervision and monitoring | |
| | Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? | yes |
| | Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? | yes |

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| 115.14 (a) | Youthful inmates | |
| | Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.14 (b) | Youthful inmates | |
| | In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.14 (c) | Youthful inmates | |
| | Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.15 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |

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| 115.15 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) | yes |
| | Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) | yes |
| 115.15 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)? | yes |
| 115.15 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? | yes |
| 115.15 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? | yes |
| | If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |

| 115.15 (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 inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

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

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| | with inmates with disabilities including inmates who: Have intellectual disabilities? | |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision? | yes |
| 115.16 (b) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| 115.16 (c) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? | yes |

| 115.17 (a) | Hiring and promotion decisions | |
|-------------------|---|-----|
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| 115.17 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? | yes |
| | Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? | yes |

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| 115.17 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.17 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? | yes |
| 115.17 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? | yes |
| 115.17 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.17 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |

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| 115.17 (h) | Hiring and promotion decisions | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.18 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | no |
| 115.18 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |
| 115.21 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |

| 115.21 (b) Evidence protocol and forensic medical examinations | | |
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| | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (c) Evidence protocol and forensic medical examinations | | |
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.21 (d) Evidence protocol and forensic medical examinations | | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) | na |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |

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| 115.21 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.21 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | yes |
| 115.21 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) | na |
| 115.22 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |
| 115.22 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |

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| 115.22 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) | yes |
| 115.31 (a) | Employee training | |
| | Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? | yes |
| | Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? | yes |
| | Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? | yes |
| | Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? | yes |
| | Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? | yes |
| | Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |

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| 115.31 (b) | Employee training | |
| | Is such training tailored to the gender of the inmates at the employee's facility? | no |
| | Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? | no |
| 115.31 (c) | Employee training | |
| | Have all current employees who may have contact with inmates received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.31 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.32 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.32 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? | yes |
| 115.32 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |

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| 115.33 (a) Inmate education | | |
| | During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| 115.33 (b) Inmate education | | |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |
| 115.33 (c) Inmate education | | |
| | Have all inmates received the comprehensive education referenced in 115.33(b)? | yes |
| | Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? | yes |
| 115.33 (d) Inmate education | | |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? | yes |

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| 115.33 (e) | Inmate education | |
| | Does the agency maintain documentation of inmate participation in these education sessions? | yes |
| 115.33 (f) | Inmate education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? | yes |
| 115.34 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.34 (b) | Specialized training: Investigations | |
| | Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |

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| 115.34 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.35 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | 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 |
| 115.35 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | na |

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| 115.35 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.35 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) | yes |
| | Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| 115.41 (a) | Screening for risk of victimization and abusiveness | |
| | Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| | Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| 115.41 (b) | Screening for risk of victimization and abusiveness | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| 115.41 (c) | Screening for risk of victimization and abusiveness | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |

| 115.41 (d) | Screening for risk of victimization and abusiveness | |
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| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? | yes |

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| 115.41 (e) | Screening for risk of victimization and abusiveness | |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse? | yes |
| 115.41 (f) | Screening for risk of victimization and abusiveness | |
| | Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |
| 115.41 (g) | Screening for risk of victimization and abusiveness | |
| | Does the facility reassess an inmate's risk level when warranted due to a referral? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to a request? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? | yes |
| 115.41 (h) | Screening for risk of victimization and abusiveness | |
| | Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |
| 115.41 (i) | Screening for risk of victimization and abusiveness | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? | yes |

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| 115.42 (a) Use of screening information | | |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| 115.42 (b) Use of screening information | | |
| | Does the agency make individualized determinations about how to ensure the safety of each inmate? | yes |
| 115.42 (c) Use of screening information | | |
| | When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? | yes |

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| 115.42 (d) | Use of screening information | |
| | Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? | yes |
| 115.42 (e) | Use of screening information | |
| | Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.42 (f) | Use of screening information | |
| | Are transgender and intersex inmates given the opportunity to shower separately from other inmates? | yes |
| 115.42 (g) | 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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |

| 115.43 (a) | Protective Custody | |
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| | Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? | yes |
| | If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? | yes |
| 115.43 (b) | Protective Custody | |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? | yes |
| | If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | yes |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | yes |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | yes |

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| 115.43 (c) | Protective Custody | |
| | Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? | yes |
| | Does such an assignment not ordinarily exceed a period of 30 days? | yes |
| 115.43 (d) | Protective Custody | |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? | yes |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? | yes |
| 115.43 (e) | Protective Custody | |
| | In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |
| 115.51 (a) | Inmate reporting | |
| | Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |

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| 115.51 (b) | Inmate reporting | |
| | Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the inmate to remain anonymous upon request? | yes |
| | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.) | na |
| 115.51 (c) | Inmate reporting | |
| | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Does staff promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.51 (d) | Inmate reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? | yes |
| 115.52 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |

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| 115.52 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | na |
| | Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | na |
| 115.52 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |
| 115.52 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | na |
| | If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | na |
| | At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | na |

| 115.52 (e) | Exhaustion of administrative remedies | |
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| | Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | na |
| | If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) | na |

| 115.52 (f) | Exhaustion of administrative remedies | |
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| | Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | na |
| | Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | na |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | na |
| 115.52 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | na |

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| 115.53 (a) | Inmate access to outside confidential support services | |
| | Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.) | na |
| | Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? | yes |
| 115.53 (b) | Inmate access to outside confidential support services | |
| | Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.53 (c) | Inmate access to outside confidential support services | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.54 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? | yes |

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| 115.61 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| 115.61 (b) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| 115.61 (c) | Staff and agency reporting duties | |
| | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? | yes |
| | Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| 115.61 (d) | Staff and agency reporting duties | |
| | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? | yes |
| 115.61 (e) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |

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| 115.62 (a) | Agency protection duties | |
| | When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? | yes |
| 115.63 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| 115.63 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.63 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.63 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |

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| 115.64 (a) | Staff first responder duties | |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.64 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.65 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |

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| 115.66 (a) | Preservation of ability to protect inmates from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| 115.67 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.67 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |

| 115.67 (c) | Agency protection against retaliation | |
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| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |

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| 115.67 (d) | Agency protection against retaliation | |
| | In the case of inmates, does such monitoring also include periodic status checks? | yes |
| 115.67 (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 |
| 115.68 (a) | Post-allegation protective custody | |
| | Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? | yes |
| 115.71 (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 115.21(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
| 115.71 (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 115.34? | yes |
| 115.71 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |

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| 115.71 (d) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.71 (e) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.71 (f) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.71 (g) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.71 (h) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.71 (i) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? | yes |

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| 115.71 (j) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? | yes |
| 115.71 (l) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.72 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| 115.73 (a) | Reporting to inmates | |
| | Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.73 (b) | Reporting to inmates | |
| | If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |

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| 115.73 (c) | Reporting to inmates | |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.73 (d) | Reporting to inmates | |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.73 (e) | Reporting to inmates | |
| | Does the agency document all such notifications or attempted notifications? | yes |

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| 115.76 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.76 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| 115.76 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.76 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.77 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.77 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? | yes |

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| 115.78 (a) | Disciplinary sanctions for inmates | |
| | Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| 115.78 (b) | Disciplinary sanctions for inmates | |
| | Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? | yes |
| 115.78 (c) | Disciplinary sanctions for inmates | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.78 (d) | Disciplinary sanctions for inmates | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? | yes |
| 115.78 (e) | Disciplinary sanctions for inmates | |
| | Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |
| 115.78 (f) | Disciplinary sanctions for inmates | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.78 (g) | Disciplinary sanctions for inmates | |
| | If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) | yes |

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| 115.81 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison). | yes |
| 115.81 (b) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) | yes |
| 115.81 (c) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail). | yes |
| 115.81 (d) | Medical and mental health screenings; history of sexual abuse | |
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| 115.81 (e) | Medical and mental health screenings; history of sexual abuse | |
| | Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? | yes |

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| 115.82 (a) | Access to emergency medical and mental health services | |
| | Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.82 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.82 (c) | Access to emergency medical and mental health services | |
| | Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.82 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.83 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.83 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |

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| 115.83 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.83 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| 115.83 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| 115.83 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.83 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |

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| 115.83 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) | yes |
| 115.86 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.86 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.86 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |

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| 115.86 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.86 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| 115.87 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.87 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.87 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |

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| 115.87 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.87 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) | yes |
| 115.87 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | yes |
| 115.88 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| 115.88 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.88 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |

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| 115.88 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| 115.89 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.87 are securely retained? | yes |
| 115.89 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| 115.89 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.89 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |

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| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.) | yes |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | no |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | no |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |

| 115.403 (f) | Audit contents and findings | |
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| | <p>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.)</p> | yes |