

# PREA Facility Audit Report: Final

**Name of Facility:** Progress House Work Release

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 09/29/2023

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"/>
<b>Auditor Full Name as Signed:</b> Alton Baskerville	<b>Date of Signature:</b> 09/29/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Baskerville, Alton
<b>Email:</b>	alton.abm@preaauditors.com
<b>Start Date of On-Site Audit:</b>	08/23/2023
<b>End Date of On-Site Audit:</b>	08/23/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Progress House Work Release
<b>Facility physical address:</b>	5601 6th Avenue, Tacoma, Washington - 98406
<b>Facility mailing address:</b>	5601 6th Ave, Tacoma, - 98406

<b>Primary Contact</b>	
<b>Name:</b>	Laura Deckard
<b>Email Address:</b>	lddeckard@doc1.wa.gov
<b>Telephone Number:</b>	253-593-2844 x224

<b>Facility Director</b>	
<b>Name:</b>	Laura Deckard
<b>Email Address:</b>	lddeckard@doc1.wa.gov
<b>Telephone Number:</b>	253-593-2844 x224

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Laura Deckard
<b>Email Address:</b>	lddeckard@doc1.wa.gov
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	90
<b>Current population of facility:</b>	42
<b>Average daily population for the past 12 months:</b>	22
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	22-64
<b>Facility security levels/resident custody levels:</b>	Minimum
<b>Number of staff currently employed at the</b>	5

<b>facility who may have contact with residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

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

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

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

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

**Number of standards exceeded:**

0

**Number of standards met:**

41

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-08-23
2. End date of the onsite portion of the audit:	2023-08-23

#### Outreach

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

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	90
15. Average daily population for the past 12 months:	22
16. Number of inmate/resident/detainee housing units:	0
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	50
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>There was only one female resident on the first day on the onsite audit.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>5</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>21</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>The contract staff were security monitors who performed the role of line staff. DOC staff performed program functions.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>11</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input type="checkbox"/> Age  <input type="checkbox"/> Race  <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input checked="" type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Auditor reviewed the total resident roster and made selections of diverse nature.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>



<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	Have no additional comments to make.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Discussion with staff and residents and review of PAQ supported no presence of targeted residents during the visit.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Discussion with staff and residents and review of PAQ supported no presence of targeted residence during the visit.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

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

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Same as before.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Same as before.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Same as before.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Same as before.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Same as before.</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Same as before.</p>

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

**Random Staff Interviews**

<b>71. Enter the total number of RANDOM STAFF who were interviewed:</b>	6
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<b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
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<b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	Auditor interviewed most of the staff present of the day of the onsite visit.
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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.

<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	8
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<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)



**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
- Intake staff

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	7
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input checked="" type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	Specialize staff performed security and maintenance functions.

## 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.

**84. Did you have access to all areas of the facility?**

Yes

No

**Was the site review an active, inquiring process that included the following:**

**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)?**

Yes

No

**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)?**

Yes

No

**87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

Yes

No

**88. Informal conversations with staff during the site review (encouraged, not required)?**

Yes

No

<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>Observed good communications among staff, contractors and residents during the onsite visit.</p>
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**Documentation Sampling**

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

<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>Selected twelve additional residents for file review throughout each month of the audit year.</p>
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**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

	<b># of sexual abuse allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	2	1	0	1
<b>Total</b>	2	1	0	1

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	1
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<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></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>



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

<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>There was only sexual abuse investigation file to review for the audited year.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

- Yes
- No

### Non-certified Support Staff

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

- Yes
- No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

2

## 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

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>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.</p>

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting, 04/19/2022</li> <li>• DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response, 01/27/2022</li> <li>• Correctional Operations Org Chart</li> <li>• PREA Coordinator Position Description</li> <li>• Interviews: <ul style="list-style-type: none"> <li>Staff</li> <li>PREA Coordinator</li> </ul> </li> </ul>
	<p><b>Auditor Discussion:</b></p> <p><b>DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting section I.A</b> states, "The Department has zero tolerance for all forms of sexual misconduct." WADOC has five policies that cover all areas of the PREA standards including prevention and reporting, risk assessments, response,</p>

investigation, and transgender/intersex/gender nonconforming policies.

**DOC Policy 490.800 section II.A** outlines the expectations of the PREA Coordinator. This includes develop and implement PREA related policies; identify, monitor, and track incidents of sexual misconduct; coordinate and track referrals to law enforcement and prosecutors; implement a system to audit facilities; keep management informed of PREA-related issues, etc. The PREA Coordinator reports to the Correctional Programs & Services Administrator who is in the chain of command of the Deputy Secretary. The PREA Coordinator position description outlines the responsibilities of the position including development, implementation, and maintenance of policies and procedural operations for PREA. The PREA Coordinator was interviewed by the audit team. She confirmed that she has the time and authority to fulfill her duties. She described her communication with staff at all levels of the agency and her ability to seek immediate corrections to compliance issues when needed. She communicates with all PREA compliance managers throughout the agency on a regular, almost daily, basis. Even though community confinement facilities are not required under the standards to have PREA compliance managers, WADOC has designated the facility administrators to fulfill this role to ensure compliance at the location. WADOC also has a PREA advisory council with representatives from each facility, mental health, policy staff, and others. They meet to talk about issues with PREA compliance, brainstorm solutions, etc.

**DOC 490.850 PREA-Response**

Policy indicates the WADOC PREA Coordinator’s duties are defined on page 3 and 4 of the policy.

**Analysis/Reasoning**

Interviews with staff and residents confirm knowledge of this policy and it is understood that zero tolerance of sexual abuse and harassment has become practice though staff training and resident orientation. WDOC has an agency-wide PREA coordinator position, identified as Director of PREA Services on WDOC's organizational chart. The statewide PREA Coordinator, Michelle Duncan and reports to Deputy Director, Prisons Division.

**Conclusion:**

WDOC and Progress House Work Release (PHWR) have shown they meet the standard 115.211. The agency and facility have met PREA standards in the past and the coordinators, and managers display great efforts in maintaining that status. Policy is very good requiring zero tolerance and adherence to efforts to prevent, detect and respond to sexual abuse of harassment of residents under WDOC charge.

<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion****Policy, Materials, Interviews and Other Evidence Reviewed**

- DOC Policy 490.800 Prison Rape Elimination Act (PREA), 04/19/2022
- Prevention and Reporting Contract No. K10802 with American Behavioral Health Systems
- ABHS Website
- Iowa Contract K10681
- Minnesota Contract CDOP448
- Interviews:
  - Facility Director
  - PREA Coordinator
  - Random Staff
  - Facility Director
  - PREA Coordinator
  - Random Staff

**Auditor Discussion:**

DOC Policy 490.800 section IX.A states, "Any new or renewed contracts for the confinement of individuals will include the requirement that the contracted facility comply with federal PREA standards and allow the Department to monitor PREA compliance."

**Analysis/Reasoning**

According to a memorandum signed by the Facility Supervisor, there is currently only one public/private agencies that is contracted to house WADOC residents. The Washington Department of Corrections (WADOC) currently contracts with American Behavior Health Systems for housing residents in residential treatment center. Copies of the contract were reviewed by this auditor. The contract contained language specific to the requirement that the facility/agency comply with the DOJ PREA standards. The contract also contained a clause allowing for WADOC to inspect the facility/agency for PREA compliance.

WADOC has interstate compact agreements with the departments of corrections in both Iowa and Minnesota. These agencies are included in compliance monitoring activities.

WADOC houses inmates in local county jails for short periods of time to accommodate Parole adjudication or for out-to-court purposes.

**Conclusion:**

During the interview with the Contract Administrator for WADOC, she stated the agency has verbiage that goes in all new contracts for offender housing, which covers the PREA compliance and monitoring requirements. Prior to signing the PC is provided a copy of the contact to ensure that it meets the PREA requirements. Once the contract is signed, the PC checks to see where the facility is in the PREA audit process. She reviews the web site and talks to the local PCM or PC. The facilities are

	inspected by WADOC staff every couple of weeks. Based on review of policy, contracts, and other documentation, as well as interviews, the facility is compliant with this standard.
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<b>115.213</b>	<b>Supervision and monitoring</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• WADOC Policy 110.100, Reentry Center Management Expectations, revised 10/19/2021</li> <li>• WADOC Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• WADOC Staffing Progress House Association Policy-Minimum Staffing Requirements dated 4/24/2022</li> <li>• Progress House Reentry Center Facility Monitors Staffing Model</li> <li>• Plan for Reentry Centers Memorandum, dated 4/28/2022</li> <li>• Memorandum between WA Federation of State Employees and DOC for minimum staffing for Community Corrections Officer and clerical staff</li> <li>• Facility Staffing Plan dated April 21, 2023</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>PREA Coordinator</li> <li>Community Corrections Supervisor (CCS)</li> </ul> </li> </ul> <p><b>Auditor Discussion</b></p> <p><b>WADOC Policy 110.100, Prison Management Expectations, revised 10/21/2021</b> state in part that the Community Corrections Supervisor (CCS) will annually review staffing levels to ensure adequate staffing plans are in place. When a shift has a staffing level of one, the CCS will develop a duty roster to ensure opposite gender staffing availability based on need. The CCS will develop a contingency plan for other instances in which both male and female employee/contract staff are not available.</p> <p><b>Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</b> requires the CCS to use the PREA Compliant Staffing Plan template maintained on the PREA Audit SharePoint site to develop, maintain, and annually review a staffing plan that includes an objective analysis of the facility’s staffing needs and established staffing model. There is camera coverage throughout their facility. All cameras have been strategically placed to the maximum amount of coverage area. Camera and video surveillance are monitored by trained staff. These cameras enhance the level of safety and security for staff and residents. The video system is an integral part of the staffing plan. The Auditor monitored the camera system at</p>

the facility's control center. The Auditor observed staff and resident movement on the camera systems covering the interior and exterior of the facility. Access to the camera system is restricted to individuals working certain positions.

**WADOC Policy 110.100, Prison Management Expectations, revised 10/21/2021** require an annual review staffing levels to ensure adequate staffing plans are in place. According to the PAQ the two most common reasons for deviations from the staffing plan are: (1). Staffing and (2) Inclement Weather. This was confirmed by the Auditor when the staff provided information which documented and justified all deviations from the plan. Interviews with the PREA Coordinator and Community Corrections Supervisor (CCS) indicated random reviews of the staffing levels, how they affect the resident programming, various classification counts, as well as any changes or modification to the video monitoring system are consistently conducted. Reviews of other concerns, such as the physical plant configuration, internal or external oversight bodies, resident population configuration, and placement of supervisory staff, line staff needs and any prevalence of substantiated or unsubstantiated incidents of sexual abuse are also consistently conducted.

**Analysis/Reasoning:**

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

According to the PAQ, staffing plans for WADOC work release facilities were originally created based upon the staffing models used for minimum security camps. Offenders are screened in advance by staff to determine their eligibility for placement in a work release. In addition, the contracting agencies have agreed with the current staffing ratios and each year this ratio is reviewed.

The PAQ confirms the average daily number of residents during the past 12 months has been twenty-two (22). The staffing plan is predicated on the facility capacity of thirty (30).

Policy requires the staffing plan review be completed in consultation with the PC and other executive staff at least annually. The Auditor was provided a copy of the Annual Staffing Plan Review. This review discussed the staffing plan, video monitoring and the resources needed to adhere to the staffing pattern. Policy requires an internal audit of the staffing plan be conducted on an annual basis. This assessment is an extensive review of all areas of the facility to ensure adequate staffing levels exist where residents may be present. Justification for the need for additional staff or modifications to the facility, to include the deployment of video monitoring equipment, is addressed on an annual basis. The annual review of the staffing plan includes facility and department management level staff which include: the PC and other institutional Executive Staff.

**Conclusion**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility meets the standard regarding Supervision and Monitoring,



ensuring that the safety of staff and residents is a priority.

**115.215 Limits to cross-gender viewing and searches**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Policy, Materials, Interviews and Other Evidence Reviewed**

- DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting, 04/19/2022
- DOC Policy 420.310 Searches of Incarcerated Individuals, 07/17/2023
- DOC Policy 420.312 Body Cavity Search, 12/14/2020
- DOC Policy 420.325 Searches in Reentry Centers, 07/17/2023
- DOC Policy 490.700 Transgender, Intersex, and/or Gender Non-conforming Housing and Supervision, 08/17/2023
- Correctional Worker Core Facilitator Guide: Pat Searches
- Work Release Academy Curriculum
- Training Rosters and tracking logs
- Interviews with:
  - Facility Director
  - PREA Coordinator
  - Random Staff
  - Random Resident

**Auditor Discussion:**

**DOC Policy 420.325** states strip searches of male offenders require that one of the employees conducting the search be male. If the second person conducting the strip search is female, she positions herself to observe the employee doing the strip search but is not in direct line of sight with the offender. The gender of the searching officers is noted on the strip search log. Strip searches of females will be conducted by female employees.

**DOC Policy 490.700** outlines the requirements for searches of transgender, intersex, or gender non-conforming residents. The search will be conducted in accordance with the stated preference of the resident unless circumstances do not allow for the preference to be implemented. If unable to accommodate, the employee will notify the CCS/designee and document the search in the individual's electronic file.

**DOC Policy 420.325** states pat searches will be conducted by a trained employee of the same gender as the individual being searched, except in emergency situations. If a male employee pat searches a female, a report must be completed in the Incident Management Reporting System (IMRS).

**DOC Policy 420.325** requires employees to document all searches including when

the search was done, by whom and the results of the search. Strip searches are to be documented as a report in the IMRS.

**DOC Policy 490.800 section VIII.A** states, "Individuals will be provided the opportunity to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This includes viewing via surveillance systems." Section VIII.C states, "An announcement will be made by anyone who does not identify with the facility's gender designation, loud enough and often enough to reasonably be heard by the occupants of a housing unit, including the living area (e.g., where incarcerated individuals sleep), or any common area designated for individuals to disrobe or change their clothing (e.g., bathrooms, showers)." In addition, the facility has signs posted which state female/male personnel may be in the area at any given time and that residents are responsible for their own privacy and maintaining proper clothing attire.

**DOC Policy 490.820 section VII.C** states, "Employees/contract staff will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it will be determined by health care providers during conversations with the offender, by reviewing medical records, or, if necessary, as part of a broader medical examination conducted in private by a health care practitioner." This same language is repeated in DOC Policy 490.700.

**DOC Policy 490.800 section X.D** states, "Employees/contract staff who may conduct pat searches will be trained in cross-gender searches and searches of transgender and intersex individuals." The facilitator guide for pat search training was reviewed by the auditor. It includes instructions for training employees on conducting cross-gender and transgender searches that are in accordance with this standard. New employees receive this training during Correctional Worker Core or Reentry Center Academy.

### **Analysis/Reasoning**

The facility reports that cross-gender strip searches or visual body cavity searches would only be conducted in an exigent circumstance. The facility reports they have not had to conduct cross-gender strip or visual body cavity searches in the 12 months.

The facility reports that females are not restricted access to regularly available programming or other opportunities if a female staff member is not available to conduct a pat search. The facility reports there were no cross-gender pat searches of female residents in the 12 months. Five (5) employees were interviewed during the onsite audit. All reported that female residents are not restricted from programming if there are no female staff onsite. There are backup plans to ensure a female resident is searched when needed.

The training materials were reviewed by the auditor. The back of the hand/blade of

	<p>the band technique is taught. Five (5) employees were selected from the employee roster to review training records.</p> <p>All staff present while the audit team was onsite were interviewed. This amounted to (5) staff interviews, including male and female staff, both custodial and non-custodial. All staff who would be responsible for searches reported that they do not conduct unclothed/strip searches. All reported they were trained to conduct all clothed body searches using the back of the hand/blade of the hand technique. They do not conduct cross-gender searches. All female staff said they do not search the male residents and all male staff said they do not search female residents. They did express an understanding of how to conduct a cross-gender search in exigent circumstances and correctly identified when those circumstances would be. All staff interviewed, both custodial and non-custodial, confirmed that opposite gender announcements are routinely made when entering housing units.</p> <p><b>Conclusion</b></p> <p>The audit team conducted a facility inspection and did not note any concerns with cross gender viewing. All showers had curtains. Staff will knock on the door and announce themselves before entering a resident’s room. The audit team observed staff making cross-gender announcements before entering housing units. Based on policy, interviews, and onsite inspection, the facility is compliant with this standard.</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• DOC 450.500 Language Services for Limited English Proficient Individuals, 12/21/2021</li> <li>• DOC Policy 310.000 Orientation, 12/21/2021</li> <li>• DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting, 04/19/2022</li> <li>• DOC Policy 690.400 Individuals with Disabilities, 06/03/2022</li> <li>• Facilitator Guide for offenders with limited intellectual capacity</li> <li>• Spanish Brochure</li> <li>• Spanish Posters</li> <li>• PREA Orientation script in Spanish and English</li> <li>• Offender Handbook</li> <li>• Contract 03514 Interpreter Services, Spoken</li> <li>• Interviews <ul style="list-style-type: none"> <li>Staff</li> <li>Resident</li> <li>Observations</li> </ul> </li> </ul>

## **Auditor Discussion**

**WADOC Policy 310.000 Orientation, effective 12/27/2021**, outlines orientation including that residents are given information on ADA accommodations. Orientation is provided in Spanish and closed-captioned. The orientation script is also provided in both English and Spanish for individuals to read. This orientation includes information on PREA. The offender handbook is available in English and Spanish.

**WADOC Policy 690.400 Individuals with Disabilities**, effective 6/3/2022 outlines the process of identifying individuals with disabilities and providing reasonable accommodations. WADOC Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022, p. 17, 1, states the confidential PREA hotline is available for teletype (TTY) for residents who are deaf or hard of hearing. PREA posters and brochures are provided in English and Spanish, and this was noted during the inspection. The facility provided a list of available sign language interpreters.

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

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

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

**WADOC 450.500 Language Services for Limited English Proficient Individuals, effective 12/20/2021**, outlines how to access language services.

## **Analysis/Reasoning**

On the PAQ, the facility reported established procedures to provide disabled residents and limited English proficient residents with equal opportunity to participate in and benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and sexual harassment. According to the PAQ, residents with special needs are typically, but not always, identified prior to their arrival. This facility has worked with the Deaf Services Coordinator at MCC at times in the past for assistance with PREA, regular orientation & intake needs as well as

	<p>had use of their assigned TTY machine. However, there have been no services such as this requested during the past twelve months. The Auditor reviewed written documents, training materials, as well as PREA brochures, which are provided in both English and Spanish to the resident population.</p> <p>The Auditor reviewed written documents, training materials, as well as PREA brochures, which are provided in both English and Spanish to the resident population.</p> <p>WADOC has a Deaf Services Coordinator and a position description for this job was provided to the auditor. A Facilitator Guide for offenders with limited intellectual capacity was also provided. This has cartoon images to help explain the purpose of PREA. Staff review the work release health screening form for each resident during orientation which will give them the information to know if a resident will need assistance.</p> <p>The facility provided interpreter service contract information and a list of available interpreters for a variety of languages. Interpreters are available by phone and in-person. They have not had the need to utilize interpreter services over the last year. The facility maintains a Language Log to document when services are provided. During interviews, staff identified resources for interpreter services.</p> <p>On the PAQ, the facility reported in the past twelve months they had not used resident interpreters. The facility reports no interpreters were utilized in the past 12 months. During the onsite audit, the facility did not have any residents who were limited English proficient or anyone with disabilities.</p> <p>The Auditor noted both English and Spanish posters and brochures throughout the facility. Staff were aware of the prohibition of using another resident to interpret.</p> <p><b>Conclusion</b></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding residents with disabilities and residents who are limited English proficient.</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting, 04/19/2022</li> <li>• DOC Policy 810.800 Recruitment, Selection, and Promotion, 07/19/2023</li> <li>• DOC Policy 810.015 Criminal Record Disclosure and Fingerprinting, 12/24/2021</li> <li>• DOC PREA Disclosure - Learning Center</li> </ul>

- DOC Policy 400.320 Terrorism/Extremism Activity, 05/08/2020
- Applicant Authorization to Release Information Form
- Washington General Service Hiring Checklist
- Pre-Employment Reference Check Form
- Sexual Misconduct and Institutional Employment/Service Disclosure form
- Contract shell language
- Hiring Checklist
- Annual In-service Curriculum
- Interviews:  
Human Resource Officer

### **Auditor Discussion**

**DOC Policy 490.800 section V.A.1 states,** "To the extent permitted by law, the Department will not knowingly hire, promote, or enlist the services of anyone who:  
a. Has engaged in sexual misconduct in a Prison, jail, lockup, community confinement facility, juvenile facility or other institution as defined in 42 U.S.C. 1997, b. Has engaged in sexual misconduct with an individual on supervision, c. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or d. Has been civilly or administratively adjudicated to have engaged in the activity described above."  
Each person hired or promoted and each contractor who may have contact with offenders completes form DOC 03-506 Sexual Misconduct and Institutional Employment/Service Disclosure. This form asks the individual to disclose information relevant to this standard. Contractors are required in the contract language to comply with the PREA standards and to certify that they have not engaged in the acts listed in this subsection. The auditor randomly selected 5 employees and reviewed hiring packets for each. All 5 employees completed this disclosure form prior to or at the time of hire.

**DOC Policy 490.800 section V.A.1 states,** "To the extent permitted by law, the Department will not knowingly hire, promote, or enlist the services of anyone who:  
a. Has engaged in sexual misconduct in a Prison, jail, lockup, community confinement facility, juvenile facility or other institution as defined in 42 U.S.C. 1997, b. Has engaged in sexual misconduct with an individual on supervision, c. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or d. Has been civilly or administratively adjudicated to have engaged in the activity described above."  
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**DOC Policy 810.015** requires a criminal background check at least every five years. Annual criminal background checks are required for all armed employees. In addition, DOC Policy 810.015 requires employees to report all arrests, criminal citations, and court-imposed sanctions that may affect their fitness for duty.

**DOC Policy 810.015** states, "Failure to fully divulge criminal information on the part of an individual subsequently employed, promoted, or authorized to provide services for the Department may be cause for disciplinary action, up to and including dismissal or termination of services." The Sexual Misconduct and Institutional Employment/Service Disclosure form which is filled out and signed by applicants' states, "I understand that, if hired, untruthful or misleading answers or deliberate omissions may be cause for rejection of my application, removal of my name from eligible registers, or dismissal, if employed or serving as a contract staff or volunteer."

**DOC Policy 400.320** requires a full criminal background check for all contractors and volunteers.

### **Analysis/Reasoning**

All 5 employee files reviewed had completed background checks within the last 5 years. Progress House maintains a tracking sheet for employees that shows when their next 5 years background check is required. According to this tracking sheet, all are current with no checks due until 2024.

In the past 12 months, there were seven (7) number of persons hired who may have contact with residents who have had criminal background record checks: The auditor randomly selected 5 employees and reviewed hiring packets for each. All 5 employees completed this disclosure form prior to or at the time of hire.

Fingerprints are processed by the Washington State Patrol. In the past 12 months, there were zero (0) number of contracts for services where criminal background

	<p>record checks were conducted.</p> <p>Current employees and contract staff are required to answer the following questions in the electronic Learning Center (LC) as part of annual PREA training: “I acknowledge and understand that I have a continuing affirmative duty to disclose and immediately report to my Appointing Authority my involvement in any form of sexual misconduct. Therefore, I confirm the following: I have not knowingly engaged in sexual misconduct with an offender on supervision. I have not engaged in sexual abuse in a prison/jail/lockup/community confinement/juvenile or other institution...I have never been convicted of or otherwise found (e.g., civilly, administratively) to have engaged or attempted to engage in sexual abuse/assault in any setting. I have not engaged in any incident of sexual harassment or sexual misconduct not addressed above...I understand that untruthful answers or deliberate omissions may be cause for disciplinary action or termination of services.”</p> <p>Training curriculum for the Annual In-service (AIS) training was provided. The curriculum lists PREA as part of the training, including the annual disclosure form related to this standard. All 5 employee files reviewed had documentation showing annual disclosure of this information.</p> <p>During the interview, the HRS confirmed that unless prohibited by law, all information would be provided on substantiated allegations of sexual abuse or sexual harassment involving a former employee would be shared upon request from an institutional employer for whom such employee has applied for work. WADOC Policy 810.800 states HR has provided results from the Offender Management Network Information PREA database for information on substantiated allegations of sexual misconduct or resignations pending investigation.</p> <p>The auditor interviewed an HR employee. she confirmed all the processes reflected in policy. She was well-versed on all the forms new hires need to sign for PREA compliance. She confirmed background checks at hire and every 5 years, sexual misconduct disclosure requirements, institutional reference checks, etc.</p> <p><b>Conclusion</b></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding hiring and promotion decisions.</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> </ul>



- Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised ,4/19/2022
- Interviews:  
Community Corrections Supervisor

### **Auditor Discussion**

**Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022,** states the department will consider possible effects on its ability to protect individuals from sexual misconduct when:

- Designing or acquiring a new facility
- Planning substantial expansions or modifications or existing facilities
- Installing or updating video monitoring systems, electronic surveillance systems or other monitoring technology.

### **Analysis/Reasoning**

The PAQ indicates, in planning a substantial expansion or modification of existing facilities, WADOC hires a consultant who has expertise in the design of correctional facilities and understands the importance of inmate and staff safety. The agency provides instructions to consultants based upon the owner's approved program and/or pre-design documents, WADOC policies, standards, guidelines and specifications including the Prison Rape Elimination Act (PREA). There has been no substantial expansion or modification to existing facilities since the last DOJ PREA Audit conducted on June 25, 2021.

The Auditor interviewed the Community Corrections Supervisor who reported any construction, renovation or modification would be done with full consideration of all PREA standards. She further reported there are meetings that would be held regarding any building or construction considerations and that safety and cameras, or other technologies would be discussed and considered at such meetings. During these meetings executive staff would meet with all key supervisors and managers to discuss any pertinent issues, such as Data/Reporting issues, Grievances, Disciplinary Reviews, Video Summary Reviews, Use of Force Incidents, Incidents of Sexual Abuse, as well as the analysis of key data such as overtime, leave time, morale, etc.

During the interview with the Community Corrections Supervisor, she stated there was ample camera coverage throughout the facility, which is complimented by security mirrors for extra security. During the facility tour the auditor observed the cameras and security mirrors.

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

### **Conclusion**

	<p>Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding upgrades to facility and technology.</p>
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<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• Washington Department of Corrections, (WADOC) Policy 610.300, Health Services for Work Release Offenders</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.850, PREA Response</li> <li>• Interviews: <ul style="list-style-type: none"> <li>Random Staff</li> <li>SAFE/SANE Staff</li> <li>PREA Compliance Manager (PCM)</li> </ul> </li> </ul> <p><b>Auditor Discussion</b></p> <p><b>DOC 490.800</b>, PREA Prevention and Reporting, addresses meetings with local law enforcement and community advocates. It requires the Work Release Administrator to meet at least annually with applicable law enforcement officials to review investigation requirements detailed in federal PREA standards, establish procedures for conducting criminal investigations related to PREA allegations, and establish points of contact and agree upon investigatory update procedures. Meetings with law enforcement will be documented in meeting minutes.</p> <p>It states that incarcerated individuals will have toll-free access to the Sexual Assault Support and Information Line operated by the Office of Crime Victims Advocacy (OCVA). Incarcerated individuals may call 1-855-210-2087 toll-free Monday through Friday 8:00 am. -5:00 pm to reach an OCVA PREA Support Specialist. Calls will not be monitored or recorded, and an IPIN will not be required. Abuse of the toll-free phone line will be reported to the Work Release Administrator for action as needed. As appropriate, the OCVA PREA Support Specialist may refer the individual to a local Community Sexual Assault Program (CSAP) Victim advocate, who can a) provide additional support; b) assist sexual assault survivors in healing; and c) provide information regarding available resources and options. 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 450.110, Mail for Work Release Offenders.</p>

**DOC 610.300**, Health Services for Work Release Offenders, states that offenders who are on Work Release status will have unimpeded access to health care. In the section on Offender Responsibilities, it states that when health services are not provided by the Department, offenders will need to secure funding for their health care through appropriate means, such as basic health plans, the Veteran's Administration, their employer, or personal resources. In the case of sexual misconduct, the Appointing Authority will authorize payment and coverage of medically necessary treatment and any identified mental health treatment. A victim of sexual misconduct will not have debt added to his/her account for any medical or mental health treatment received as a result of reported sexual misconduct, whether or not s/he names the abuser or cooperates with any related investigation.

**DOC 490.850**, PREA Response, provides forms and checklists used during the response process. These include Aggravated Sexual Assault Checklist, PREA Response and Containment Checklist, DOC 16-357 Crime Scene Containment/Preservation/Processing Checklist, and DOC 16-358, Crime Scene Security Log. Policy states: The Department will respond to allegations of sexual misconduct to support and provide assistance to the alleged victim, enhance security, and maximize the ability to obtain evidence to use in investigations and criminal prosecutions where applicable.

It also states: For allegations of aggravated sexual assault, the Shift Commander/CCS/designee will initiate the Aggravated Sexual Assault Checklist, and the PREA Response Team will conduct a coordinated, multidisciplinary response to the allegation. Work Releases will develop local procedures to ensure alleged victims of aggravated sexual assault are provided with emergency medical care to include forensic medical examinations, as applicable.

### **Analysis/Reasoning**

The PAQ indicates WADOC administrative investigations are conducted by specially trained WADOC staff. Criminal investigations are conducted by the Tacoma Police Department Special Assault Unit. Pierce County 930 Tacoma Avenue S Tacoma, WA 98402, (253) 287-4455. If this agency declines the criminal investigation, they will make notification to the DOC with their declination reasoning and send it back to DOC to make a referral to the Washington State Patrol.

Administrative investigations are conducted by specially trained WADOC staff.

Criminal investigations are conducted by the law enforcement agency identified above. If this agency refuses, the facility can make a referral to the Washington State Patrol. During the audit documentation period one (1) investigation was referred to law enforcement.

The PAQ states there were zero investigations initiated during the past twelve months. This was confirmed by the PCM. The Auditor interviewed staff regarding the rules of evidence, and their understanding of the process should a resident report alleged sexual abuse. Staff were able to articulate the basic preservation of evidence component of both victim and abuser. They were also able to explain their responsibilities up to the point when they transfer responsibility to either

	<p>investigative or medical staff.</p> <p>A memorandum of understanding (MOU) with Washington State Police (WSP) was provided, it included amendments to extend the date of services; however, the most current amendment provided expires on 6/30/2025.</p> <p>Per the PAQ, a meeting held on April 24, 2023 covered the following topics:</p> <ul style="list-style-type: none"> <li>• Rapid SANE Investigation (RSI) is located out of Tacoma, Washington and Portland, Oregon.</li> <li>• RSI staff are available 24/7 and respond within two hours of being contacted.</li> <li>• SANE nurses are based in the Tacoma and Portland areas and will respond to all Multi-Care or Franciscan Hospitals.</li> <li>• RSI specializes in sexual assault exams and compile all evidence into a sexual assault kit.</li> <li>• When a victim of sexual assault/aggravated sexual assault is transported to a medical facility, they will go directly to triage with a triage nurse.</li> <li>• If medically stable, SANE is called to collect forensic evidence. Once evidence is collected it is transferred to an investigator or stored at the Washington State Patrol Crime Lab for long term storage.</li> <li>• The exam is conducted in the emergency room in a specially designated room in the back. Progress House Reentry Center staff will notify St. Joseph's or Tacoma General Hospital Emergency Room Staff of victim arrival (either via staff transport or ambulance).</li> <li>• St. Joseph's or Tacoma General Hospital emergency room staff upon notification of victim arrival will make immediate notification to RSI. Due to location, it can take up to two hours for response time.</li> <li>• Upon notification of a victim's arrival to the hospital the SANE nurse will contact a Designated Victim Advocate who generally arrives within one hour.</li> <li>• The Designated Victim Advocate will be present for the exam and will provide a packet to the victim for future use. Upon return to the facility the packet may be retained by the victim or placed in the victim's CCO file to maintain confidentiality.</li> </ul> <p><b>Conclusion</b></p> <p>The auditor has determined through review of policies and documentation, and interviews, that the facility is in substantial compliance with this standard.</p>
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<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> </ul>

- Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022
- WADOC Policy 490.860, PREA Investigation, revised 11/24/22
- WADOC Public Website <https://www.doc.wa.gov/corrections/prea/resources.htm>
- MOU between WADOC and WA State Patrol
- Interviews:
  - Random Staff
  - Investigative Staff

### **Auditor Discussion**

**Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting** state each superintendent or designee will meet at least annually with local enforcement officials to:

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

When there is a reported PREA incident, regardless of how the information is received, the WADOC staff on duty completes an incident report on the Incident Report Management System (IRMA). The IRMS is monitored by WADOC headquarters staff. WADOC has established a process whereby all allegations are triaged by the Headquarters PREA Unit to determine if the allegation falls within established PREA definitions. All allegations that rise to the level of a PREA allegation, resulting in the initiation of an investigation are returned to the applicable Appointing Authority for investigation.

**Policy 490.860, PREA Investigation, p. 2, 1**, requires the Department to investigate all allegations of sexual misconduct involving residents thoroughly, promptly, and objectively under the jurisdiction or authority of the Department. The policy goes on to state, “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”.

### **Analysis/Reasoning**

The PAQ indicates WADOC has established a process whereby all allegations are triaged by the Headquarters PREA Unit to determine if the allegation falls within established PREA definitions. Allegations resulting in the initiation of an investigation are returned to the applicable Appointing Authority for investigation.

The PAQ indicates in the past 12 months, there were three (3) number of allegations of sexual abuse and sexual harassment that were received. The PAQ indicates in the past twelve months, there was two (2) allegations resulting in an administrative investigation. In the past 12 months, there was one (1) number of allegations referred for criminal investigation. Referring to allegations received during the past 12 months, all administrative and/or criminal investigations two (2) current cases

are still in the investigation process.

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. 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.

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

According to the PREA Coordinator, this process is tracked very closely and any delayed investigations are researched by the PREA Unit. During a review of the Washington Department of Corrections website, the PREA policies and investigation protocols were located using the search tool in "Policies". WADOC staff are not sworn peace officers, therefore cannot conduct criminal investigations. If at any point during the administrative investigation, it appears a crime was committed, the case is referred to the SPD for criminal investigation.

Referring to allegations received during the past 12 months, all administrative and/or criminal investigations two (2) current cases are still in the investigation process.

The PAQ reveals the Tacoma Police Department is the primary investigative agency for criminal investigations. Pierce County 930 Tacoma Avenue S Tacoma, WA 98402. (253) 287-4455 is the primary investigative agency for criminal investigations. If they decline to investigate, the facility can make a referral to the Washington State Patrol (WSP). WADOC maintains an agreement with WSP for assistance as needed / requested. Additionally, the Superintendent/Reentry Center Supervisor meets with law enforcement officials annually to discuss investigation processes and review procedures.

All staff interviewed knew their responsibility to report any suspicion, or knowledge of an allegation of sexual abuse and sexual harassment. Each reported they were required to make such a report immediately after becoming aware of it. Through the interview process, staff indicated all allegations are investigated.

The PAQ reflects law enforcement referrals are processed through the WADOC Chain of command & records are documented via that process. WADOC Policy 490.860, PREA Investigation, revised 11/24/22, p. 3, a, 3, states all allegations that appear to be criminal in nature will be referred to law enforcement for investigation by the Appointing Authority/designee. Referrals may be made using DOC 03.505 Law Enforcement Referral of PREA allegation. The MOU between WADOC and WA State

	<p>Patrol identify the process in which a criminal investigation will be referred to law enforcement. The WADOC public website provides FAQs describing responsibilities of both WADOC who conducts administrative investigations and the law enforcement entity that conducts criminal investigations. The Investigation process is also communicated on the website.</p> <p><b>Conclusion</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the facility meets every provision of the standard which addresses policies to ensure referral of allegations for investigations.</p>
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<b>115.231</b>	<b>Employee training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• Facility Staff Training Records</li> <li>• Samples of Signed DOC 03-483 PREA Training Acknowledgement forms</li> <li>• Prison Rape Elimination Act (PREA) Training Curriculum</li> <li>• Prison Rape Elimination Act (PREA) 102 Facilitator Guide</li> <li>• Interviews: <ul style="list-style-type: none"> <li>PREA Coordinator</li> <li>Investigator</li> <li>Random Staff</li> </ul> </li> </ul>
	<p><b>Auditor Discussion</b></p> <p><b>WADOC Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022, p. 10, X, B,</b> requires all new employees, contract staff and volunteers to receive initial PREA training upon hire/assignment, followed by annual refresher training. Training consisted of:</p> <ol style="list-style-type: none"> <li>1. Its zero-tolerance policy for sexual abuse and sexual assault harassment</li> <li>2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures</li> <li>3. Resident's right to be free from sexual abuse and sexual harassment</li> <li>4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment</li> <li>5. The dynamics of sexual abuse and sexual harassment in confinement</li> <li>6. The common reactions of sexual abuse and sexual harassment victims</li> <li>7. How to detect and respond to signs of threatened and actual sexual abuse</li> <li>8. How to avoid inappropriate relationships with residents</li> </ol>

9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents and
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

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

### **Analysis/Reasoning**

The POA reflects the general PREA training curriculum includes but is not limited to all elements required by this standard. Initial training for new employees is provided through the Learning Center (LC). Annual PREA training is provided in the classroom or through LC.

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

The PAQ reflected initial and annual PREA training curriculum includes information applicable to both male and female residents. This training is provided to all agency employees and contract staff. As such, WADOC has exceeded the gender specific training requirements of this standard. This training strategy also allows WADOC to forego the requirement to provide gender specific training if an employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

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

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

According to the PAQ, WADOC requires full PREA training be completed every year. The PAQ indicates when completing the WADOC annual training:

- For in-class training venues, an acknowledgment form is provided in the classroom



	<p>that students sign acknowledging they understand the training provided.</p> <ul style="list-style-type: none"> <li>• For training completed through LC, the system includes an acknowledgment that the participant understands the training completed. The module with this acknowledgment is assigned to the student following completion of the training module.</li> </ul> <p>The agency PREA Coordinator receives a daily report from the Training and Development Unit including information when any employee answers false to the statement “By answering true to this question, I verify that I have viewed and understand all sections of the PREA training course”. The PREA Coordinator then works with the appropriate Appointing Authority to resolve the response and any questions or concerns of the staff student who is then reassigned the acknowledgment module to confirm an understanding of the training. Examples of these daily reports are available upon request.</p> <p><b>Conclusion</b></p> <p>Based upon the review and analysis of the available evidence, combined with the fact the WADOC requires full PREA training each year, the Auditor has determined that the facility meets the standard which addresses policies regarding employee training.</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• WADOC Policy 530.100 Volunteer Program, revised 3/22/2022</li> <li>• Facilitator Guide for Prison Rape Elimination Act (PREA) Annual in Service (AIS) training</li> <li>• WADOC training link for volunteers/religious contractors <a href="https://doc.wa.gov/corrections/programs/volunteer.htm#training">https://doc.wa.gov/corrections/programs/volunteer.htm#training</a></li> <li>• Prison Rape Elimination Act (PREA) pamphlet for Staff, Volunteers, and Contractors</li> <li>• Sample of random DOC 03-523 PREA Acknowledgement for Volunteers</li> <li>• Sample of training records for TTH contract staff</li> <li>• Interview PCM</li> </ul> <p><b>Auditor Discussion</b></p>

**WADOC Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022, p. 10, X, B,** requires all new employees, contract staff and volunteers to receive initial PREA training upon hire/assignment, followed by annual refresher training.

Training consisted of:

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

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

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

### **Analysis/Reasoning**

The PAQ indicates there have been no volunteers in the facility since March 2020 due to COVID restrictions. Contractors that have worked in the facility have had background checks per protocol if in the facility for any length of time that would have contact with residents.

The PAQ reflects WADOC requires all contractors with regular contact with offenders to complete the same training provided to all employees. Certain identified contractors, such as those providing language interpreter services, and all volunteers are required to complete specially designed web-based training. Contracts detail PREA-training requirements. There have been no volunteers at the

	<p>facility since March 2020 due to COVID protocols.</p> <p>The PAQ states WADOC requires all contractors with regular contact with residents to complete the same training provided to employees. The agency allows for vendors and service providers who have limited, unescorted contact with residents to complete form 03-478, PREA Acknowledgement, and are provided with the PREA brochure for staff, contractors and volunteers rather than completing annual training. This typically includes individuals filling vending machines or repairing office equipment, cleaning kitchen equipment, delivering supplies, or performing short-term services in maintenance. Additionally, identified contractors, such as those providing language interpreter services, complete the web-based training identified in 115.32 (a) - 1. All volunteers complete the web-based training regardless of level of service provided.</p> <p>Through the interview process staff indicated there were zero volunteers since the start of COVID. This was confirmed by the staff training list where only full time WADOC staff were listed.</p> <p>The PAQ states all volunteers complete training understanding acknowledgments in the web-based training required. All contractors complete training understanding acknowledgments either in-person (form 03-483) or in the on-line training, whichever is completed.</p> <p>The Auditor reviewed the training records of all facility, direct hire and contract, staff. All had completed their PREA initial and refresher trainings were current. The Auditor reviewed the signed acknowledgment forms (03-483 PREA Training Acknowledgement) for PREA training on-line through LMS.</p> <p><b>Conclusion</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the facility meets every provision of the standard which addresses policies regarding volunteer and contractor training.</p>
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<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• DOC 310.000 Orientation, revised 12/27/2021</li> <li>• Intake records of residents</li> <li>• Record of residents receiving PREA information at intake</li> </ul>

- Statewide Resident Orientation Handbook with PREA information (pages 10-15)
- PREA posters (English and Spanish) listing the PREA hotline number
- Resident education material
- Random 21-992 Prison Orientation Checklist
- PREA brochure in Spanish
- PREA posters in Spanish
- Interviews:
  - Intake Staff
  - Random Residents

**Auditor Discussion**

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

**WADOC Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022, p. 15, XII, B,** state individuals under the department’s jurisdiction will be provided PREA-related information, which will include information on the Department’s zero tolerance stance and ways to report sexual misconduct. Information will be presented in a manner allowing individuals to ask questions of the staff member facilitating the orientation. If an orientation video is presented in-transit, individuals will be provided an opportunity to ask questions of the facilitator during the onsite facility orientation.

**Analysis/Reasoning:**

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

The PAQ indicated ninety (90) residents received information on PREA and the zero-tolerance policy at intake. The facility specific handbook has PREA information beginning on page 5. PREA Posters hung outside of intake area & throughout the facility.

Initial reception and orientation is completed within 4 weeks of admission to the facility unless medical, mental health, or behavioral issues prevent completion of this process. Incarcerated individuals arriving at or transferred to a Work -Training Release or prison, including transfers between an Intensive Management Unit (IMU) will receive an orientation to the new facility.

Work - Training Release orientation will be conducted within 48 hours of admission. Individuals in Work - Training Release will be notified of all appropriate policies and

procedures that affect them. Employees will document orientation in the incarcerated individual's electronic file and the individual will acknowledge receipt of orientation and the Statewide Resident Orientation Handbook/facility specific handbook by signing the DOC 05-512 Work - Training Release Orientation Checklist in Work - Training Release.

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

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

The PAQ indicates two (2) confined persons transferred from a different community confinement facility and received refreshers during the past 12 months.

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

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

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

**Conclusion**

Based on the review of policy, documents, interviews and analysis, the auditor finds the facility compliant with all provisions of this Standard.

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**Policy, Materials, Interviews and Other Evidence Reviewed**

- Pre-audit Questionnaire (PAQ) and supporting documents
- Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022
- OM Policy 490.860 Employees/Contract Staff/volunteers/ Incarcerated, 11/24/2022
- Administrative Investigations presentation and instructional guide
- Interviews:  
Investigative Staff

**Auditor Discussion**

**DOC 490.860 states** that investigators will be assigned by the Appointing Authority and that they must complete the regular employee training as outlined in DOC Policy 490.800.

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

**Analysis/Reasoning**

PREA investigator training was initiated in 2010 when a formal specialized course was launched. When the final PREA standards were released, it was determined that the course content needed to be updated to ensure compliance with the standards. The updated course was launched in October 2013 with major changes in October 2019 with minor changes in March 2020. To ensure all prior participants had been provided with the elements that were included in the training update.

On the PAQ the facility reported that policy requires that investigators be trained in conducting sexual abuse investigations in confinement settings. The auditor has reviewed the training curriculum for the investigator course and found that all required subject matter was addressed.

WADOC is responsible for conducting all administrative investigations related to PREA. WADOC staff do not have law enforcement powers or certification and, as such, are not authorized to conduct any type of criminal investigation. Washington Administrative Code (WAC) 139-05-240 outlines the requirements of the basic law enforcement academy and WAC 139-05-250 outlines the basic law enforcement curriculum. WAC 139-25-110 outlines the career-level certification for law enforcement and corrections personnel.

The Auditor reviewed the training curriculum for the investigator course and found

	<p>that all required components were included. The investigator indicated that the specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the documentation required to substantiate a case for administrative action or referral for prosecution.</p> <p>According to the PAQ, training transcripts are maintained for all individuals who have completed official Department training. According to the PAQ, the agency maintains documentation showing that investigators have completed the required training. The agency currently employs 476 investigators who have completed the required investigator training.</p> <p><b>Conclusion</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the facility meets every provision of the standard which addresses policies regarding specialized training: investigations.</p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• Washington Department of Corrections, (WADOC) Policy 880.100 Corrections Training and Development, 10/20/2020</li> <li>• Interviews: <ul style="list-style-type: none"> <li>PREA Coordinator</li> </ul> </li> </ul> <p><b>Auditor Discussion</b></p> <p><b>DOC Policy 490.800 section X.G states,</b> "Health Services employees/contracted staff, with the exception of medical records, clerical, pharmacy personnel, the Dietary Services Manager, and the Psychologist assigned exclusively to sex offender treatment programming, will be trained in: 1. Detecting and assessing signs of sexual misconduct, 2. Responding effectively and professionally to sexual misconduct victims, 3. Completing DOC 02-348 Fight/Assault Activity Review, 4. Preserving physical evidence, 5. Reporting sexual misconduct, and 6. Counseling and monitoring procedures." The individuals excluded in the requirement do not have regular, private contact with offenders. The DOC PREA for Health Services training was reviewed by the auditor. Topics include how to report, role of medical and mental health staff when responding to incidents, how to detect and assess signs of sexual misconduct, and how to preserve evidence. PREA 101 is a</p>

	<p>prerequisite for this class and all health services employees are trained in both regular PREA training and specialized training.</p> <p><b>DOC Policy 800.100 states</b>, “The Training and Development Unit (TDU) Administrator will maintain training records/certifications”.</p> <p><b>Analysis/Reason</b></p> <p>Progress House Work Center does not have any health services staff onsite and does not employ or contract any health services staff. All information below is relevant to the agency since this standard requires agency compliance. However, there are no facility specific records or interviews applicable to this standard.</p> <p>The PAQ indicates agency policy requires that all forensic medical examinations be conducted at a health care facility in the community. According to the PAQ, work release does not have health services staff on site and therefore employs no health services staff. As a result, no medical or mental health staff could be interviewed.</p> <p>According to the PAQ, WADOC maintains an official training transcript for all individuals who have completed formal training within the agency. Medical and mental health interns and volunteers are required to complete web based general PREA training and review a Health Services PowerPoint presentation.</p> <p>According to the PAQ, work release does not have health services staff on site and therefore employs no health services staff. As a result, no medical or mental health staff could be interviewed.</p> <p><b>Conclusion</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the facility meets the standard which addresses policies regarding specialized training: medical and mental health care.</p>
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<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• PREA Risk Assessment</li> <li>• DOC Policy 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments, 3/9/2022</li> <li>• DOC Policy 280.310 Information Technology Security, 10/11/2021</li> <li>• DOC Policy 280.515 Data Classification and Sharing, 9/29/2021</li> <li>• OMNI System</li> <li>• OMNI PREA Risk Assessment High Level Design</li> <li>• OMNI PREA Risk Assessment Assessors Guide</li> </ul>



- Interviews:
  - PREA Coordinator
  - Community Corrections Supervisor
  - Staff
  - Residents

### **Auditor Discussion**

**DOC Policy 490.820 section I.B** requires a PREA Risk Assessment (PRA) to be completed during intake and upon transfer. All residents who were interviewed recalled being asked the questions related to the PRA after arriving at the facility.

**DOC Policy 490.820 section I.B.** states, "Classification Counselors and designated Work Release employees will complete a PRA within 72 hours of arrival for all offenders arriving at any Department facility." All residents who were interviewed recalled being asked the questions related to the PRA after arriving at the facility.

**DOC Policy 280.310 and 280.515** outline the requirements for information security, data classification, and sharing. The design document for risk assessments in OMNI was reviewed by the auditor. This document outlines access, security, how the data is managed, etc. The PREA Coordinator explained in her interview how access is granted. She said it is determined on the job classification. Dependent on position, the individual may have either view or edit ability. If access is not automatically granted based on a person's job classification, they may make a request to IT. The PREA Coordinator reviews all those requests before access is granted to the assessments. WADOC has taken steps to ensure the information within assessments is controlled and accessed by only those with a need to know. The employee interviewed confirmed that only case managers and those who need to know would have access to the completed PRAs.

### **Analysis/Reasoning**

The WADOC PREA Risk Assessment is an objective screening tool. The tool uses a points/scoring system for each item assessed. Each item is weighted based on correlation to risk (i.e., if the individual has previously been sexually assaulted while incarcerated, more points are given toward potential risk than something with a lower correlation to risk, such as age or physical stature). Overrides are allowed by policy but must be approved by the Appointing Authority/designee. Justification for overrides must be documented. Policy instructs staff to complete the PRA by meeting face-to-face with offenders and obtaining information from available file information or other reliable sources. The PRA is typically completed electronically in the OMNI system. If the system is down for any reason, the assessment is completed on paper and entered in the system later. The PRA Assessment Guide gives instructions to anyone completing these assessments. A standardized set of instructions, along with a points/scored assessment ensures the assessments are completed in a manner that is consistent and objective. A staff member responsible for completing risk assessments was interviewed. Staff stated they conducts the assessments in a private area and that staff has a conversation with the resident.

The staff outlined the questions covered by the assessment. They stated that the intake assessment is typically completed within the first day and the follow-up assessment is typically completed around day 21 after arrival.

The PAQ reports, all offenders assigned to WADOC are required to be screened within 72 hours of arrival or transfer between facilities. Through the interview process, residents indicated they had been asked the PREA screening questions on the day they arrived or the following day.

According to the PAQ, there were ninety (90) confined persons that entered the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility.

During the audit documentation period, 90 offenders/residents were received at the facility; 83 offenders/residents were at the facility for 30 days or more; and 7 left before 30 days. Follow-up risk assessments (reassessments) were completed within the 21 - 30-day period for 83 offenders/residents for 100% compliance.

Per the PAQ, risk assessments are completed in the Offender Management Network Information (OMNI) system. In the event the system is unavailable, a paper version of the risk assessment can be used and entered the electronic system as soon as possible. This was confirmed through the interview process with staff.

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

The staff who were interviewed indicated the risk screening form considers incarceration, age, height, weight, vulnerability, sexual orientation, mental illness, type of crime, and LGBTI status. The auditor was provided with a copy of the Assessor's Guide that is utilized by staff who are completing the assessments instructional manual. A copy of the Work Release Checklist was also provided - these are utilized by staff to ensure all intake paperwork is completed (including PRA and reassessment).

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

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

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

The PAQ indicates WADOC prohibits disciplining residents for refusing to answer (or

	<p>for not disclosing complete information related to) the following questions:</p> <ol style="list-style-type: none"> <li>1. whether or not the resident has a mental, physical, or developmental disability;</li> <li>2. whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;</li> <li>3. whether or not the resident has previously experienced sexual victimization; and</li> <li>4. the resident’s own perception of vulnerability.</li> </ol> <p>The PREA Coordinator stated WADOC allows classification staff and management staff access to the information gathered through PREA Risk Screening. If other need the information, the PREA Coordinator reviews and determines if approval should be granted. If approved, the staff will have “view only” access. All staff have access to the risk screening identifier of “potential victim” or “potential predator”. This information was echoed by the Superintendent/Community Corrections Supervisor.</p> <p><b>Conclusion</b></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard which addresses Screening for Risk of Sexual. Victimization and Abusiveness.</p>
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<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.820, PREA Assessments and Assignments, revised 3/9/2022</li> <li>• Washington Department of Corrections, (WADOC) Policy Policy 490.700 Transgender Intersex, and/or Gender Nonconforming Housing and Supervision, revised 3/9/2022</li> <li>• Washington Department of Corrections, (WADOC) Policy 300.380 Classification and Custody Facility Plan Review,10/21/2021</li> <li>• Interviews: <ul style="list-style-type: none"> <li>PREA Coordinator</li> <li>Staff</li> <li>Residents</li> </ul> </li> </ul> <p><b>Auditor Discussion</b></p> <p><b>WADOC 490.820, PREA Assessments and Assignments, revised 3/9/2022, p. 7, V, A,</b> states PRA information will be reviewed when making job and programming assignments per DOC 300.380 Classification and Custody Facility Plan Review.</p>

**WADOC 490.820, PREA Assessments and Assignments, revised 3/9/2022, pp. 7-8, VI, A-D**, states the following with regard to housing assignments.

A. Before placing the offender in a multi-person cell/room, employees responsible for making housing assignments will review the PRA identifier to ensure the compatibility of cell/roommates.

1. For offenders who have not had a PRA, either at the sending facility or on a prior incarceration, a mental health employee/contract staff will review the completed DOC 13-349 Intersystem/Restrictive Housing Mental Health Screening for information impacting the offender's housing assignment.
2. Employees will document the review in a PREA Housing chrono entry for each cell occupant.

B. Housing compatibility reviews and related PREA Housing chrono entries are not required for offenders being placed in dedicated single-person cells (e.g., Intensive Conclusion: Management Unit, segregation, mental health units) unless more than one offender is placed in the cell.

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

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

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

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

- Work Programs
- Needs evaluation information
- Safety/Security concerns that may impact housing or programming
- History of predatory violence and/or predatory sexual offenses
- History of medical or mental health conditions that affect housing or programming

or  
require immediate referral for medical or mental health services

- Prison Rape Elimination Assessment (PREA) information per DOC 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments.

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

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

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

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

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

#### **Analysis/Reason**

The PAQ reflects the facility uses information from the risk screening required by 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

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

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

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

Housing and programming assignments for all transgender and intersex offenders

are made on a case-by-case basis, to include individual shower arrangements, feelings of safety and putting priority on the confined persons health and safety.

The housing review process also takes into account management or security problems that may result from placement options.

Housing reviews are documented on DOC form 02-384, Protocol for the Housing of Transgender and Intersex Offenders, by a local multi-disciplinary team with housing recommendations forwarded to the Deputy Director of Prisons Command A for final approval. In addition, a formal review is conducted at least every 6 months for each resident or when a change in housing assignments is indicated. PHRC did not house Transgender, Intersex and/or Non-Conforming individuals during the documentation period.

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

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

The Auditor reviewed the PRA Assessment and one of the questions asked is "Do you feel at risk of being sexually abuse"? Throughout the interview process no resident identified as LGBTI; nor did a resident report feeling unsafe. This facility has not had any identified transgender, intersex or gender non-confirming individuals during the previous twelve months. Consequently, there were zero residents to interview.

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

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

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

### **Conclusions**

Based upon the review and analysis of all available evidence, the Auditor has determined the facility meets every provision of the standard requiring the use of screening information.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Policy, Materials, Interviews and Other Evidence Reviewed**

- Pre-audit Questionnaire (PAQ) and supporting documents
- Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022
- Washington Department of Corrections, (WADOC) Policy 490.850 Prison Rape Elimination Act (PREA) Response, 01/27/2022
- Washington Department of Corrections, (WADOC) Policy 450.110, Mail for Individuals in Reentry Centers, 01/12/2022
- WADOC, Contract #K10506, Amendment #4, between WADOC and the Colorado Department of Corrections, effective until March 2024
- Interviews with the following:
  - Staff
  - Resident

**Auditor Discussion**

**DOC Policy 490.800 section XIII.B** provides the ways that individuals can make reports. This includes via a confidential PREA hotline, verbally to any staff, in writing via kite or note to staff, through legal mail to the State Attorney General, Governor's office, law enforcement, Just Detention International, or the PREA Coordinator. Individuals can also report via grievances and through an outside agency. The Resident Handbook, PREA posters, and PREA brochure in both English and Spanish have information on how to report allegations.

**DOC Policy 490.800** outlines how individuals can make a report to an agency that is not part of WADOC. Reports can be made on DOC 21-379 Report of PREA Allegation to an Outside Agency. The policy allows for individuals to remain anonymous by not identifying themselves on the form. Completed forms are to be placed in the provided pre-addressed envelopes and put in the grievance box. The grievance coordinator is to forward the forms to the mailroom to be processed without opening. The form used has an address in Colorado Springs, CO where the reports are sent. The form also has the name of the reporter as optional. This form is provided in English and Spanish. The Intergovernmental Agreement (Contract) between WADOC and Colorado Department of Corrections for outside reporting was reviewed by the auditor.

The agreement was recently extended through March 1, 2024. The agreement allows residents to report anonymously and requires Colorado DOC to immediately forward the allegations to the WADOC. Instructions for this reporting mechanism are in the resident handbook and PREA brochure where residents are advised they can remain anonymous. Because this is a reentry center, residents would also have the ability to mail this report from outside the facility while out in the community. WADOC does not detain individuals solely for civil immigration purposes.

**DOC Policy 450.110 states** mail sent to the PREA Coordinator, a PREA auditor, or

Just Detention International may be marked as legal mail which will be opened in the individual's presence. While onsite, the audit team tested the phone hotline system that residents can use. A report from the hotline system was generated the same day and documentation forwarded to the auditor.

**WADOC Policy DOC 490.850, Prison Rape Elimination Act Response, pp. 2-3, I, A.**, states staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a department facility.

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

### **Analysis/Reason**

The PAQ indicates WADOC provides offenders with multiple reporting venues, to include a confidential toll-free hotline, verbal reports to any staff, kites, grievances, and legal mail to designated individuals. Use of the hotline does not require the resident to input a personal identifying number (IPIN) and calls are exempt from recording or monitoring by the facility. The state's definition of legal mail includes correspondence to and from the agency's PREA Coordinator. Reporting methods are addressed in the offender orientation video, detailed in offender brochures, and included in offender handbooks. Handbooks table of contents identifies PREA/Sexual Harassment beginning on page #7.

The Auditor reviewed forms of reporting. The information on how to report is posted in various locations, in different formats throughout the facility. The PREA hotline number is posted on the wall in all housing units and program areas. Additionally, the Office of Victim Advocacy posters were located throughout the facility.

Of the staff interviewed, all indicated they would accept a report or allegation from the resident. Each also reported residents can report several different ways which includes telling a staff member, calling the PREA telephone number posted throughout the facility, or telling a family member. Staff interviewed stated residents can privately report sexual abuse or sexual harassment as well, by writing the PREA Coordinator.

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

During the on-site portion of the audit, the Auditor observed numerous different



	<p>PREA posters in both English and Spanish throughout the facility. These posters were observed in each housing unit, common areas, main hallways, day room, dining room, etc.</p> <p>According to the PAQ, the residents are able to send allegation information anonymously and confidentially to the Colorado Department of Corrections, which serves as the agency’s external reporting entity. This is done via DOC 21-379 Report of Prison Rape Elimination Act (PREA) Allegation form which is available in offender accessible areas of the facility along with pre-addressed envelopes.</p> <p>WADOC, Contract #K10506, Amendment #4, between WADOC and the Colorado Department of Corrections, which is effective until March 2024, establishes the agency’s external reporting entity. Of the residents interviewed, all reported being familiar with an outside agency and said the address was posted throughout the facility.</p> <p>Of the residents interviewed, each indicated they were aware of the ability to make reports of sexual abuse or sexual harassment in person and in writing. They also were familiar with the fact they could report without giving their name. The facility PREA brochure states staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately to the work release/residential program administrator/duty officer (work release) or the appropriate appointing authority/duty officer. Any knowledge of retaliation must be reported in the same manner.</p> <p>Through interviews with the staff, several methods for staff to privately report sexual abuse of residents were identified. All staff indicated they may choose to make a private report to the facility PCM or PREA Coordinator.</p> <p><b>Conclusions</b> Based upon the review and analysis of all available evidence, the Auditor has determined the facility meets every provision of the standard relative to resident reporting.</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting, 04/19/2022</li> <li>• DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation, 11/24/2022</li> <li>• DOC Policy 550.100 Resolution Program, 01/22/2022</li> <li>• Resolution Program Manual</li> <li>• WADOC Secretary Memo</li> </ul>

**Auditor Discussion**

The agency is not exempt from this standard as there is a procedure to address offender grievances regarding sexual abuse. However, DOC Policy 550.100 and DOC 490.800 state grievances alleging sexual misconduct will be forwarded immediately to the applicable authority and will not be reviewed through the grievance/ resolution process.

**DOC 490.800** does not address timeframes or the requirement to use the informal grievance process. The revised Resolution Program Manual addresses PREA grievances – appropriately.

The auditor was reviewed the resident handbook to determine that relevant information regarding appeals is provided. A copy of the Offender Grievance Program Manual was provided to the auditor in English and Spanish. It describes what will happen to a grievance that contains a PREA allegation. It does not address that there is no time limit to submit a PREA related grievance. It does set time limits for others grievances. The auditor asked follow up questions and was told that the grievance manual was currently being revised, so the concerns the auditor raised would be forwarded for inclusion. The auditor was provided a copy of the updated policy and revised Resolution Program Manual. In reviewing the revised program manual, the auditor noted that pages 14 & 15 address PREA incidents submitted through the Resolution Program.

**Analysis/Reason**

The PREA Coordinator/designee will notify the grievance staff whether the allegation meets the definition of sexual misconduct. If it does not the individual may refile the grievance. This renders the rest of the sub-standards of this section not applicable. Allegations received via a grievance are handled in the same manner as any other allegation.

There are no time restrictions on the report, they are not required to complete an informal process, etc. A resident may only be disciplined if the investigation determines the staff member did not consent to the contact, or the offender provided false information. A report made in good faith does not constitute false information (DOC Policy 490.860). A memo from the WADOC Secretary describes/ confirms this process. The facility did not have any allegations filed via the resolution program in the 12 months prior to the submission of the pre-audit questionnaire on 10/04/22.

The facility reported, via the PAQ, that agency policy and/or procedures allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

**Conclusion:**

Based on the review of policy, procedures, interviews and analysis, the auditor finds the facility compliant with all provisions of this Standard.

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• Interagency agreement between WADOC and the Department of Commerce Office of Crime Victim Advocacy, effective through June 30, 2023</li> <li>• Memo from Washington Department of Corrections</li> <li>• Confined Person Handbook</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>Residents</li> <li>PREA Compliance Manager (PCM)</li> </ul> </li> </ul> <p><b>Auditor Discussion</b></p> <p><b>DOC Policy 490.800</b> states call to the hotline are not monitored or recorded. Mail for advocacy purposes is treated as legal mail. The Sexual Assault Support/Victim Advocacy Brochure in English and Spanish gives instructions to contact the hotline and Just Detention and states it is not monitored or recorded. Posters for the hotline in English and Spanish also state the calls are not recorded and do not require a PIN. The Resident Handbook gives information to residents about advocacy services, how to access these resources, and confidentiality information.</p> <p><b>DOC Policy 490.800 section XI</b> describes access to community victim advocates. Residents have access to a toll-free hotline to the Sexual Assault Support and Information Line operated by the Office of Crime Victims' Advocates. Residents can call the line Monday through Friday 8:00am-5:00pm to reach a PREA Support Specialist. Calls are not monitored or recorded, and a PIN is not required. Support services can also be obtained via legal mail to Just Detention International. In-person consultations can be arranged and requirements for this are outlined in the policy and an In-Person Advocacy Guide.</p> <p><b>Analysis/Reason</b></p> <p>Progress House Reentry Center has established a partnership with the "Rebuilding Hope" Community Sexual Assault Program. WADOC has entered into a partnership with the Office of Crime Victim Advocacy (OCVA) to provide support services to all residents under the jurisdiction of the department. This is coordinated centrally, with residents able to call a toll-free phone line to speak with a support specialist who can then transfer the call to a community sexual assault program partnered with the facility as needed to provide continued support to the resident. The community-based advocate can make arrangements for the resident to call the line</p>

at designated times to speak with the advocate, or the advocate can make arrangements with the facility, on a case-by-case basis, to provide on-site support to the offender. OCVA sub-grants funds to the local advocacy agency partnered with each facility to support this work. It is noted that during COVID-19 response and related access, restrictions to both the facility and local hospitals, advocacy support was temporarily limited to telephone contact. Residents were notified of this temporary process.

Residents are provided with initial support services via telephone access. This is coordinated centrally, with offenders able to call a toll free phone line to speak with a support specialist who can then transfer the call to a community sexual assault program partnered with the facility as needed to provide continued support to the offender. The community-based advocate can make arrangements for the offender to call the line at designated times to speak with the advocate, or the advocate can make arrangements with the facility, on a case-by-case basis, to provide on-site support to the resident.

The following is stated in the Handbook: The victim advocacy service and information line is operated by the Office of Crime Victim Advocacy (OCVA) and can be reached by calling 1-855-210-2087 Monday through Friday between 0800 and 1700. The calls to this line are free, do not require an IPIN, and are not recorded or monitored at the facility. Information will be kept confidential unless it is likely to result in a clear risk of serious physical injury or death to the resident or another person. This is not a reporting hotline and does not replace the DOC PREA hotline. An advocate's role is to listen and provide support, not to give advice, make decisions, or conduct an investigation. The OCVA line is only for confidential issues related to sexual assault and abuse.

A meeting was held on April 24, 2023 covering the following topics:

- Rapid SANE Investigation (RSI) is located out of Tacoma, Washington and Portland, Oregon.
- RSI staff are available 24/7 and respond within two hours of being contacted.
- SANE nurses are based in the Tacoma and Portland areas and will respond to all Multi-Care or Franciscan Hospitals.
- RSI specializes in sexual assault exams and compile all evidence into a sexual assault kit.
- When a victim of sexual assault/aggravated sexual assault is transported to a medical facility, they will go directly to triage with a triage nurse.
- If medically stable, SANE is called to collect forensic evidence. Once evidence is collected it is transferred to an investigator or stored at the Washington State Patrol Crime Lab for long term storage.
- The exam is conducted in the emergency room in a specially designated room in the back. Progress House Reentry Center staff will notify St. Joseph's or Tacoma General Hospital Emergency Room Staff of victim arrival (either via staff transport or ambulance).
- St. Joseph's or Tacoma General Hospital emergency room staff upon notification of victim arrival will make immediate notification to RSI. Due to location, it can take up to two hours for response time.

	<ul style="list-style-type: none"> <li>• Upon notification of a victim’s arrival to the hospital the SANE nurse will contact a Designated Victim Advocate who generally arrives within one hour.</li> <li>• The Designated Victim Advocate will be present for the exam and will provide a packet to the victim for future use. Upon return to the facility the packet may be retained by the victim or placed in the victim’s CCO file to maintain confidentiality.</li> </ul> <p><b>Conclusion:</b> Based on review of policy, documents, interviews and analysis, the auditor finds the facility in compliance with all provisions of this Standard.</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Agency website</li> <li>• Email responses</li> <li>• DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting</li> <li>• Friends and Family Brochure and Posters</li> <li>• Interviews with: <ul style="list-style-type: none"> <li>Staff</li> <li>Residents</li> </ul> </li> </ul> <p><b>Auditor Discussion</b></p> <p><b>DOC 490.800, PREA Prevention and Reporting,</b> states: The PREA Coordinator will maintain PREA content for the Department website, including publication of required information and documents. A PREA Compliance Manager will be identified by the Superintendent for each Prison, and the Work Release Administrator will assign a PREA Compliance Manager for each Work Release. The PREA Compliance Manager will be an employee outside of any Intelligence and Investigation Unit, who will coordinate local PREA compliance and:</p> <p>6. Coordinate monthly checks to verify:</p> <ul style="list-style-type: none"> <li>a. The PREA hotline telephone number is posted on or near all resident telephones.</li> <li>b. Posters and brochures provided by the PREA Coordinator are posted in areas accessible to offenders and the public, including Health Services areas and Classification Counselor/Community Corrections Officer (CCO) offices.</li> </ul> <p><b>Analysis/Reasoning</b></p> <p>On the PAQ, the facility reported visitors, resident family members/ associates, and other community members can report allegations by calling the PREA hotline, writing a letter to the PREA Coordinator, or sending an email to DOCPREA@doc.wa.gov. This information is posted in all common areas of the of</p>

	<p>Progress House Work Center to include all floors, visible to residents, staff &amp; visitors of the facility. Additionally, the facility report information regarding reporting, the investigative process, and frequently asked questions is available on the agency's public website. This information is accessible at <a href="http://www.doc.wa.gov/corrections/prea/resources.htm#reports">http://www.doc.wa.gov/corrections/prea/resources.htm#reports</a>.</p> <p><b>Conclusion</b> Based on the review of policy, documentation, interviews, the facility is in compliance with all provisions of this Standard.</p>
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115.261	Staff and agency reporting duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• WADOC Policy 490.850 Prison Rape Elimination Act (PREA), Response, revised 1/27/2022</li> <li>• WADOC interagency agreement #K10912 with Washington State Department of Social and Health Services, Adult Protective Services.</li> <li>• WADOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation, revised 11/24/2022</li> <li>• Interviews with the following: Staff PREA Compliance Manager</li> </ul> <p><b>Auditor Discussion</b></p> <p><b>DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response section I.A</b> states, "Staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it not a Department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident."</p> <p><b>DOC Policy 490.850 states,</b> "Staff who fail to report an allegation, or who knowingly submit or coerce/threaten another to submit incomplete or untruthful information, may be subject to corrective/disciplinary action. Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately..." The policy also states, "Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation, and other security and management decisions."</p>

	<p><b>DOC Policy 490.850 section I.B states,</b> "Offenders will be informed of the requirements of mandatory reporting at Reception, and information will be posted in Health services areas where it can be seen by offenders." Offenders are informed of this requirement via the resident handbook and posters in treatment areas. However, there are no health services staff at this facility.</p> <p><b>DOC Policy 490.850 section V.C</b> requires the Appointing Authority or designee to ensure notification to Child Protective Services if the alleged victim is under age 18 and notification to Adult Protective Services if the victim is a vulnerable adult. A person must be classified by Mental Health as a vulnerable adult. The PREA Coordinator confirmed that juveniles are not housed in WADOC facilities. If a report is made from an adult about a sexual abuse allegation when they were under 18, that report would be made to Child Protective Services. Allegations involving a vulnerable adult would be reported to Adult Protective Services. The offender management system has an identifier to notify staff if someone is a vulnerable adult. This designation can only be made by a psychologist based on Washington law. An interagency agreement between WADOC and Washington State Department of Social and Health Services Adult Protective Services (APS) was provided to the auditor. This agreement outlines that WADOC will report to APS when there is an allegation involving a vulnerable adult. However, APS will defer to WADOC to complete the investigation.</p> <p><b>DOC Policy 490.850</b> requires staff to immediately report anonymous and third-party reports in the same manner as all other reports.</p> <p><b>Analysis/Reasoning</b></p> <p>All employees who were on duty while the audit team was onsite were interviewed. All confirmed they are required to report immediately the information required under this standard. They all expressed a good understanding of confidentiality when handling these reports. All staff stated they would report all allegations regardless of the source or if it was anonymous. They asserted all reports would be handled and processed in the same manner.</p> <p><b>Conclusion</b></p> <p>Based on the review of policies, documents, interviews and analysis, the auditor finds the facility compliant with all provisions of this Standard.</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape</li> </ul>

	<p>Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</p> <ul style="list-style-type: none"> <li>• Interviews with the following: Community Corrections Supervisor Staff</li> </ul> <p><b>Auditor Discussion</b></p> <p><b>DOC Policy 490.850</b> outlines the steps to take to ensure protection of the alleged victim, including separation. DOC Policy 490.820 section III discusses monitoring plans for offenders at increased risk. This section of policy states, “Immediate actions will be taken to protect the offender when it has been determined that s/he is at substantial risk of immediate sexual assault or abuse.” Whenever a housing assignment is made, offender risk identifiers are reviewed to ensure compatibility with potential cellmate(s). Examples from the OMNI system were provided to show the auditor where staff had reviewed PREA risk assessment information prior to assigning housing. The facility also provided information on potential victims identified in the previous year and examples of PREA monitoring plans.</p> <p><b>Analysis/Reasoning</b></p> <p>The Community Corrections Supervisor confirmed that immediate action would be taken to protect someone at risk of abuse. All staff interviewed stated they would take immediate action to ensure the safety of the resident. They would immediately report the incident and separate the individuals involved. In the past 12 months, there were zero (0) number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse.</p> <p><b>Conclusion</b></p> <p>Based on the review of policy, documents, interviews, the auditor finds the facility compliant with this Standard.</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.860, Prison Rape Elimination Act (PREA), Investigation, revised 11/24/2022</li> <li>• WADOC Policy 490.850, Prison Rape Elimination Act (PREA), Response, revised 1/27/2022</li> <li>• Interviews with the following: Superintendent/CCS</li> </ul>



	<p><b>Auditor Discussion</b></p> <p><b>DOC Policy 490.850 states,</b> “The Appointing Authority will notify the appropriate Appointing Authority or facility administrator within 72 hours of receipt of an allegation when the alleged incident: 1. Occurred in another Department Location or another jurisdiction...”</p> <p>When an allegation is received by WADOC from another jurisdiction, it is triaged as any other report/allegation and forwarded for investigation per DOC Policy 490.860. The facility reports it has not received allegations in this manner in the 12 months prior to the pre-audit questionnaire.</p> <p><b>Analysis/Reasoning</b></p> <p>Progress House Work Center reports they have not had any cases in which allegations were received by the facility about another facility in the 12 months prior to the submission of the pre-audit questionnaire.</p> <p>In the past 12 months, there were one (1) number of allegations of sexual abuse the facility received from other facilities. A compliant log has been uploaded with detailed information. All allegations, regardless of the source, are processed through the triage system outlined in agency policy. If the allegation is determined to fall within PREA definitions, it is formally investigated.</p> <p><b>Conclusion</b></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets the standard regarding reporting to other confinement agencies.</p>
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<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• WADOC Policy 490.850, Prison Rape Elimination Act (PREA), Response, revised 1/27/2022</li> <li>• Complaint Form</li> <li>• Case Data Base Form</li> <li>• Sexual Abuse/Assault First Responder Duties card</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>Superintendent/CCS</li> <li>Staff</li> </ul> </li> </ul> <p><b>Auditor Discussion</b></p>

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

**Analysis/Reasoning**

In the past 12 months, there were two (2) number of allegations that a resident was sexually abused. This is documented on a case data base form and a complaint form. Of these allegations, there were zero (0) number of times the first security staff member to respond to the report separated the alleged victim and abuser.

In the past 12 months, there were zero (0) number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, there were zero (0) number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence.

All staff are trained in emergency response procedures to include isolation and containment of emergency situations. Any actions beyond the initial containment of emergency incidents would be managed under the direction of the Shift Commander, Duty Officer, or Appointing Authority.

**Conclusion:**

Based upon the review and analysis of all the available evidence, combined with the utilization of the PREA Pocket Guide, the Auditor has determined the facility meets the standard regarding staff first responder duties.

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> </ul>

- Washington Department of Corrections, (WADOC) Policy 490.850, Prison Rape Elimination Act (PREA), Investigation, revised 11/24/2022
- PREA Response Plan Book, updated July 2022.
- Interviews:  
Superintendent/CSS  
Staff

**Auditor Discussion**

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

**Analysis/Reasoning**

The cover page is provided to show elements that are present in the Response book. The book was available for the auditor to review on-site. The Progress House Reentry Center response plan manual is located in Control #1.

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

**Conclusion**

Based upon the review and analysis of all the available evidence, combined with the PREA Response Plan Book, the Auditor has determined the facility meets the standard regarding coordinated response.

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Collective Bargaining Agreement between the State of Washington and the Washington Federation of State Employees, effective through June 30, 2023.</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>Human Resources</li> <li>Staff</li> </ul> </li> </ul> <p><b>Analysis/Reasoning</b></p> <p>The PAQ states the agency functions under the interest only arbitration system as the impasse procedure for negotiations over changes in mandatory subjects of bargaining. This process has no impact on the agency’s ability to remove an alleged staff abuser from contact with any offender during the course of an investigation or upon determination of whether, and to what extent, discipline is warranted.</p> <p>The facility reported, via the PAQ, that it has entered into or renewed collective bargaining agreements since the last PREA audit. The auditor reviewed the one agreement entered into since the last PREA audit. The auditor was provided with the Collective Bargaining Agreement between the State of Washington and Washington Federation of State Employees.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding preservation of ability to protect residents from contact with abusers.</p>
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<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• WADOC Policy 490.860, Prison Rape Elimination Act (PREA), Investigation, revised 4/19/2022</li> <li>• WADOC Form DOC 03-503</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>Staff in Charge of Monitoring Retaliation</li> <li>Superintendent/CCS</li> </ul> </li> </ul> <p><b>Auditor Discussion</b></p> <p><b>DOC Policy 490.800 states,</b> “The Department has zero tolerance for all forms of retaliation against any person because of involvement in the reporting or investigation of a complaint. Retaliation may be subject to corrective/disciplinary</p>

action.”

**DOC Policy 490.860 section II** outlines the WADOC requirements for protection against retaliation. WADOC, through DOC Policy 490.860, prohibits retaliation against anyone for reporting sexual misconduct or participating in an investigation of such misconduct. Section II.C states, "when an investigation of individual-on-individual sexual assault/abuse or staff sexual misconduct is initiated, the Appointing Authority/designee of the facility where the alleged victim is housed will monitor to assess indicators or reports of retaliation against alleged victims and reporters." The policy states that for allegations of sexual harassment, retaliation monitoring may occur at the discretion of the Appointing Authority.

**DOC Policy 490.860** states retaliation will be treated as a separate offense subject to investigation, discipline, and/or corrective action. Individuals are notified of this on the Interview Acknowledgment form when they are interviewed for an investigation.

**DOC Policy 490.860** states retaliation monitoring will continue for 90 days following notification, or longer if necessary. DOC Policy 490.860 requires that alleged victims and incarcerated reporters are met with at least monthly.

**DOC Policy 490.860 states,** "Anyone who cooperates with an investigation will report all concerns regarding retaliation to the Appointing Authority. The Appointing Authority/designee will take appropriate measures to address the concerns."

### **Analysis/Reasoning**

Because this standard only requires retaliation monitoring for allegations of sexual abuse, the agency/facility is meeting this standard in that they are providing protection by prohibiting retaliation for all types of allegations and may do monitoring for those who report sexual harassment or cooperate with sexual harassment investigations. The Appointing Authority was interviewed and confirmed that retaliation monitoring would be assigned back to the supervisor of the facility (the CCS). The CCS was interviewed and confirmed she understood the process but has not had any allegations to initiate monitoring. Because there were no allegations in the previous year, there were no case-specific records to review.

The PREA Monthly Retaliation Monitoring Report requires the monitor to meet with the individual monthly for 90 days. The form asks the monitor to review housing/program changes, disciplinary reports, reassignment, or negative performance reviews.

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

### **Conclusion**

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

<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• WADOC 490.800, PREA Prevention and Reporting, revised 4/19/2022</li> <li>• WADOC Policy 490.860, PREA, Investigation, revised 4/19/2022</li> <li>• WADOC Policy 400.360, Polygraph Testing, 12/02/2021</li> <li>• Mutual Aid Agreement with the Washington State Patrol, exp 6/30/2025</li> <li>• Investigator Training Records</li> <li>• Department of Corrections Records Retention Schedule</li> <li>• PREA For Appointing Authority Training Curriculum</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>PREA Coordinator (PC)</li> <li>PREA Compliance Manager (PCM)</li> </ul> </li> </ul> <p><b>Auditor Discussion</b></p> <p><b>DOC Policy 490.860 section I states</b>, "The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving individuals under the jurisdiction or authority of the Department."</p> <p><b>DOC 490.860</b> states that investigators will be assigned by the Appointing Authority and that they must complete the regular employee training as outlined in DOC Policy 490.800. DOC policy 490.800 describes the specialized training they will receive to be PREA investigators.</p> <p><b>DOC Policy 490.800 section X.H states</b>, "PREA investigators will be trained in: 1. Crime scene management/investigation, including evidence collection in Prisons and Work/Training Releases, 2. Confidentiality of all investigation information, 3. Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process, 4. Crisis intervention, 5. Investigating sexual misconduct, 6. Techniques for interviewing sexual misconduct victims, and 7. Criteria and evidence required to substantiate administrative action or prosecution referral." The Administrative Investigations training presentation and instructional guide were reviewed by the auditor. It includes the preponderance of the evidence, required documentation for investigations, principles of evidence, investigative steps, interviewing, Miranda, Garrity, and a host of other topics related to completing an investigation.</p> <p><b>WADOC 400.360, PREA Polygraph Testing</b>, revised 1/25/2021, p. 2, POLICY, IV, states individuals who are alleged victims, reporters, or witnesses in a PREA investigation will not be asked or required to submit to a polygraph test regarding the alleged misconduct under investigation. The investigative staff reported credibility of anyone involved in the investigation is determined through the investigative process. Everyone is treated as credible and truthful unless the</p>

investigation proves otherwise. A polygraph is not used in the investigative process of PREA cases.

**Analysis/Reasoning**

The Auditor reviewed the PREA Workplace Investigations Training Participants Roster and confirmed the investigative staff had completed training as required by this standard. Investigative staff confirmed attendance at these training sessions. The Auditor reviewed the investigators training records and verified attendance and participation in all mandated training.

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

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

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

When asked about handling criminal investigation, the investigative staff reported he thoroughly documented all steps of the process, including investigative steps, interviews, facts, and findings, up until the point he determines it is criminal in nature. When he determines that the incident rises to the level of criminal prosecution, he will provide an affidavit to the Prosecutor who will determine if charges will be filed. When a substantiated allegation is criminal in nature, the Appointing Authority/ designee will notify: 1) law enforcement, unless such referral was made previously during the investigation, and 2) relevant licensing bodies. According to the PAQ, in the past twelve months there has been zero substantiated allegations of conduct that appear to be criminal that were referred for prosecution.

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

are included with applicable administrative investigation reports. There were zero substantiated allegations of conduct that appear to be criminal that were referred for prosecution in the past twelve months.

According to the PAQ, the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Records retention systems were established as follows: 1. the Appointing Authority/designee maintains all hard copy investigation reports for a period of five years; and 2. the PREA Coordinator/designee maintains electronic versions of all investigations for a period of 50 years.

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

Through the interview process, the PC stated, the PREA Triage Unit generates and send monthly reports to the Appointing Authority. These reports highlight areas of concern and those investigations that have been open for more than 90 days. The Appointing Authority is expected to follow-up on the status. The PCM indicated that when a police officer responds to an allegation of sexual abuse, they provide a business card with the case number written on it. The assigned detective reaches out and is the liaison for continued information regarding the investigation. During the interview, the investigator confirmed that if a principle (victim or abuser) is released or terminated from the agency, it in no way alters the investigation. The investigation continues to its natural end regardless of the employment or residence of the individuals involved.

**Conclusions**

Based upon the review and analysis of all available evidence, the Auditor has determined the facility meets every provision of the standard regarding criminal and administrative agency investigations.

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation, 11/24/2022</li> <li>• Administrative Investigations Training presentation</li> <li>• Revised Code of Washington 72.09.225</li> <li>• PREA for Appointing Authorities training curriculum</li> <li>• Investigative Finding Sheet</li> </ul>



	<ul style="list-style-type: none"> <li>• Interviews with the following: PREA Coordinator (PC)</li> </ul> <p><b>Auditor Discussion</b></p> <p><b>DOC 490.860 states</b> substantiated findings are defined as the allegation being determined to have occurred by a preponderance of the evidence. Revised Code of Washington 72.09.225 requires the preponderance of the evidence to proceed with termination of an employee who engaged in sexual contact or sexual intercourse with a resident. The Administrative Investigations training that all PREA investigators must complete explains the preponderance of the evidence standard as greater than 50%. WADOC administrative investigators do not make the finding determination.</p> <p><b>Analysis/Reasoning</b></p> <p>They submit the investigation packet to the Appointing Authority to review, assess the credibility of the witnesses, and determine the finding. Appointing Authorities are required to complete training specific to their role as a decision maker in these investigations.</p> <p>They complete the same training provided to all PREA investigators. The PREA for Appointing Authorities training curriculum covers definitions for substantiated, unsubstantiated, unfounded, and preponderance of the evidence. The Appointing Authority was interviewed and confirmed this process.</p> <p>The Investigative Finding Sheet for the one completed case over the previous 3-year period included rationale that supported the finding and demonstrates an understanding of the evidentiary standard. The appointing authority was interviewed and expressed an understanding of this standard.</p> <p><b>Conclusion</b></p> <p>Based on supporting documents and interviews, the facility is compliant with this standard.</p>
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<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Investigation, revised 11/24/2022</li> <li>• Interviews with the following: PREA Coordinator (PC)</li> </ul>

**Auditor Discussion**

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

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

**DOC Policy 490.860** requires notifications in compliance with this standard. Due to the movement of individuals between facilities and to community release, the master tracking document regarding applicable inmate-on-inmate on-going notifications is maintained by the HQ PREA Unit. Copies of notifications made are maintained in agency electronic case records and are provided to the applicable appointing authority for inclusion in the local hardcopy investigation folder.

**DOC Policy 490.860 states** the Department will make notifications to the alleged victim in writing if the Department learns the accused has been indicted or convicted. How the offender is notified of the finding and by whom is documented on DOC 02-378 Investigative Finding Sheet. DOC Policy 490.860 states if the individual is released, they will be notified at the last known address as documented by the department.

**Analysis/Reasoning**

There were zero (0) number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later.

Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, there were zero (0) number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation.

**Conclusion**

Based on the review of policies, interviews and analysis, the auditor finds the facility compliant with this Standard.

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

**Policy, Materials, Interviews and Other Evidence Reviewed**

- DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting, 04/19/2022
- DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation, 11/24/2022
- RCW 72.09.225
- WAC 357-40-010
- Collective Bargaining Agreement Washington Federation of State Employees
- WAC Section 137-28-190 Law enforcement referral form
- WADOC Secretary Memorandum, PREA Standard 115.276 (b), dated 09/29/2022
- Interviews with the following:  
PREA Coordinator (PC)

**Auditor Discussion**

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

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

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

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

**Analysis/Reasoning**

In the past 12 months, there was one (1) number of staff from the facility who have violated agency sexual abuse or sexual harassment policies.

In the past 12 months, there were two (2) number of staff from the facility who have

	<p>been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. In the past 12 months, there were zero (0) number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).</p> <p>In the past 12 months, there was one (1) number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.</p> <p><b>Conclusion</b> Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding reporting to inmates.</p>
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• Revised Code of Washington (RCW) Section 72.09.225, Sexual misconduct by state employees, contractors</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>PREA Coordinator (PC)</li> <li>Superintendent/CCS</li> </ul> </li> </ul> <p><b>Auditor Discussion</b></p> <p><b>DOC Policy 490.800 states</b>, “Staff includes Department employees, contract staff, volunteers, and any other person providing services in Department facilities or offices.</p> <p><b>DOC Policy 490.860</b> requires the Appointing Authority to notify law enforcement when an allegation that is criminal in nature is substantiated. DOC Policy 490.860 section IV.B states, “Contract staff and volunteers, who are found to have committed staff sexual misconduct, will be terminated from service and prohibited from contact with individuals under the Department’s jurisdiction. For any other violations of Department PREA policies, appropriate actions will be taken.” The policy goes on to describe how terminations will be documented and shared with other facilities to ensure access is not granted to a facility. RCW 72.09.225 states,</p>

	<p>“When the secretary has reasonable cause to believe that sexual intercourse or sexual contact between the employee of a contractor and inmate has occurred, the secretary shall require the employee of a contractor to be immediately removed from any employment position which would permit the employee to have access to any inmate.”</p> <p><b>DOC Policy 450.050</b> outlines the restriction process for staff sexual misconduct and harassment.</p> <p><b>DOC Policy 490.860 section IV.B</b> states, “Contract staff and volunteers, who are found to have committed staff sexual misconduct, will be terminated from service and prohibited from contact with individuals under the Department’s jurisdiction. For any other violations of Department PREA policies, appropriate actions will be taken.” The policy goes on to describe limitations to contact with residents following substantiated incidents. DOC Policy 450.050 also outlines the restriction process for individuals who engage in sexual misconduct.</p> <p><b>Analysis/Reasoning</b></p> <p>The facility reports there have been no substantiated incidents involving contractors or volunteers over the 12-month period. In addition, the facility has not had volunteers since prior to March 2020.</p> <p><b>Conclusion</b></p> <p>Based on supporting documents and interviews confirming the information above, the facility is compliant with this standard.</p>
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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, (Attachment 1) revised 4/19/2022</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.860, Prison Rape Elimination Act (PREA) Investigation, 11/24/2022</li> <li>• DOC Policy 460.135 Disciplinary Procedures for Work Release</li> <li>• Revised Code of Washington (RCW) Section 72.09.225, Sexual misconduct by state employees, contractors</li> <li>• WADOC Residents Handbook</li> <li>• Facility Resident Handbook</li> <li>• Interviews with the following:</li> </ul>

PREA Coordinator (PC)  
Superintendent/CCS

### **Auditor Discussion**

**DOC Policy 490.860 section V.A.** states individuals may be subject to disciplinary action per DOC 460.135 for violating PREA policies. During the review period for this audit, there were no offenders sanctioned for violating PREA policies.

**DOC 460.135** outlines a standardized process for disciplinary procedures. Included are hearing processes, progressive sanctions, appeals, etc. The Hearing Officer is required to consider factors such as prior infractions, prior conduct, mental status, etc. Disciplinary processes are also guided by Washington Administrative Code (WAC), sections of which were reviewed by the auditor.

**DOC 460.135** outlines a standardized process for disciplinary procedures. This includes consideration of the offender's mental status. The Hearing Officer may continue a hearing if there is a need to determine the offender's mental status or competency. WAC 137-28-360 requires the hearing officer to consider the offender's mental health in determining an appropriate sanction.

**DOC Policy 460.135** states a resident found guilty of the infractions related to sexual misconduct may be sanctioned to a multidisciplinary team review for consideration of available interventions such as mental health, sex offender treatment, or anger management.

**DOC Policy 490.860** allows for the resident to be subject to discipline when the investigation determines that the staff did not consent to the contact.

**DOC Policy 490.860** states a report of sexual abuse made in good faith will not constitute providing false information, even if the investigation does not establish sufficient evidence to substantiate the allegation.

**DOC Policy 490.800 Attachment 1** states, "Consensual, non-coerced sexual activity between individuals under the Department's jurisdiction is prohibited by Department rule, but is not defined as a violation of PREA policies." This information is also provided in the Resident Handbook.

### **Analysis/Reasoning**

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

### **Conclusion**

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

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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections (WADOC) Policy 490.850, Prison Rape Elimination Act (PREA) Response, Revised 1/27/2022</li> <li>• Washington Department of Corrections (WADOC) Policy 610.300, Health Services for Work Release Offenders, Revised 6/22/2015</li> <li>• Interviews with the following SANE Personnel</li> </ul> <p><b>Auditor Discussion</b></p> <p><b>DOC Policy 610.300 states</b>, “Facilities will ensure that all offenders who report being a victim of sexual misconduct have access to local community providers for medical treatment and mental health evaluation, as appropriate.”</p> <p><b>DOC Policy 610.300 states</b>, “If an offender is transported to a community health care facility, employees/contract staff will...ensure that the community health care facility personnel are notified of the reported misconduct...take steps to protect the victim upon return from the community health care facility.”</p> <p><b>DOC Policy 610.300 states</b>, “If pregnancy is the result of sexual misconduct which took place while incarcerated, the offender will receive timely and comprehensive information and treatment related to lawful pregnancy-related services.” Since there are no health services staff onsite, if the offender needs ongoing treatment or services, they would be referred to a community provider.</p> <p><b>DOC Policy 610.300 states</b> expenses related to sexual misconduct are not the responsibility of the offender.</p> <p><b>DOC Policy 490.850 section VI.A states</b> all medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender.</p> <p><b>Analysis/Reasoning:</b></p> <p>During the 12 months prior to the submission of the pre-audit questionnaire, there were no reported cases at the facility of an aggravated sexual assault that indicated a forensic medical exam, or emergency medical or mental health services.</p>

	<p>The audit team confirmed while onsite that there are no medical or mental health staff at the facility. The Community Corrections Supervisor confirmed during her interview that all medical and mental health care occurs in the community through community providers. The facility would make appropriate referrals and assist residents with obtaining needed medical and mental health services.</p> <p><b>Conclusion</b></p> <p>Based on review of supporting documents and interviews, the facility is compliant with this standard.</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• WADOC Policy 490.850, PREA Response, revised 1/27/2022</li> <li>• WADOC Policy 630.500, Mental Health Services, revised 3/18/2022</li> <li>• Interviews with the following: SANE Personnel</li> </ul> <p><b>Auditor Discussion</b></p> <p><b>DOC Policy 630.500 states</b>, “A mental health provider will assess the need for mental health services in cases where the offender reports sexual abuse or has been identified as a victim or perpetrator of sexual abuse and is requesting mental health services.”</p> <p><b>DOC Policy 610.300</b> states the Appointing Authority will authorize payment and coverage of medically necessary treatment and any identified mental health treatment. This policy also states, “Facilities will ensure that all offenders who report being a victim of sexual misconduct have access to local community providers for medical treatment and mental health evaluation, as appropriate.” Since there are no health care staff at the facility, an offender would be referred for evaluation and treatment to a community provider.</p> <p><b>DOC Policy 610.300 states</b> female offenders will have access to pregnancy management services. The Offender Health Plan states medically necessary maternity services are covered for incarcerated individuals during their period of</p>



incarceration. This includes “diagnosis of pregnancy.”

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

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

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

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

#### **Analysis/Reasoning**

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

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

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

#### **Conclusion**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Policy, Materials, Interviews and Other Evidence Reviewed**

- Pre-audit Questionnaire (PAQ) and supporting documents
- WADOC Policy 490.860, Prison Rape Elimination Act (PREA, Investigation, revised 4/19/2022
- Interviews with the following:
  - Community Corrections Supervisor (CCS)
  - Incident Review Team (IRT)

**Auditor Discussion**

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

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

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

**Analysis/Reasoning**

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

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

In the 12 months prior to the submission of the pre-audit questionnaire, the facility reports there were no allegations at the facility that would have resulted in the need for an incident review. Therefore, there is no case-specific documentation to review.

**Conclusion**

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

<b>115.287</b>	<b>Data collection</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 1214 376"><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul data-bbox="280 385 1406 622" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.860, Prison Rape Elimination Act (PREA), Investigation, revised 11/24/2022</li> <li>• Annual Reports</li> <li>• Interviews with the following: PREA Coordinator (PC)</li> </ul> <p data-bbox="280 663 579 698"><b>Auditor Discussion</b></p> <p data-bbox="280 734 1469 891"><b>DOC Policy 490.860</b> outlines the requirements for data collection and review. The PREA Data Collection Checklist is completed along with the investigative summary. The PREA Coordinator stated in her interview that data is reviewed regularly to look for trends.</p> <p data-bbox="280 931 592 967"><b>Analysis/Reasoning</b></p> <p data-bbox="280 1003 1461 1120">WADOC has a PREA allegation and case database within the Offender Management Network Information (OMNI) system. The system allows for standardized collection of data. Definitions are standardized and provided in the agency annual report.</p> <p data-bbox="280 1160 1461 1236">The data is aggregated in the agency’s annual PREA reports which are prepared by the PREA Coordinator. Annual reports were reviewed by the auditor.</p> <p data-bbox="280 1272 1477 1518">The OMNI system allows for standardized collection of data from allegations to include demographics of the alleged suspect and victim, location of incident, date/ time of incident, type of allegations, investigation finding, etc. All information that is required for the Survey of Sexual Victimization (SSV) is reported in OMNI. The PREA Data Collection Checklist is completed along with the investigative summary. The investigator records the data necessary to answer the SSV on this form.</p> <p data-bbox="280 1554 1481 1841">Washington DOC contracts with American Behavior Health Systems (ABHS) as a private organization for residential substance abuse treatment. ABHS operates three facilities. The annual report includes aggregated data from these three facilities with a comparison of data for 2017-2020. ABHS provides Washington DOC with its annual PREA reports and data relative to PREA allegations and investigations. The auditor reviewed the 2018, 2019, and 2020 Survey of Sexual Victimization Summary Forms which WADOC submitted to the Department of Justice.</p> <p data-bbox="280 1877 456 1912"><b>Conclusion</b></p> <p data-bbox="280 1948 1358 2024">Based on document review and interviews, the facility is compliant with this standard.</p>

<b>115.288</b>	<b>Data review for corrective action</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 297"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 1214 374"><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul data-bbox="280 383 1406 539" style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.860, Prison Rape Elimination Act (PREA), Investigation, revised 11/24/2022</li> <li>• Facility Annual PREA Reports</li> </ul> <p data-bbox="280 577 579 611"><b>Auditor Discussion</b></p> <p data-bbox="280 649 1453 1019"><b>DOC Policy 490.860 outlines</b> the requirement of data collection and the annual report and states the PREA Coordinator will generate the annual report. The report includes definitions, achievements, allegation data, and corrective actions. This information is provided for the agency as a whole and for each facility. The PREA Coordinator explained that the data collected is used to look for trends to identify issues especially where there may be a spike in reports. Every quarter a data analyst looks at statistics from data collected. This ensures corrective action on an ongoing basis not just once a year. Data is used to make improvements in investigations, training, and awareness within a facility.</p> <p data-bbox="280 1057 590 1090"><b>Analysis/Reasoning</b></p> <p data-bbox="280 1128 1442 1245">The annual reports include a comparison of the current year’s data and corrective actions as well as prior years’ data. The annual reports from 2013 to 2020 were reviewed by the auditor.</p> <p data-bbox="280 1283 1468 1442">All annual reports for 2013-2020 are signed by the agency head and are available on the public website. The 2020 annual report was reviewed on the agency website at: <a href="https://www.doc.wa.gov/docs/publications/reports/400-RE004.pdf">https://www.doc.wa.gov/docs/publications/reports/400-RE004.pdf</a>. The Deputy Secretary confirmed these reports are reviewed and signed by the agency head.</p> <p data-bbox="280 1480 1469 1639">The annual reports only include aggregated data and not incident specific data that would have any personally identifiable information or information that would be a threat to the safety or security of the facility. Information provided is similar to that provided in the annual Bureau of Justice Statistics Survey of Sexual Victimization.</p> <p data-bbox="280 1677 454 1711"><b>Conclusion</b></p> <p data-bbox="280 1720 1382 1794">Based on review of policy and annual reports, and an interview with the PREA Coordinator, the facility is compliant with this standard.</p>

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<p data-bbox="280 2004 983 2038"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 2080 564 2114"><b>Auditor Discussion</b></p>

**Policy, Materials, Interviews and Other Evidence Reviewed**

- Pre-audit Questionnaire (PAQ) and supporting documents
- Washington Department of Corrections, (WADOC) Policy 490.860, Prison Rape Elimination Act (PREA), Investigation, revised 11/24/2022
- Washington Department of Corrections, (WADOC) Policy 280.310, Information Technology Security, revised 10/11/2021
- <https://www.doc.wa.gov/corrections/prea/resources.htm#reports>
- Facility Annual PREA Reports

**Auditor Discussion**

See comments under 115.287 and 115.288. DOC 490.860 outlines the requirements for aggregating data and providing it to the public through the Department website. Data is provided in the annual PREA reports which were reviewed by the auditor. DOC Policy 490.860 outlines record retention of PREA data. It requires retention of records per the Records Retention Schedule.

**Analysis/Reasoning**

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

The annual reports only include aggregated data and not incident specific data that would have any personally identifiable information or information that would be a threat to the safety or security of a facility. The presentation of the data does not require any type of redaction. The Washington Secretary of State Records Retention Schedule states records related to PREA investigations will be retained for 50 years after the close of the investigation.

**Conclusion**

Based on review of documents and an interview with the PREA Coordinator regarding data collection the facility is compliant with this standard.

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• Washington Department of Corrections, (WADOC) Policy 490.800, Prison Rape Elimination Act (PREA), Prevention and Reporting, revised 4/19/2022</li> <li>• <a href="https://www.doc.wa.gov/corrections/prea/resources.htm">https://www.doc.wa.gov/corrections/prea/resources.htm</a></li> <li>• Interview with the following PREA Coordinator (PC)</li> </ul> <p><b>Analysis/Reasoning</b></p> <p>WADOC has completed audits in accordance with the substandard. Progress House was audited in the previous 3-year cycle with a final audit report dated 08/08/2021. Final audit reports for all WADOC facilities are available on the Department website. Data can be accessed at: <a href="https://www.doc.wa.gov/corrections/prea/resources.htm">https://www.doc.wa.gov/corrections/prea/resources.htm</a>.</p> <p>The auditor had access to and was able to observe all areas of the audited facility. The auditor has received copies of all documents that have been requested. The auditor was able to conduct private interviews with residents. Audit notices had been posted prior to the audit being postponed. They were reposted, once the on-site date was finalized. The auditor was provided photographs of the areas where the postings were placed and verified the locations while on-site.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ) and supporting documents</li> <li>• WADOC Website, <a href="https://www.doc.wa.gov/corrections/prea/resources.htm">https://www.doc.wa.gov/corrections/prea/resources.htm</a></li> </ul> <p><b>Analysis/Reasoning</b></p> <p>The WADOC webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at: <a href="https://www.doc.wa.gov/corrections/prea/resources.htm">https://www.doc.wa.gov/corrections/prea/resources.htm</a>. Audit reports are posted at <a href="https://www.doc.wa.gov/corrections/prea/resources.htm">https://www.doc.wa.gov/corrections/prea/resources.htm</a>, including the audit reports for Progress House from 2015 and 2021.</p> <p><b>Conclusion:</b> Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets the standard regarding audit contents and findings.</p>

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

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes



	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	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?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.217</b>	<b>Hiring and promotion decisions</b>	

<b>(f)</b>		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	na

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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



<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

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



<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

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



<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

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

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

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

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

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

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	



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

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287</b>	<b>Data collection</b>	

<b>(c)</b>		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes



	same manner as if they were communicating with legal counsel?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes