

# PREA Facility Audit Report: Final

**Name of Facility:** Ahtanum View Reentry Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 10/12/2024

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> Ron L Kidwell	<b>Date of Signature:</b> 10/12/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Kidwell, Ron
<b>Email:</b>	ronnie.kidwell@yahoo.com
<b>Start Date of On-Site Audit:</b>	08/19/2024
<b>End Date of On-Site Audit:</b>	08/20/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Ahtanum View Reentry Center
<b>Facility physical address:</b>	2009 South 64th Avenue, Yakima, Washington - 98903
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	childers, justin
<b>Email Address:</b>	jwchilders@doc1.wa.gov
<b>Telephone Number:</b>	3609474380

<b>Facility Director</b>	
<b>Name:</b>	Justin Childers
<b>Email Address:</b>	jwchilders@doc1.wa.gov
<b>Telephone Number:</b>	3609474380

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Justin Childers
<b>Email Address:</b>	jwchilders@doc1.wa.gov
<b>Telephone Number:</b>	O: 3609474380

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	101
<b>Current population of facility:</b>	40
<b>Average daily population for the past 12 months:</b>	45
<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>	18-65
<b>Facility security levels/resident custody levels:</b>	Minimum 1 and Graduated Reentry
<b>Number of staff currently employed at the facility who may have contact with</b>	30

<b>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>	
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<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>	
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<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>			
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<b>Name:</b>	Michelle Duncan	<b>Email Address:</b>	miduncan@doc1.wa.gov
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<b>Facility AUDIT FINDINGS</b>	
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<b>Summary of Audit Findings</b>	
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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:	2024-08-19
2. End date of the onsite portion of the audit:	2024-08-20

#### 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:	The Auditor contacted Just Detention International and the Aspen Victim Advocacy Services of Yakima Washington who also provides victim advocacy for the Ahtanum View Reentry Center.

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	101
15. Average daily population for the past 12 months:	45
16. Number of inmate/resident/detainee housing units:	4
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>	36
<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>	1

<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>The Auditor began conducting random and targeted resident interviews on the second day of the on-site audit. The Auditor was provided a private area to conduct the confidential interviews. All residents were made available in a timely manner and no residents refused to be interviewed by the Auditor. All interviews were conducted using the established DOJ interview protocols.</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>30</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>0</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 Auditor began conducting random and specialized staff interviews immediately following the completion of the on-site facility tour. The Auditor was provided a private area to conduct the confidential interviews. All staff were made available in a timely manner and no staff refused to be interviewed by the Auditor. All interviews were conducted using the established DOJ interview protocols.</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>10</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 checked="" type="checkbox"/> Age  <input checked="" 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>Residents were selected from all housing units, using the resident housing assignment report. The Auditor interviewed all the female residents that were available because these residents work during the day and some at night. As for the male residents the Auditor went down the list and selected the residents name randomly also taking into account who was available given their work status. The Auditor also ensured that a representative sample of residents based on race, gender, and ethnicity were selected.</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>
<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></p>	<p>There were no barriers to interviewing the random residents. However, the facility only identified one targeted resident and there was no evidence to suggest there were any additional targeted residents that the facility or Auditor was aware of. Therefore, the Auditor interviewed additional Random Residents to meet the appropriate number of resident interviews.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>1</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	

<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input 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>The facility reported that they were not currently housing any residents with a physical disability. The Auditor met with the PREA Coordinator and reviewed the list of residents housed in the facility that requested accommodations, given a particular disability. The Auditor found no evidence of any resident listed with physical disabilities.</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>The facility reported that they were not currently housing any residents with cognitive disabilities. The Auditor met with the Reentry Center Manager (RCM) and asked if there were any residents housed in the facility that requested or was in need of mental or emotional accommodations, given a particular cognitive disability. The RCM confirmed there were no residents that met this targeted group in facility at that time. The Auditor found no evidence of any resident with cognitive or functional disabilities located at the facility.</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>The facility reported that they were not currently housing any residents that are blind or have low vision. The Auditor met with the PREA Coordinator and reviewed the list of residents housed in the facility that requested accommodations, given a particular disability. The Auditor found no evidence of any resident listed with disabilities regarding vision issues.</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>The facility reported that they were not currently housing any residents that were deaf or hard of hearing. The Auditor met with the PREA Coordinator and reviewed the list of residents housed in the facility that requested accommodations, given a particular disability. The Auditor found no evidence of any resident listed with disabilities regarding hearing issues.</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>The facility reported that they were not currently housing any residents that were limited English proficient. The Auditor met with the RCM and reviewed the list of residents housed in the facility that requested or required accommodations, given a particular language. The Auditor found no evidence of any resident listed that required assistance regarding translation services.</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>1</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>The facility reported that they were not currently housing any residents that identified as transgender. The Auditor met with the RCM and reviewed the list of residents housed in the facility that requested or required accommodations, given any gender identity. The Auditor found no evidence that would suggest any transgender resident was being housed at the facility at the time of the on-site visit.</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>The facility has reported no instances of any alleged sexual abuse or sexual harassment allegation being made by a resident during this audit period.</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>The facility reported five incidents were residents reported prior sexual victimization during the intake process over the last twelve months. However, at the time of the on-site portion of the audit, the facility reported that no resident currently being housed had reported prior sexual victimization.</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>The Ahtanum View Reentry Center is a community corrections facility and therefore does not have the capability or access to segregated housing. If the need arose to segregate a resident based on risk of victimization then that individual would be transported back to a prison setting until further arrangements could be made.</p>
<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></p>	<p>The Auditor interviewed 1 targeted resident at the AVRC. Of those residents interviewed, 0 reported sexual victimization during the risk screening process, 0 reported sexual abuse, 0 physically disabled, 0 cognitively disabled, 0 transgender, 1 LGB, 0 juveniles and 0 resident that was limited English proficient. The AVRC reported no resident housed in segregation for high risk of sexual abuse, no resident that was blind or low vision, and no residents that were deaf or hard of hearing. The Auditor did not receive any correspondences from residents at the AVRC for this audit through the mail.</p>

<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>71. Enter the total number of RANDOM STAFF who were interviewed:</b>	10
<b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Length of tenure in the facility <input type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
<b>If "Other," describe:</b>	The Auditor ensured that female officers were interviewed to provide their point of view working at this facility.
<b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<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>	No text provided.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
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>	15



<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 type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>88. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

**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).**

On 08/19/2024, at approximately 0830 hours a PREA audit kickoff meeting was conducted. Present at the meeting was the Reentry Center Manager, Statewide PREA Coordinator, Headquarters PREA Unit Officer, Reentry Center Manager from another facility, Community Corrections Officer 2, and Security Supervisor. The resident population on 08/19/2024 was 36 residents. The meeting was designed to create a positive working relationship, place names with faces, and prepare for the next two days. Soon after the conclusion of the meeting the Auditor began the facility observation tour. Accompanied by the PREA Coordinator, Reentry Supervisor, PREA Unit Officer, and Community Corrections Officer the tour covered the entire facility over the next 3 hours. The tour covered the Front Entrance, Receiving and Intake, Food Services/Kitchen, Laundry, Gym, Program Classrooms, and four separate housing units. During the facility tour, the Auditor looked at camera placement for possible blind spots and resident to officer supervision ratio. The Auditor looked at privacy issues, how the toilet and shower areas were configured, and did the residents have adequate privacy. Also, did staff of the opposite gender announce their presence when entering a housing unit of the opposite sex. The Auditor documented if PREA posters and PREA audit notices were displayed in the housing units and public areas as well. The Auditor noted the number of phones in each housing unit and if the advocacy hotline number along with the outside reporting entity contact information was readily available in the housing units. The Auditor also conducted several test calls to the outside entity to prove the effectiveness of the facility's practice. The Auditor spoke to multiple residents about if they knew how to report an allegation of sexual abuse. Finally, the Auditor entered the Control Center to view camera views to ensure appropriate pixelated coverage in areas that required residents to have a level of privacy.

## Documentation Sampling

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

**90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?**

Yes

No

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

At the conclusion of the second day of the audit, the Auditor reviewed a total of 20 files. Those files consisted of 10 resident files, 10 staff personnel files, and no investigative files. The resident files consisted of those residents that had been previously interviewed during the audit. The staff personnel files were selected from those officers the Auditor had previously interviewed. In the staff personnel files, the Auditor was looking for evidence of an initial criminal history check, institutional references, 5 years background check, PREA training documentation, and PREA refresher training. In regard to resident files the Auditor would confirm evidence of the PREA Intake Screening taken place within 72 hours, proof of a reassessment, PREA information provided at Intake, and if the resident received their comprehensive education within 30 days of Intake.

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

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

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<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>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

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

### Sexual Harassment Investigation Outcomes

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



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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<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>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	The facility reported no instances of receiving any sexual abuse or sexual harassment allegations during this audit period.

<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 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 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>0</p>
<p><b>104. Did your sample of STAFF-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 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 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 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>The facility reported no instances of receiving any sexual abuse or sexual harassment allegations during this audit period.</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>No text provided.</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

## 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

**Identify the name of the third-party auditing entity**

AB Management & Consulting LLC

<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>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <ul style="list-style-type: none"> <li>a) Ahtanum View Reentry Center (AVRC) Pre-Audit Questionnaire</li> <li>b) Washington State Department of Corrections (WADOC) Policy DOC 490.800</li> <li>c) AVRC Policy 490.800</li> <li>d) AVRC Policy 490.800a1</li> <li>e) AVRC Policy 490.850</li> <li>f) WADOC 2023 Organizational Chart</li> <li>g) Washington Management Position Description (Statewide PREA Coordinator)</li> </ul>

Interview:

1. Interview with PREA Coordinator

Observations made during the On-Site Audit and Document Review

115.211 Provision (a)

The agency has provided a written policy (WADOC DOC-490.800) that indicates that 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. In addition, AVRC policy 490.800 states in part that; "AVRC 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. AVRC does not recognize consensual sexual contact between staff and offenders as a defense against allegations of sexual misconduct. AVRC recognizes the right of staff and offenders to be free from retaliation for reporting sexual misconduct. AVRC has zero tolerance for all forms of retaliation against any person because of his/her involvement in the reporting or investigation of a complaint. Retaliation may be subject to corrective/disciplinary action. AVRC has established procedures for recognizing, preventing, and reporting incidents of sexual misconduct and retaliation." The policy further states that, "The Department's PREA Coordinator will develop and implement PREA related policies, develop and coordinate procedures to triage allegations received and identify, monitor, and track incidents of sexual misconduct. Coordinate and track referrals of allegations to law enforcement and prosecutors, develop and implement a comprehensive system to audit facility compliance with PREA policies and applicable laws. A formal audit will be conducted in each Prison and Work Release at least once every 3 years by an auditor certified by the United States Department of Justice (DOJ). Deficiencies identified in these audits will be addressed in formal corrective action plans developed and agreed to by the Superintendent/Work Release Supervisor, the DOJ auditor, and the PREA Coordinator. Each facility will review, and document continued compliance using a formal standardized system published by the PREA Coordinator." Finally, the policy addresses the responsibilities of the PREA Compliance Manager (PCM).

AVRC policy 490.800 states in part that, "The Work Release Administrator has assigned the Community Corrections Supervisor (CCS) as the PREA Compliance Manager for AVRC, who will coordinate local PREA compliance and serve as point of contact for the PREA Coordinator, oversee completion of scheduled PREA vulnerability assessments, coordinate audit preparation activities and corrective action plans. Track completion of PREA Risk Assessments for substantiated allegations of offender-on-offender sexual assault/abuse or staff sexual misconduct, coordinate monthly checks to verify the PREA hotline telephone number is posted on or near all offender telephones and 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.”

The definitions associated with prohibited behaviors are also present in this facility policy as an attachment. For example: the definition of sexual abuse, sexual harassment, and voyeurism. The policy also addresses sanctions for those who violate the PREA policy with discipline up to and including termination. Finally, the AVRC PREA Policy in its entirety incorporates the necessary fundamentals needed to describe AVRC’s approach to detecting, preventing, and responding to allegations of sexual abuse and sexual harassment.

The evidence collected for this provision shows that the facility has a written policy mandating zero tolerance towards all forms of sexual abuse. The policy also outlines the agency’s approach to detecting, preventing, and responding to sexual abuse. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.211 Provision (b)

The AVRC provided an organizational chart that I reviewed. I observed that the Statewide PREA Coordinator is subordinate to the Senior Director of Correctional Operations who is supervised by the Assistant Secretary of the Washington Prison Division. The Assistant Secretary falls directly under the supervision and control of the Director (Secretary) of the Department of Corrections. Thus, providing upper-level management positions to develop and implement oversight for the facility’s compliance with PREA standards.

An interview was conducted with the WADOC’s PREA Coordinator and she was asked whether she felt like she had enough time to manage all her PREA related responsibilities. The PREA Coordinator stated that she did have sufficient time and that the agency was more than accommodating to her needs and time to coordinate PREA related standards. She further stated that she coordinates the effort to comply with PREA standards by ensuring the appropriate training takes place and monitors the standards for any changes or modifications. She also stated that she meets regularly with the leadership team to go over any corrective action necessary. Finally, the PREA Coordinator indicated that they have a PREA Advisory Council which consists of herself and all the PCM’s in the state that meet quarterly.

The evidence collected for this provision shows that the agency has demonstrated that they employ an upper level PREA Coordinator with enough time and authority to develop, implement, and oversee agency efforts to comply with PREA standards. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring the agency to have a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment and to employ an agency PREA Coordinator.



<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <ul style="list-style-type: none"> <li>a) Contract between the WADOC and the American Behavior Health Services</li> <li>b) Interstate Corrections Compact between WADOC and the State of Iowa</li> <li>c) Contract between WADOC and the State of Minnesota</li> <li>d) Interagency Agreement between WADOC and State of Washington Department of Social and Health Services</li> <li>e) Memorandum regarding PREA Standard 115.212 (a)(b) dated 08/21/2024</li> <li>f) DOJ ruling on Pioneer dated 08/27/2013</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>a) Agency's Contract Administrator</li> </ul> <p>Observations made during the On-Site Audit and Document Review</p> <p>115.212 Provision (a)(b)</p> <p>The State of Washington Department of Corrections contracts with the American Behavior Health Services (ABHS). Also, the agency contracts with both the states of Iowa and Minnesota Department of Corrections. All three contracts contain the obligation to adopt and comply with the PREA standards. The requirement with ABHS can be found on page 2, section VII of the contract. The contract with Iowa addresses the obligation on page 10-27 and Minnesota contract is found on page 11, addendum #3.</p> <p>During the pre-audit phase, the Auditor interviewed the agency's Contract Manager. The Contract Manager indicated that the current contract with the ABHS is renewed on an annual basis. The Interstate Agreements with Iowa and Minnesota are permanently in effect until either party terminates the contract.</p> <p>The PREA Coordinator provided a memorandum of record that indicated that three residential substance abuse treatment facilities that are contracted by the WADOC are 100% in compliance with the PREA standards and that the final PREA reports can be found on the facilities websites. The substance abuse residential facilities are visited on a regular basis and monitored by the WADOC Substance Abuse Program Administrator or Designee. In addition, both Iowa and Minnesota Department of Corrections have completed the required PREA audits on the scheduled facilities</p>

	<p>during each of the last two previous audit cycles and were 100% compliant with the PREA standards. Those reports can also be found on the individual state’s agency website. These contracts are monitored by the WADOC Director of PREA Services.</p> <p>The evidence collected for this provision shows that the agency has entered into contracts for the confinement of residents that require the contractor to adopt and comply with PREA standards. Therefore, through written policy, the facility has demonstrated that it meets this provision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard.</p>
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<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents</p> <ul style="list-style-type: none"> <li>a) WADOC Policy 110.110 Reentry Center Management Expectations</li> <li>b) 2024 AVRC Staffing Plan</li> <li>c) 2023 AVRC Staffing Plan</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>1. Interview with Reentry Center Manager</li> <li>2. Interview with PREA Coordinator</li> </ul> <p>Observations made during the On-Site Audit and Document Review</p> <p>115.213 Provision (a)</p> <p>WADOC Policy 110.110 states that; “The Reentry Center Supervisor will annually review staffing levels to ensure adequate staffing plans are in place. When both males and females are housed in the facility, at least one male and one female employee/contract staff should be available at all times, within resources provided and in accordance with local collective bargaining agreements. When a shift has a staffing level of one, the RCS will develop a duty roster to ensure opposite gender staffing availability based on need. The RCS will develop a contingency plan for other instances in which both a male and female employee/contract staff are not</p>

available.”

The staffing plan for AVRC is a combination of the facility’s current Post Audit, approved FY 2024 Budget Allocation, and PREA Vulnerability Assessment. The facility staffing plan takes into account the physical layout, composition of resident population, prevailing staffing patterns, and video monitoring systems. The facility staffing plan provides for adequate levels of staffing, and where applicable, video monitoring to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring the AVRC has taken into consideration.

1. The physical layout of each facility.
2. The composition of the resident population.
3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
4. Any other relevant factors and generally accepted detention and correctional practices

Since the last PREA audit, the average daily population of residents at the AVRC was 40 and the current staffing plan was predicated on 101 residents housed at the facility.

During the interview with the Reentry Center Manager, he was asked if the facility had a staffing plan and if the staffing levels to protect residents from sexual abuse was considered in the plan. Also, if video monitoring is part of the plan and if the staffing plan is documented? The RCM confirmed, “Yes” to all the above questions. The Reentry Center Manager also confirmed that when reviewing the staffing plan on an annual basis that they consider all the above matters. The Auditor also interviewed the PREA Coordinator and asked if the above considerations are weighed when developing the staffing plan. The coordinator explained that they were considered. The staffing plan is developed for 33 staff custody and non-custody positions and 48 cameras. Finally, the facility provided a copy of the staffing plan memorandum dated 04/08/2024 that was sent to the Reentry Center Administrator and reviewed and acknowledgement by the PREA Coordinator.

During the on-site facility tour, the Auditor looked for potential blind spots, camera placement, and understaffing or overcrowding situations.

The evidence collected for this provision shows that the agency has a written policy that addresses appropriate staffing plans and reviews. Therefore, through written policy, personal observations, interviews conducted the facility has demonstrated that it meets this provision.

115.213 Provision (b)

AVRC 2024 Staffing Plan states in part that; “In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from

the plan.”

During the interview with the Reentry Center Manager, he was asked if the facility documents all instances of non-compliance with the staffing plan. The RCM stated that, “Yes, it is documented and the explanation for not meeting the plan must be justified and an incident report would be generated.” The facility reported no instances of non-compliance with the staffing plan during this audit period.

The evidence collected for this provision shows that the facility has a written policy that addresses documenting situations where staffing plans are not met. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

#### 115.213 Provision (c)

AVRC 2024 Staffing Plan states in part that; “Whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section, prevailing staffing patterns, the facilities deployment of video monitoring systems and other monitoring technologies, and the resources the facility has available to commit to ensure adequate staffing levels.” The staffing plan further states that, “Factors taken into account when reviewing staffing models at reentry centers include, but is not limited to, the following:

1. Resident population including the number of residents and whether or not the facility is co-ed.
2. Physical size of each reentry center building
3. Annual review of past staffing plans; and
4. Regular reviews of statistics related to critical incidents, including sexual abuse, sexual assault and sexual harassment investigations.”

Each reentry center has an annual audit per the Washington Administrative Code. During that audit, the staffing pattern is reviewed to ensure staffing meets the reentry centers staffing model developed for that facility. Any unique staffing deficiencies are identified and reviewed. Requests for additional positions are then requested as part of a budget proposal to the Washington State Legislature. Part of the annual audit and the PREA audit include a review of safety and security, to include security camera systems with video capability. A component of this plan is a facility vulnerability assessment, completed to identify and address areas or processes creating risk.

During the PREA Coordinator interview, the coordinator was asked if she is consulted regarding any assessments or adjustments to the staffing plan. The coordinator stated that the staffing plan is reviewed yearly and that the PREA Coordinator must review and sign off on all staffing plan documentation.

The evidence collected for this provision shows that the agency has a written policy

	<p>that addresses performing annual staffing plan reviews. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring the agency to have supervision and monitoring.</p>
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115.215	Limits to cross-gender viewing and searches
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <ul style="list-style-type: none"> <li>a) WADOC Policy 420.310 Searches of Incarcerated Individuals</li> <li>b) WADOC PREA Policy 490.800</li> <li>c) WADOC Policy 490.700 Transgender, Intersex, or Non-Binary Individuals</li> <li>d) WADOC Assistant Secretary memo dated 06/10/2024</li> <li>e) WADOC Deputy Secretary memo dated 10/10/2023 regarding searches of transgender residents</li> <li>f) CWC Strip Searches training slides</li> <li>g) DOC Transgender Searches training slides</li> <li>h) CWC Introduction to Pat-Searches training slides</li> <li>i) AVRC Transgender Searches training records for staff</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>1. Interviews with Random Staff</li> <li>2. Interviews with Random Residents</li> <li>3. Interview with non-medical staff involved with strip searches</li> </ul> <p>Observations made during the On-Site Audit and Document Review</p> <p>115.215 Provision (a)</p>

WADOC policy 420.310 states in part that; “Strip searches will be documented and must contain, at a minimum date, time, and location of the search, name and DOC number of the individual being searched. Also, the reason for the search, name of employee approving the search, name and gender of employees conducting the search, type and disposition of any contraband found. Strip searches in a Reentry Center will be documented as a confidential report in the Incident Management Reporting System (IMRS).” In addition, the Assistant Secretary’s memo states that, “Department of Justice Prison Rape Elimination Act standard 115.15 requires all prisons and jails prohibit cross-gender searches of female incarcerated individuals, absent exigent circumstances. All cross-gender searches of female incarcerated individuals must be documented. Facility security staff must conduct cross-gender searches, and searches of transgender and intersex incarcerated individuals, in a professional and respectful manner. These searches must be done in the least intrusive manner possible, consistent with security needs. A case-by-case determination of the most appropriate staff member to conduct the search is necessary and should take into consideration the gender expression of the incarcerated individual.”

There are no examples of exigent circumstances in the last 12 months because it is against policy to perform a cross-gender strip search absent exigent circumstances. When conducting the on-site review of the facility the Auditor observed adequate female staff to accommodate any day-to-day operations involving gender specific searches. When interviewing the non-medical staff responsible for conducting strip searches the officer was asked under what circumstance would it require a cross-gender strip search. The officer replied that she could not think of any circumstance that would constitute the need to cross gender strip-search a resident of the opposite gender, unless in a life-threatening situation.

The evidence collected for this provision shows that the agency has a written policy that prohibits staff from conducting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances when performed by medical practitioners. The interview with non-medical staff that conducts strip searches confirmed the practice during the interview. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

#### 115.215 Provision (b)

WADOC policy 420.301 states in part that; “Male individuals may be searched by an employee/contract staff of any gender and will not be considered a cross-gender search unless there is an emergent situation, females will be searched by a female employee/contract staff. Searches of an individual who is transgender and/or non-binary or is intersex will be conducted by the gender requested on the individual’s

DOC 02-420 Preferences Request and are not considered a cross-gender search. Emergent situations are limited to when a delay might result in the loss of dangerous contraband or an imminent threat to anyone’s safety/security, apprehension of an escaped individual, following an emergent use of force, and/or

critical incident/significant event where evacuation must occur immediately (e.g., fire, natural disaster, crime scene) but a pat search is required for safety/security.”

There are no examples of exigent circumstances over the last 12 months and no instances of a cross-gender pat-search was reported by the facility. When conducting the on-site review of the facility, the Auditor observed adequate female staff to accommodate any day-to-day operations involving gender specific pat searches if necessary.

During the on-site phase, the Auditor interviewed 10 random staff members for which three staff members were female. When asked, “If female staff is not available to search female residents, does the center limit those residents’ access to programs?” All ten officers stated that no, it had never occurred, and of those ten officers six stated that they would use a handheld wand if necessary. In addition, 10 residents were interviewed during the on-site phase of the audit. Out of those 10 residents interviewed, 3 of them were female. When asked by the Auditor if they had ever been unable to participate in activities outside their cell because of the lack of female officers to perform pat searches all 3 female residents stated, “No.”

The evidence collected for this provision shows that the agency has a written policy that prohibits staff from conducting cross-gender pat searches except in exigent circumstances. The interviews conducted with staff confirmed there have not been incidents where female residents have been limited to activities due to the shortage of female officers. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

#### 115.215 Provision (c)

WADOC policy 420.310 states in part that; “Strip searches will be documented and must contain, at a minimum date, time, and location of the search, name and DOC number of the individual being searched. Also, the reason for the search, name of employee approving the search, name and gender of employees conducting the search, type and disposition of any contraband found. Strip searches in a Reentry Center will be documented as a confidential report in the Incident Management Reporting System (IMRS).”

The AVRC reported no instances of cross-gender strip search or visual body cavity search occurring during this audit period.

The evidence collected for this provision shows that the agency has a written policy that prohibits staff from conducting cross-gender strip searches and cross gender visual body cavity searches, except in exigent circumstances when performed by medical practitioners. Therefore, through written policy, the facility has demonstrated that it meets this provision.

#### 115.215 Provision (d)

WADOC policy 490.800 states in part that; “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.”

When conducting the site review, the Auditor observed half wall partitions separating toilets from view, shower curtains or half doors for privacy when showering, and monitoring screens with pixelated screens or cameras positioned away from these specific areas so staff could not view residents when using the restrooms or showers. The Auditor also witnessed officers announce their presence when entering a housing block of residents of the opposite sex.

During the on-site phase, the Auditor interviewed both random staff and residents. The 10 random staff were asked if they or other officers announce their presence when entering a housing unit of residents of the opposite sex. All 10 officers stated that they do. When asked if residents can dress, shower, and use the restroom without being viewed by officers of the opposite sex; 10 officers stated yes. The Auditor also interviewed 10 random residents and 1 targeted resident. When asked if female officers announce their presence when entering the housing block of the opposite sex all 10 residents stated “Yes.” When asked if they or other residents are ever naked in full view of female officers all 10 residents stated that, “No, they are not.”

The evidence collected for this provision shows that the agency has a written policy that enables residents to shower, perform bodily functions, and change clothes without being viewed by staff of the opposite sex. They also have a policy that requires all staff to announce their presence when entering a housing unit of residents of the opposite sex. The interviews conducted with random staff and residents confirmed that staff is practicing these policies. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

#### 115.15 Provision (e)

WADOC policy 490.700 states in part that; “Strip searches will not be conducted for the purpose of examining an individual’s genitals.” In addition, WADOC policy 490.700 states that, “Individuals will not be searched or physically examined for the sole purpose of determining the individual’s genital status. If the individual’s genital status is unknown, it will be determined by health care providers during conversations with the individual and by reviewing medical records. If necessary, a health care provider will conduct a broader medical examination in private with the individual’s consent.”

When interviewing random staff, they were asked if they were aware of the agency policy prohibiting staff from searching or physically examining a transgender person for the sole purpose of determining the resident’s genital status. All random officers stated that, yes, they are aware and searching for the sole purpose of identifying gender is prohibited. The facility reported no transgender residents being housed at the AVRC at the time of the on-site audit phase. Therefore, the Auditor was unable to interview any transgender residents and not able to provide the transgender



	<p>resident’s perspective regarding this provision.</p> <p>115.15 Provision (f)</p> <p>The AVRC does not conduct cross-gender pat searches unless exigent circumstance exists. The facility provided training records and training curricula as proof of receiving training on cross-gender pat searches and searches of transgender and intersex residents in a professional manner. During the on-site review, the Auditor interviewed 10 random staff and in those interviews the officers were asked if they had received training on how to conduct a cross-gender pat search and when did they received the training. 8 officers stated that they had received training, one officer indicated that they talked about it, but had not been trained, and one officer stated he had not been trained. From those interviews, 8 officers stated that they received the training annually by viewing a video, on-line training through the Learning Center, or training through COR.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring the agency to have limits on cross-gender viewing and searches.</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <ul style="list-style-type: none"> <li>a) WADOC Policy 690.400 Individuals with Disabilities</li> <li>b) WADOC Policy 310.000 Orientation</li> <li>c) WADOC PREA Policy 490.800</li> <li>d) WADOC Policy 450.500 Language Services</li> <li>e) WADOC Deaf Services Coordinator Position Description</li> <li>f) Notice of Rights for Individuals with Disabilities</li> <li>g) WADOC Sign Language Contract Interpreters</li> <li>h) Contract with Cross Cultural Communications Translation Services</li> </ul>

- i) Spanish Statewide Orientation Manual
- j) PREA Reentry Brochure in both English & Spanish
- k) PREA Informational Posters in both English & Spanish

Interviews:

- a) Agency Head/Designee
- b) Random Staff

115.216 Provision (a)

WADOC policy 310.000 states in part that; “When a literacy, language, or other cognitive/comprehension concern exists, employees will assist the individual in understanding the material per DOC 450.500 Language Services for Limited English Proficient Individuals. Spanish speaking individuals will attend a Spanish version of the orientation program and be notified of available Spanish translated materials and services. Each facility will develop processes for non-Spanish speaking Limited English Proficiency individuals, including those requiring sign language interpretation, to receive orientation in a language they understand.”

The facility has provided documentation of four separate contracts between the WADOC and Language Lines to provide interpreting services. The facility also provided a DOC list of 15 Sign Language contractors that can be used when the need arises for ASL. These contractors provides sign language translation and on-site qualified American Sign Language (ASL) interpreters.

The Agency Head was interviewed and asked if his agency has established procedures to provide residents with disabilities, and residents who are limited English, so that they can participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Agency Head stated that; “Yes, his agency has provided the orientation video in Spanish and closed captioned for those who are deaf or hard of hearing. There are staff members that can translate different languages, a PREA educational comic strip that enhances cognitive learning for those with disabilities, and the Department provides sign language interpreters for those who are deaf. Finally, the agency has contracts for language translation services.”

The facility reported that there were no residents currently in custody that identified as disabled. Therefore, the Auditor did not interview and cannot provide a disabled resident’s perspective regarding this provision.

The evidence collected for this provision shows that the agency has a written policy that addresses that the facility takes 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 or sexual harassment. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.216 Provision (b)

WADOC policy 450.500 states in part that; “Employees/contract staff may request interpretation/translation services through a dual language, certified employee/contract staff or approved vendor when they become aware that a language barrier exists. Employees/contract staff will review the Personal Characteristics - Languages section in the individual’s electronic file to determine if interpreter services are required. Employees/contract staff are encouraged to use DOC 05-824 Assessment Tool to Determine English Proficiency when there is doubt about the individual’s ability to understand, speak, or read English. The employee/contract staff will update the individual’s electronic file if it is determined that the individual has challenges with English proficiency. All Prison Rape Elimination Act (PREA)-related interpretation services will be documented by LEP Coordinators on DOC 16-340 Prison Rape Elimination Act (PREA) Language Log. The log will be maintained at the facility by the LEP Coordinator.”

The facility has provided documentation of a contracts between the WADOC and ASAP Translation Services, Cross Cultural Communications, the Language Exchange and Language Link. The facility provided a Spanish Statewide Orientation Manual along with the PREA Reentry Brochure in Spanish. During the site review, the Auditor observed the PREA Posters located in the housing areas both in English and Spanish.

The Agency Head/Designee was interviewed and asked if his agency has established procedures to provide residents with disabilities and residents who are limited English so that they can participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Agency Head/Designee stated that; “Yes, his agency has published information in Spanish and made accommodations for people with disabilities. The Department provides sign language interpreters for those that are deaf and has contracts for language translation services.”

The facility reported that there were no residents currently in custody that were limited English proficient. Therefore, the Auditor did not interview and cannot provide a LEP resident’s perspective regarding this provision.

The evidence collected for this provision shows that the agency has a written policy that addresses that the facility takes appropriate steps to ensure that residents who are “limited English proficient” 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 or sexual harassment. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.216 Provision (c)

WADOC policy 450.500 states in part that; “Incarcerated individuals will not use interpretation/translation services from other incarcerated individuals for any purposes listed in Attachment 2.”

	<p>During the audit interview process, the Auditor asked 10 random staff if the facility ever allows the use of resident interpreters. From that, 6 officers stated that they would not use resident interpreters, 3 officers stated they would, and one officer was unsure. When asked further about when and how; the 3 staff members suggested that if a situation occurred that dealt with a resident that was unable to communicate in English then they would utilize a bilingual resident. In addition, those officers that stated no to the use of resident interpreters informed the Auditor that they would either use staff interpreters or the language link as an additional option.</p> <p>The evidence collected for this provision shows that the agency has a written policy that addresses that the facility shall not rely on resident interpreters. Therefore, through written policy, observations, and interviews conducted the facility has demonstrated that it meets this provision.</p> <p>During the out briefing meeting, the Auditor recommended refresher training be provided to security staff regarding in what circumstances a resident interpreter can and should be used to assist in making an alleged sexual abuse report at the AVRC.</p> <p>Recommendation: The Auditor is recommending refresher training be provided to security staff regarding in what circumstances a resident interpreter can and should be used to assist in making an alleged sexual abuse report at the AVRC, based on the random staff interviews conducted.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard referencing requirements for residents with disabilities and residents who are limited English proficient having equal opportunity or benefiting from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</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>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <ul style="list-style-type: none"> <li>a) WADOC Policy 810.800 Recruitment, Selection, and Promotion</li> <li>b) WADOC 810.015 Criminal record Disclosure</li> </ul>

- c) WADOC PREA Policy 490.800
- d) Three examples of Sexual Misconduct and Institutional Employment Disclosure forms
- e) Criminal History Record Check forms
- f) AVRC Background Checks spreadsheet
- g) PREA Disclosure Form
- h) AVRC Staff Employee Files

Interviews:

- a) Interview with Human Resources Staff

Observations made during the On-Site Audit and Document Review

115.217 Provision (a)

WADOC policy 490.800 states in part that; "The Department has established staffing practices as 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,
- d. Has been civilly or administratively adjudicated to have engaged in the activity described above."

During the file review part of this audit, 10 personnel files were sampled. This sample included civilian staff and security staff. The review resulted in all 10 files indicating either an initial criminal history being run, a five-year criminal history check, or both checks present. In addition, the Auditor observed Personal History Questionnaires with evidence that the sexual abuse questions appear in the pre-hire interview questions. Also included in the documentation reviewed in the files were the Pre-Questionnaire Promotional Applications, where the questions were reiterated and answered regarding sexual abuse.

The evidence collected for this provision shows that the agency has a policy prohibiting the hiring or promoting anyone who may have contact with residents if they had engaged in sexual abuse in a confinement setting or if convicted of engaging, or attempting to engage, in sexual abuse and had been civilly

adjudicated due to engaging in these activities. Therefore, through written policy, personal observations, and file review the facility has demonstrated that it meets this provision.

#### 115.217 Provision (b)

WADOC PREA policy 490.800 states in part that; “The Department will consider any incidents of sexual harassment in determining whether to hire, promote, or enlist the services of anyone who may have contact with individuals under its jurisdiction.”

During the audit interview process, the Human Resources staff member was asked if the agency considers prior incidents of sexual harassment when determining whether to hire or promote anyone and to enlist services of any contractors. The H.R. staff member stated that, “Yes, the facility does consider those prior incidents when reviewing employee evaluations and new hire applications.” She indicated that a file review is included in the pending investigation.

The evidence collected for this provision shows that the agency has a policy requiring the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone. Therefore, through written policy, and interviews conducted the facility has demonstrated that it meets this provision.

#### 115.217 Provision (c)

WADOC policy 810.015 states in part that; “A background check will be completed for all applicants before initial appointment or rehire. The Department will provide guidance to hiring authorities consistent with RCW 9.94A.640 concerning disclosure and use of information about prior criminal convictions and subsequent incarcerations of employees, contract staff, and volunteers. Once appointed, criminal background checks will be performed as required for firearms qualification and at least every 5 years in accordance with the Prison Rape Elimination Act (PREA) standards.”

During the audit interview process, the H.R. staff member was asked if the facility performs criminal record background checks for all newly hired sworn employees, employees considered for promotion, and any contractor that may have contact with residents. The H.R. staff member stated that; “The agency performs a criminal record check on all new hires, volunteers, contractors, and current employees every five years through the NCIC/WACIC system.” She further stated that it is each facility’s responsibility to ensure the five-year checks are completed. The Auditor reviewed 10 personnel files. The Auditor determined that the 10 names of staff members that were selected had evidence in the personnel file of an initial NCIC Background Check and several that had a recurring five-year check. The facility also provided a copy of the NCIC/WACIC transaction record check log that identifies the individual being run, the date, and the reason for the record check.

The evidence collected for this provision shows that the agency has a policy requiring that criminal records be run on all new employees. Therefore, through

written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

#### 115.217 Provision (d)

WADOC policy 810.015 states in part that; "All applicants, including former employees/contract staff/volunteers, will complete DOC 03-031 Criminal Disclosure and DOC 05-370 Request for Criminal History Record Information WASIS/NCIC III Check WACIC/NCIC Check before being offered an initial appointment."

During the audit interview process, the H.R. staff member was asked if the facility performs criminal record background checks for all newly hired sworn employees considered for promotion and any contractor that may have contact with residents. The H.R. staff member stated that; "The facility performs a criminal record check on all volunteers and contractors prior to having access to the facility and every five years after that through the NCIC/WACIC system." She further stated that it is each facility's responsibility to ensure the contractors and volunteers background NCIC checks are completed, and that the Reentry Center Manager determines if access is approved.

The facility has reported that there are no contractors that have contact with residents over the last twelve-month period.

The evidence collected for this provision shows that the agency has a policy requiring that criminal records be run on all new contractors that have contact with residents. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

#### 115.217 Provision (e)

WADOC policy 810.015 states in part that; "A background check will be completed for all applicants before initial appointment or rehire. The Department will provide guidance to hiring authorities consistent with RCW 9.94A.640 concerning disclosure and use of information about prior criminal convictions and subsequent incarcerations of employees, contract staff, and volunteers. Once appointed, criminal background checks will be performed as required for firearms qualification and at least every 5 years in accordance with the Prison Rape Elimination Act (PREA) standards."

During the audit interview process, the H.R. staff member was asked if the facility performs criminal record background checks for all sworn employees and any contractor that may have contact with residents. The H.R. staff member stated that; "The agency performs a criminal record check on all new hires, volunteers, contractors, and current employees every five years through the NCIC system." The Auditor reviewed 10 personnel files. The Auditor determined that all the staff files contained a record of a criminal background check and those employed for more than five years also had evidence of the five-year background check. The facility reported that no contractor or volunteer has come to the facility and had contact with any residents.

The evidence collected for this provision shows that the agency has a policy requiring that criminal records check be run on all employees, contractors, and volunteers at least every five years. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

#### 115.217 Provision (f)

The WADOC Employment Application for Corrections Sexual Misconduct and Institutional Employment Disclosure form lists the three PREA related questions that must be asked of the applicant. Question 1 states; "Have you engaged in sexual abuse in an institutional setting?" Question 2 states; "Have you 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?" And finally, question 3 states; "Have you been civilly or administratively adjudicated for having engaged in sexual activity described in questions 1 and 2?" The WADOC imposes an affirmative duty on each of its employees to disclose any sexual misconduct prior to employment as well as during their employment. This form must also be completed whenever applying for a promotional position.

During the interview with the H.R. staff member, it was asked if the facility asks all applicants and employees about previous misconduct regarding residents and does the facility impose upon employees a continuing affirmative duty to disclose previous misconduct. The H.R. staff member stated that the agency has a list of questions that must be answered during the applicant's process as part of the background investigation. She also stated that, "Yes, all employees must report any misconduct or interaction with law enforcement." The facility provided copies of staff personal history applications, and promotional applications with the questions and answers given.

The evidence collected for this provision shows that the agency has a policy requiring that they ask about previous misconduct and the employee's responsibility to disclose such misconduct. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

#### 115.217 Provision (g)

The WADOC requires that each individual who is hired or promoted, and each contractor who may have contact with residents, complete the Sexual Misconduct and Institutional Employment/Service disclosure form. The PREA database is reviewed before any individual is hired or promoted to ensure that there are no pending investigations or allegations requiring review. In addition, in order to satisfy the requirement to self-report any prohibitive conduct, WADOC incorporated true or false questions into its annual PREA training which is administered to all employees and contract staff via the electronic Learning Center. The facility has provided several examples of electronic answers to the question of providing false information are grounds for termination.



	<p>The evidence collected for this provision shows that the agency has a protocol requiring that material omissions regarding such misconduct or the provision of materially false information are grounds for termination. Therefore, through written protocol the facility has demonstrated that it meets this provision.</p> <p>115.217 Provision (h)</p> <p>WADOC policy 810.800 states in part that; “To the extent possible for external candidates and former employees/contract staff/volunteers, all previous institutional employers will be contacted for information on substantiated allegations of sexual misconduct or any resignation pending investigation of alleged sexual misconduct.”</p> <p>The H.R. staff member was asked during the interview, “If a former employee applies for work at another institution and a request by that institution is made, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving that former employee?” The H.R. staff member stated that she would require a signed release of information from the requesting agency prior to releasing that information.</p> <p>The evidence collected for this provision shows that the agency has a policy requiring that unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse and sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the employee has applied to work. Therefore, through written policy and interviews conducted the facility has demonstrated that it meets this provision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring hiring and promotional decisions.</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <ul style="list-style-type: none"> <li>a) WADOC PREA Policy 490.800</li> <li>b) ADT Commercial Proposal and Sales Agreement</li> </ul> <p>Interviews</p>

	<p>a) Interview with Agency Head/Designee</p> <p>b) Interview with Reentry Center Manager</p> <p>Observations made during the On-Site Audit and Document Review</p> <p>115.218 Provision (a)(b)</p> <p>WADOC PREA policy 490.800 states in part that; “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 of existing facilities, and installing or updating video monitoring systems, electronic surveillance systems, or other monitoring technology.”</p> <p>The facility has not acquired or made a substantial expansion or modifications to the existing facility since the last PREA audit in 2021. However, the facility has upgraded three exterior cameras and replaced one in the multipurpose room.</p> <p>During the audit interview phase the Agency Head was asked that when planning substantial modifications to a facility, “How does the agency consider such changes on its ability to protect residents from sexual abuse?” The Agency Head indicated that when upgrading or installing monitoring equipment you are trying to enhance the remote supervision and cover potential blind spots. In addition, the Reentry Center Manager was also asked the same question. The RCM stated that his desire would be to have monitoring capabilities wherever the residents are.</p> <p>During the on-site review tour, the Auditor observed security cameras and monitors located throughout the facility.</p> <p>The evidence collected for this provision shows that the agency shall consider the effect of such design to improve the ability to protect residents from sexual abuse and considered how technology may also enhance the facility’s ability to protect residents from sexual abuse. Therefore, through personal observations, and interviews conducted the facility has demonstrated that it meets this provision.</p> <p>The evidence collected for this provision shows that the agency has considered how technology may enhance the facility’s ability to protect residents from sexual abuse. Therefore, through written memorandums, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard addressing upgrade to facilities and technology.</p>
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<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) WADOC PREA Policy 490.800
- b) WADOC Policy 600.025 Health Care
- c) WADOC 610.300 Health Services for Work Release
- d) Contract between the WADOC and Washington State Department of Commerce, Office of Crime Victims Advocacy. (OCVA)
- e) OVCA-Just Detention International (JDI) Posters in English & Spanish
- f) OVCA Brochures in English & Spanish
- g) AVRC meeting notes with the Yakima Police Department (YPD) 07/23/24

Interviews

- 1. Interview with SANE/SAFE staff
- 2. Interview with the PREA Coordinator
- 3. Interviews with Random Staff

Observations during on-site review of physical plant.

115.221 Provision (a)

AVRC policy 490.850 states in part that, "Ahtanum View Reentry Center (AVRC) 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."

This policy instructs all personnel on how to respond to allegations of sexual abuse and what each individual's role is based on their position. This policy contains a checklist that clearly addresses the process to preserve evidence for possible administrative proceedings or criminal prosecution. This process closely mirrors the Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Forensic Examinations, Adults/Adolescents."

The AVRC does not conduct criminal investigations. If an allegation of sexual abuse is made and evidence would suggest the probability that an incident occurred then the Yakima Police Department is contacted to conduct a criminal investigation.

The Auditor contacted the Yakima Police Department to establish if they did in fact conduct alleged sexual assault criminal investigations at the AVRC. Arrangements

were made by the Auditor to contact a detective via phone call. The Auditor contacted a Detective with the Special Investigation Unit. He informed the Auditor that they do in fact investigate all criminal sexual assault allegations and acknowledged that the only requirement needed to send an investigator is an official request from the Facility Investigator. The YPD is responsible for investigating allegations of sexual crimes that occur within the AVRC facility and is familiar with PREA standard 115.21 pertaining to the investigation of sexual assaults, the collection of evidence, and forensic examinations.

When the Auditor interviewed random staff, it was determined that 8 staff were aware of their responsibilities to preserve evidence during a sexual abuse allegation. They discussed securing the scene, preserving the evidence notifying a supervisor immediately, placing clothing in a brown paper bag, and not allowing the victim or accuser to shower or destroy evidence. Also, when asked, "Who was responsible for investigating criminal and administrative cases?" Staff members identified the Appointing Authority, the Reentry Center Manager, and the local law enforcement. All random staff interviewed were aware of the protocol for evidence collection, however, the majority of sworn staff a significant amount of staff were unsure who is responsible for conducted sexual abuse allegations. The Reentry Center Manager does conduct an initial inquiry to determine what the allegation is and if it appears to be a legitimate allegation. If the allegation is indeed a sexual abuse allegation, then that information is forwarded to the YPD for investigation. If it is determined that the allegation is sexual harassment, then the facility investigator is assigned the case.

The evidence reviewed for this provision shows that the agency has demonstrated that they do follow a uniform evidence protocol for obtaining physical evidence for administrative and criminal proceedings. Therefore, through written policy, and interviews conducted, the agency has demonstrated that it meets this provision.

Recommendation During the exit briefing, the Auditor has requested that the AVRC provide refresher training to their staff on who is responsible for conducting both criminal and administrative investigations when allegations of sexual abuse is made by residents.

#### 115.221 Provision (b)

The facility did not house youthful residents in their facility over the last twelve months. The AVRC provided AVRC policy 490.850, which indicated that the facility follows the established protocol that is developmentally appropriate for youth and is based on or similar to other comprehensive and authoritative protocols developed after 2011.

The AVRC utilizes the YPD to conduct all criminal investigations within the facility. The YPD detectives are certified law enforcement officers through the State of Washington Department Criminal Justice Services. In addition, the policy listed above would suggest that all necessary protocols would be adapted and followed on the most recent edition of the Department of Justice (DOJ's) Office on Violence Against Women publication in accordance with this standard.

The evidence reviewed for this provision shows that the facility has demonstrated that they do follow a protocol that is developmentally appropriate for youth. Therefore, through written policy, and interviews conducted, the facility has demonstrated that it meets this provision.

115.221 Provision (c)

AVRC policy 490.850 states in part that; "Individuals alleging sexual acts perpetrated by either staff or another individual that occurred within the previous 120 hours and involve penetration or exchange of body fluids will be assessed for immediate medical needs before transport to the designated community health care facility for a forensic medical examination." The policy further states that, "Forensic exams will be performed only at designated health care facilities in the community by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. If a SAFE/SANE is not available, the examination can be performed by a qualified medical practitioner. 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."

Any allegations of sexual abuse that appears criminal will be referred to the YPD for criminal investigation. The alleged victim shall be immediately transported to Yakima Memorial Hospital to be examined by a medical professional who is skilled and experienced in the use of rape kits for the collection of forensic evidence. Yakima Hospital employs Sexual Assault Nurse Examiners (SANE) or a Sexual Assault Forensic Examiners (SAFE). In addition, this policy specifically states that treatment services shall be provided to the alleged victim without financial cost to the victim.

The Yakima Memorial Hospital is a licensed health care facility that will provide health care services to residents housed in a state or local correctional institution. A resident who is a victim of an alleged sexual abuse may be transported to Yakima Memorial Hospital for a sexual assault forensic examination. The hospital employs one or more staff members trained in sexual assault examination. The hospital agrees that any such examination will be performed by a nurse trained in sexual assault examination under the direction of a physician.

The facility reported no instances during this rating period where a resident housed at the AVRC required a forensic medical examination.

During the pre-audit phase, an interview was conducted by the Auditor with a Sexual Assault Nurse Examiner (SANE). The interview was conducted by phone with a SANE Nurse employed with the Yakima Memorial Hospital in Yakima, WA. A SANE nurse is a highly skilled certified nurse trained in the art of evidence collection and chain of custody. The nurse is considered the subject matter expert in collecting evidence after an alleged sexual assault has occurred. The nurse is also required to provide testimony in court cases related to sexual abuse. The nurse explained that all emergency nurses are trained in conducting forensic medical examinations and that anyone can come in to request an examination. Once the examination is

completed, the hospital will notify the local law enforcement agency to come and retrieve the examination kit. When asked if the Yakima Hospital is responsible for conducting all forensic medical exams for resident victims of sexual abuse at the AVRC, the SANE Nurse stated, "Yes, they are the hospital that offers forensic medical examinations and would provide those services for the surrounding correctional facilities if requested by law enforcement or if the resident just walked in." When asked if SANE staff is unavailable to conduct forensic medical examinations, then who assumes the responsibility? The SANE Nurse replied, "That her medical facility is available and that nurses are always on call 24 hours a day, 7 days a week, 365 days a year."

The evidence collected for this provision shows that the facility has procedures in place to offer all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost to the victim. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

#### 115.221 Provision (d)

AVRC policy 490.850 states in part that; "The partnered victim advocacy organization will be contacted to ensure an advocate is present during the exam. Presence of the advocate will be documented in the IMRS and on DOC 02-007 Aggravated Sexual Assault Checklist. Partnered advocacy organizations are detailed in the Designated Advocates and Hospital List maintained on the Department's internal website and in the facility's PREA Response Plan." In addition, WADOC PREA policy 490.800 states in part that; "If an individual requires a forensic medical exam, the CSAP Victim Advocate will be notified prior to transport to the designated community health care facility."

The WADOC has partnered with the Washington State Department of Commerce, Office of Crime Victims Advocacy.(OCVA) to provide a list of PREA designated advocates depending on where the facility is located. The AVRC utilizes the Aspen Victim Advocacy Services in Yakima, WA (AVA). The AVA is a victim services advocate that provides confidential support and assistance to sexual assault victims for the entire Yakima and Kittitas counties in the state of Washington. In accordance with 42. USC 14043g (b) (2) (c) the requirements to be considered a "rape crisis center" are as follows:

1. Provide a 24-hour hotline
2. Accompany and advocacy through the medical, criminal justice, and social support systems.
3. Short-term crisis intervention support.
4. Information and referral to assist sexual assault victim and family
5. Community out-reach for underserved communities
6. The development and distribution of materials on issues related to the above-

listed issues.

The Auditor has reviewed The Aspen Victim Advocacy Center's website to determine that this advocacy group does meet all the criteria listed above to be considered a "rape crisis center."

The PREA Coordinator was interviewed by the Auditor and stated that the WADOC has a contract with the Crime Victim Advocate to refer all cases to local advocates to provide the services needed. She also indicated that the state maintains advocacy groups that meet the criteria of a rape crisis center and provides the same services to the local community. During the on-site facility tour, the Auditor initiated a call to the Aspen Victim Advocacy Center through the resident phone system while touring a housing unit to determine the effectiveness and efficiency of the organization. Finally, the Auditor did not interview any residents that had recently reported sexual abuse because the facility has reported no allegations, nor any forensic medical examinations were performed, during this audit period.

The evidence collected for this provision shows that the agency has demonstrated that they do offer services from a victim advocate from a rape center that is not associated with the criminal justice system or law enforcement and provides confidentiality. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.221 Provision (e)

AVRC policy 490.850 states in part that; "The partnered victim advocacy organization will be contacted to ensure an advocate is present during the exam. Presence of the advocate will be documented in the IMRS and on DOC 02-007 Aggravated Sexual Assault Checklist. Partnered advocacy organizations are detailed in the Designated Advocates and Hospital List maintained on the Department's internal website and in the facility's PREA Response Plan. The individual will also be provided with an advocate during all related investigatory interviews per the facility's legal advocacy procedure. The PREA Coordinator will be notified via email of all forensic medical examinations as soon as possible."

The facility also provided the contract with OCVA as additional guidance addressing when a victim advocate can accompany an alleged sexual assault victim through the forensic examination and during the investigatory interview process. The contract states in part that; "The package of services includes crisis intervention, assessment of needs, referral to additional resources, medical advocacy, and legal advocacy. Within the medical and legal advocacy framework, there are many and varied tasks or functions. Examples (provided for better understanding of the scope); accompaniment to sexual assault forensic medical exams, explanation of the exam proceedings, advocacy on behalf of the harmed individual in asserting their choices for aspects of the exam, choices for treatment, presence and support during investigatory interviews, depositions, and other legal proceedings for incarcerated individuals who have experienced sexual assault."

The AVRC has reported no instances where the facility made arrangements for

victim advocates to speak with residents of victims of sexual abuse during the audit period. In addition, when asked how the agency ensures that the advocate meets the qualifications described above, the PREA Coordinator stated that the service is coming from an official rape crisis center and the counselors must be licensed.

The evidence collected for this provision shows that the facility has demonstrated that they do allow victim advocates to accompany and support alleged victims of sexual assault during the forensic examination and during the investigatory interview. Therefore, through written policy, and interviews conducted, the facility has demonstrated that it meets this provision.

115.221 Provision (f)

WADOC PREA policy 490.800 states in part that; “Each Superintendent and the Reentry Center Administrator or designee will 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.”

The facilities are required to meet with the local law enforcement agencies who are responsible for conducting criminal investigations at their facility locations on a regular basis. The AVRC provide the Auditor meeting notes from 07/23/24 with the Yakima Police Department. In attendance was the Reentry Center Manager and a Sergeant from the Yakima Police Department. Topics covered were the Yakima Police Department response to sexual assault allegations, YPD’s responding agency for reports of sexual assault, DOC staff will call 911 to report the sexual assault, if it is an aggravated sexual assault medics will be dispatched, YPD will implement its protocols for investigating a sexual assault call, the YPD Patrol will respond; and depending on the circumstances of the incident, a Detective may be called and will respond as quickly as possible.

The evidence collected for this provision shows that the facility conducts its own administrative investigations and local law enforcement is utilized to conduct criminal sexual abuse investigations. Therefore, through written policy, facility documentation, and interviews conducted, the facility has demonstrated that it meets this provision.

Conclusion

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring the agency to provide evidence protocols and forensic medical evaluations.

<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard



**Auditor Discussion**

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) WADOC Policy 490.860 Investigations
- b) WADOC PREA Policy 490.800

Interviews:

- 1. Interview with Agency Head
- 2. Interview with Investigative Staff

Observations made during the On-site Phase of the Audit.

115.222 Provision (a)

AVRC policy 490.850 states in part that; “For all investigated allegations, the Superintendent/CCS/Sergeant will ensure alleged victims of sexual misconduct under the Department’s jurisdiction are provided with PREA Investigation Process (Attachment 1).”

WADOC policy 490.860 states in part that; “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.”

In the past twelve months, the AVRC reported that they had received no allegations of sexual abuse or sexual harassment. Therefore, while on-site, the Auditor did not review any administrative or criminal investigative files.

When interviewing the Agency Head, he stated that; “Yes, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and harassment.” The Agency Head explained that sexual abuse and harassment allegations will be ‘PREA triaged through the agency process.’ When an allegation is received for administrative investigation the complaint is sent to the Appointing Authority to determine if it is a PREA incident. If so, the Appointing Authority assigns a facility investigator to conduct an investigation. The report is then sent back to the Appointing Authority to determine a finding in the case.

During the document review, the Auditor reviewed no administrative or criminal case files because the facility reported no allegations being made during this audit period.

The evidence collected for this provision shows that the agency has procedures in place to ensure that an administrative or criminal investigation is completed on all allegations of sexual abuse and sexual harassment. Therefore, through written

policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

115.222 Provision (b)

WADOC policy 490.860 states in part that; “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.”

During a review of the Washington Department of Corrections website, the PREA policies and investigation protocols were located using the Corrections tab, PREA dropdown option PREA “Policies.”

During the pre-audit phase, the Auditor interviewed a Facility Investigator with the WADOC. The investigator was asked if agency policy requires that allegations of sexual abuse be referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potential criminal activity. The investigator stated, “Yes, the agency has policy that directs all criminal investigations be conducted by local law enforcement and in this case involving AVRC that law enforcement agency would be the Yakima Police Department.”

The evidence collected for this provision shows that the agency has procedures 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. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

Provision 115.222 (c)

The AVRC utilizes the Yakima Police Department to conduct criminal investigations. The publication that describes the responsibilities of both the agency and investigating agency can be found on the WADOC website under Corrections/PREA/ Policies/PREA Investigation Process (Attachment 1).

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring the agency to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) WADOC PREA Policy 490.800
- b) WADOC PREA Training Curriculum
- c) Staff Training Transcripts with electronic acknowledgement

Interviews:

1. Interview with Random Staff

Observations made during the On-Site Audit and Document Review

115.231 Provision (a)

WADOC PREA policy 490.800 states in part that, "All new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training. When initial training is not conducted prior to assignment, the person will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity. Training will address, but will not be limited to, the following:

1. Reviewing this policy and related operational memorandums, the Prison Rape Elimination Act of 2003, potential criminal penalties and disciplinary consequences for engaging in prohibited activities.
2. Zero tolerance for sexual misconduct and related retaliation.
3. Preventing and detecting sexual misconduct, including communicating effectively with individuals, including lesbian, gay, bisexual, transgender, intersex, and/or non-binary individuals.
4. Gender-specific issues.
5. Examples of conduct, circumstances, and behaviors that may be precursors to sexual misconduct.
6. Avoiding inappropriate relationships with individuals under the Department's jurisdiction.
7. Recognizing signs of possible/threatened sexual misconduct and staff involvement.
8. Recognizing predatory behavior and common reactions of sexual misconduct victims.
9. The dynamics of sexual misconduct in confinement.

10. Reporting sexual misconduct, including reporting methods, mandatory reporting for incarcerated youth and individuals classified as vulnerable adults.
11. Disciplinary consequences for staff's failing to report.
12. Responding to sexual misconduct, including first responder duties.
13. Confidentiality requirements."

During the interview process, 10 random staff were asked if they had received PREA training and if so, when? All 10 officers indicated that they have received PREA training. Annual in-service training was mentioned 7 times and the academy was mentioned 8 times. When the Auditor reviewed staff files it contained the dates of the initial training and proceeding PREA refresher training.

The evidence collected for this provision shows that the agency has procedures in place to train all employees on all relevant topics outlined in this standard provision. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.231 Provision (b)

The training provided to the AVRC staff covers both male and female residents. Therefore, there is no need to require additional training for gender specific facilities due to a transfer. The AVRC houses both male and female residents.

The evidence collected for this provision shows that the facility has trained all employees in all aspects of PREA regarding the specific gender facility. Therefore, there is no need to provide additional training when transferred to a facility that holds only one specific gender. Through written policy and PREA training curriculum the facility has demonstrated that it meets this provision.

#### 115.231 Provision (c)

The AVRC provides PREA training on a yearly basis. All new employees receive initial training when attending the new-hire orientation and basic training. All new contractors and volunteers receive their initial training during the orientation process as well and then annually. This practice was confirmed by sampling 10 employee training records. The files indicated that all 10 employees received initial PREA training, and 8 officers had received refresher training. The 2 staff files that were missing, the refresher training documentation had hire dates of 2023. The Auditor has determined that these files were accurate given the newly hired status and that the officers had not been employed for an entire year.

The evidence collected for this provision shows that the facility has provided initial and refresher PREA training to all their employees at least once a year. Therefore, through written policy and file review observations, the facility has demonstrated that it meets this provision.

#### 115.231 Provision (d)

WADOC Operating Procedure 350.2 states in part that; “The Staff will acknowledge their understanding of the 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.”

The AVRC provided examples of employee training records in signatures generated from a Training Management System platform that makes the student/officer electronically acknowledge the training that was received and that requires the employee to sign acknowledging that they understand the training that was provided.

The evidence collected for this provision shows that the facility has provided documentation through employee signature, acknowledging that the employee understands the training received. Therefore, through written policy and file review observations, the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring the agency train all employees who have contact with residents on its zero-tolerance policy for sexual abuse and/or harassment. Also, how to fulfill their responsibilities for preventing, detecting, reporting, and responding to sexual abuse. The residents and employees’ rights to be free from retaliation, residents right to be free from sexual abuse, the dynamics of sexual abuse in confinement, common reactions of sexual abuse victims, how to communicate effectively with residents, including LGBTQ residents, and how to comply with relevant laws related to mandatory reporting of sexual abuse.

115.232	Volunteer and contractor training
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <ul style="list-style-type: none"> <li>a) WADOC PREA Policy 490.800</li> <li>b) WADOC Policy 530.100 Volunteer Program</li> <li>c) PREA Brochure for Staff, Contractors, and Volunteers</li> <li>d) WADOC Volunteer Training</li> </ul>

115.232 Provision (a)

WADOC PREA policy 490.800 states in part that; "All new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training. When initial training is not conducted prior to assignment, the person will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity."

AVRC requires all contract staff who have regular contact with residents to complete the same training provided to all employees. These include certain identified contractors such as those providing language interpreter services. All volunteers are required to complete specially designed web-based training prior to providing any services.

The AVRC has reported that they do not have any contractors or volunteers that work or participate at the facility. Therefore, the Auditor did not interview any contractors or volunteers for this audit.

The evidence collected for this provision shows that the agency has procedures in place to ensure all volunteers or contractors that have contact with residents are trained on the prevention, detection, and response policies regarding sexual abuse and sexual harassment. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

115.232 Provision (b)

AVRC requires all contract staff who have regular contact with residents to complete the same training provided to all employees. These include certain identified contractors such as those providing language interpreter services. All volunteers are required to complete specially designed web-based training prior to providing any services. In addition, the facility has provided a PREA Staff, Contractor, and Volunteer Brochure that outlines and addresses Red Flags, Professional Behavior, Employee Resources, Zero-Tolerance Policy, Duty to Report, Signs of Abuse, among other information.

The AVRC has reported that they do not have any contractors or volunteers that work or participate at the facility. Therefore, the Auditor did not interview any contractors or volunteers for this audit.

The evidence collected for this provision shows that the agency has procedures in place to ensure all volunteers or contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.232 Provision (c)

WADOC PREA policy 490.800 states in part that; "Staff will acknowledge their understanding of the training. For online training, acknowledgment will be included in the electronic course. For in-person training, acknowledgment will be documented

	<p>on DOC 03-483 PREA Training Acknowledgment or DOC 03-523 PREA Disclosure and Training Acknowledgement for Volunteers.” The policy further states that, “Vendors and service providers with limited unescorted contact with individuals under the Department’s jurisdiction are not required to attend PREA training but must sign DOC 03-478 PREA Acknowledgment. Contract staff who only provide services to individuals on community supervision will be provided with the PREA brochure given to employees, contract staff, and volunteers.”</p> <p>The AVRC has reported that they do not have any contractors or volunteers that work or participate at the facility. Therefore, the Auditor did not interview any contractors or volunteers for this audit.</p> <p>The evidence collected for this provision shows that the agency has procedures in place to ensure all volunteers or contractors documentation confirming that they received PREA training and understood that training. Therefore, through written policy and personal observations, the facility has demonstrated that it meets this provision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring PREA training for both volunteers and contractors.</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>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <ul style="list-style-type: none"> <li>a) WADOC PREA Policy 490.800</li> <li>b) WADOC Policy 310.000</li> <li>c) PREA Reentry Brochure</li> <li>d) WADOC PREA Zero-Tolerance PREA Posters both in English, Spanish, and Hearing Impaired</li> <li>e) Reentry Center Handbook</li> <li>f) PREA Related Individual Comic Strips</li> <li>g) Partial Confinement Orientation Checklist</li> </ul>

Interview:

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

115.233 Provision (a)

WADOC PREA policy 490.800 states in part that; "Individuals will be provided additional PREA information, including an informational brochure, during formal orientation per DOC 310.000 Orientation. Individuals in Prison will be provided with an informational brochure during intake. If an orientation video is presented in-transit, individuals will be provided an opportunity to ask questions of the facilitator during onsite facility orientation. Additional PREA information may be covered in the facility orientation handbook." The policy further states that, "In Prisons, provision of PREA information will be documented in OMNI Programs. In Reentry Centers, orientation will be documented on DOC 05-512 Partial Confinement Orientation Checklist or in OMNI Programs."

WADOC policy 310.000 states in part that; "Individuals in partial confinement will be notified of all appropriate policies and procedures that affect them, including payment of fees, disciplinary actions, programming, financial assistance, telephone use, safety programs, emergency procedures, family services, community resources, and PREA."

All residents arriving at the facility are provided information on arrival in the form of the PREA Reentry Brochure regarding PREA reporting procedures as well as information regarding victim advocacy support. This information can be found in the brochure and posted throughout each housing unit.

The AVRC identified that there were 103 residents admitted into their facility in the last twelve months. Of those 103 residents; all received the initial PREA information during the intake process along with watching the PREA video during orientation.

During the interview with the Intake Officer, he explained that part of his responsibility is to provide all arriving residents with the PREA Reentry Brochure and explain how to report sexual abuse. He stated the residents sign the Partial Confinement Orientation Checklist after they have watched the PREA video. He also goes over the PREA hotline and third-party reporting. Finally, the Intake Officer indicated that there are posters mounted in the dayrooms and housing units throughout the facility that explain these same instructions. When the Auditor interviewed 10 random residents, they were asked if they had received information about the facility's rules against sexual abuse and harassment. All 10 residents answered in the affirmative and acknowledged that they had received PREA educational information. Of those 10 residents interviewed; 6 residents specifically indicated that they had received the training in the form of video, 4 residents indicated they received the information verbally, and 2 residents mentioned a handbook. They all indicated receiving the information during their orientation on the day they arrived.



The evidence collected for this provision shows that the agency has procedures in place to ensure that residents receive information explaining how to report sexual abuse and the agency's policy on zero-tolerance for sexual abuse or harassment at the time of intake. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.233 Provision (b)

WADOC policy 310.000 states in part that; "Incarcerated individuals arriving at or transferred to electronic home monitoring or a facility, including transfers between an Intensive Management Unit (IMU), will receive an orientation to the new facility/ program. The orientation will be conducted within one week of admission to Prison or within 48 hours of admission to a Reentry Center."

The AVRC provides all residents information regarding PREA upon arrival in the form of the PREA Reentry Brochure and PREA video. This information was given to the resident during the Work Release Orientation. The orientation is usually conducted when the resident arrives at the facility but must be completed within 48 hours.

The AVRC identified 103 residents whose length of stay in the facility was over 30 days or more in the last twelve months. Of those 103 residents, the facility reports that all have received comprehensive PREA education regarding sexual abuse or harassment.

The Auditor interviewed an Intake Officer who stated that PREA information is posted in all of the housing units. He also stated that the residents must watch the PREA video in its entirety which is shown in the visitation room. Finally, he stated that all residents arriving at AVRC will have to watch the video the day of getting to the facility. When asked how long from the date of arrival residents made aware of these rights, the Intake Officer stated by that afternoon of arriving to the facility.

The Auditor also interviewed 10 residents. Those residents were asked if they were told about their right to not be sexually abused, how to report a sexual abuse, the right not to be punished for reporting a sexual abuse, and how long before they were made aware of these policies. All 10 residents confirmed receiving the PREA information within twenty-four hours or immediately after arriving at the facility.

The evidence collected for this provision shows that the agency has procedures in place to ensure that all residents receive a comprehensive education regarding their right to be free from sexual abuse, sexual harassment, and all forms of retaliation. Therefore, through written policy, and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.233 Provision (c)

WADOC PREA policy 490.800 states in part that; "The need to provide targeted orientation will be determined on a case-by-case basis, taking into consideration reading comprehension levels, mental health input/evaluation, cognitive abilities, interactions with staff, and/or language barriers other than Spanish. Employees/

contract staff providing PREA information will only use the outline and materials approved by the PREA Coordinator.”

The facility has provided evidence of multiple contracts with language interpreter services, American Sign Language contractors, and PREA comic strips for those cognitively challenged. The AVRC has many services available to them to provide resident education in formats accessible to all residents.

The evidence collected for this provision shows that the agency has procedures to provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to residents who have limited reading skills. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.233 Provision (d)

WADOC policy 310.000 states in part that; “Employees will document orientation in the incarcerated individual’s electronic file. The individual will acknowledge receipt of orientation and the Statewide Orientation Handbook/facility specific handbook by signing the Prison Orientation Checklist, or the Partial Confinement Orientation Checklist and DOC 02-322 Receipt of Handbook.”

The AVRC utilizes the Partial Confinement Orientation Checklist to document receipt and acknowledgement of the resident receiving and understanding the PREA information provided in the Work Release orientation. The facility provided the Auditor with thirteen examples of the signed acknowledgment forms in the OAS and the Auditor documented reviewing these forms during the resident file review.

The evidence collected for this provision shows that the agency has procedures in place to ensure that the facility maintains documentation of resident participation in PREA education sessions. Therefore, through written policy and personal observations, the facility has demonstrated that it meets this provision.

#### 115.233 Provision (f)

The AVRC has posters strategically posted throughout the facility, in every housing unit, and departments i.e. (kitchen, classrooms, and recreation areas) to ensure compliance with PREA standards. The Auditor personally observed these posters during the facility site review. All residents are also issued a Reentry Center Handbook which has all PREA related information documented inside.

The evidence collected for this provision shows that the facility has procedures in place to ensure that information will be continuously and readily available or visible to residents. Therefore, through written policy and personal observations, the facility has demonstrated that it meets this provision.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring PREA

	resident education.
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <ul style="list-style-type: none"> <li>a) WADOC PREA Policy 490.800</li> <li>b) Examples of training transcripts</li> <li>c) Administrative Investigations Modules</li> <li>d) Certificate of Completion by the Washington State Learning Center Administrative Investigations Training</li> </ul> <p>Interview:</p> <ul style="list-style-type: none"> <li>1. Interview with Investigative staff</li> </ul> <p>115.234 Provision (a)(b)</p> <p>WADOC PREA policy 490.800 states in part that; “PREA investigators will be trained in crime scene management/investigation, including evidence collection in Prisons and Reentry Centers, confidentiality of all investigation information, Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process, crisis intervention, investigating sexual misconduct, techniques for interviewing sexual misconduct victims, and criteria and evidence required to substantiate administrative action or prosecution referral.”</p> <p>All sexual abuse and sexual harassment investigators who conduct non-criminal investigations at the AVRC have received specialized training. This specialized training was through the Washington State Learning Center. The facility provided certificates of completion for the course titled, “DOC Administrative Investigation Training.” The AVRC identified 37 facility investigators. They provided specialized training certificates of completion for six facility investigators.</p> <p>The Auditor reviewed the training provided. This training is not exclusive to just PREA investigations and deals with many aspects of conducting administrative investigations. However, the training does cover PREA sexual abuse investigations, interview techniques, Miranda and Garrity rules, and all the other aspects of the required training in accordance with the WADOC PREA policy.</p>

	<p>When interviewing the facility investigator, she stated that she had received the PREA investigative training in April of 2019. The investigator stated that the PREA classes dealt with the proper use of Garrity and Miranda in criminal cases, evidence collection, and interview techniques.</p> <p>The evidence collected for this provision shows that the agency has procedures in place to ensure that agency investigators receive specialized training in the art of investigating sexual abuse in a confinement setting. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.</p> <p>115.234 Provision (c)</p> <p>The WADOC maintains training transcripts for all staff to include those who have been specially trained in conducting sexual abuse investigations in a confinement setting.</p> <p>The AVRC has provided copies of specialized training records for staff trained in investigating sexual abuse in a confinement setting. This documentation is in the form of certificates of completion by the Washington State Department of Corrections.</p> <p>The evidence collected for this provision shows that the agency has procedures in place to ensure that all staff responsible for investigating sexual abuse have received additional specialized training and maintains the documentation necessary to prove that training. Therefore, through written policy and personal observation by documents provided, the facility has demonstrated that it meets this provision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring specialized training for investigators who perform sexual abuse and sexual harassment 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
	<p><b>Auditor Discussion</b></p> <p>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <p>1) Explanatory Memorandum written by the Reentry Center Operations Administrator dated 08/08/24.</p>

	<p>Observations made during the on-site audit and document review.</p> <p>115.235 Provision (a)(b)(c)(d)</p> <p>The AVRC provided the Auditor with a memorandum of record indicating that the facility does not employ or contract any medical or mental health staff at their facility. Because this facility is a work release center, and the residents are permitted to be in the community if routine medical needs are required then the resident can seek professional treatment in the community. If the incident requires immediate medical attention then staff at the center contact the local Recue Unit. The memorandum provided states the following:</p> <p>The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:</p> <ol style="list-style-type: none"> <li>1. How to detect and assess signs of sexual abuse and sexual harassment</li> <li>2. How to preserve physical evidence of sexual abuse</li> <li>3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and</li> <li>4. How and to whom to report allegations of suspicions of sexual abuse and sexual harassment.”</li> </ol> <p>Reentry Centers (to include Ahtanum View Reentry Center) do not offer onsite health services. Residents are referred to community-based health services. This information is provided to reentry center residents in the Reentry Center Handbook page 35. “Health Services Applicable policy number(s): 610.300 and 670.000.” While at the Reentry Center residents have access to medical, dental, and mental health services in the community.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that this standard is not applicable to the AVRC. Therefore, the facility is fully compliant with this standard.</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
	<p><b>Auditor Discussion</b></p> <p>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p>

- a) WADOC Policy 490.820 PREA Risk Assessments
- b) PREA Coordinator Explanatory Memorandum
- c) OMNI PREA Access/Security Groups
- d) AVRC PREA Risk Assessment (PRA)Tracker
- e) Offender Movement History for the last twelve months
- f) PRA Assessor Guide

Interviews:

1. Interview with Staff performing Risk Screening.
2. Interview with Random Residents
3. Interview with PREA Coordinator

Observations made during the on-site audit and document review.

115.241 Provision (a)

WADOC policy 490.820 states in part that; "Case managers and designated Reentry Center employees will complete a PRA within 72 hours of arrival for all individuals arriving at any Department facility. This includes individuals returning to a facility from unescorted leave (e.g., out to court). Facilities will establish procedures to ensure completion within 72 hours, even on weekends and holidays."

The Auditor interviewed the staff member responsible for conducting the risk screening process. This individual is referred to as a Community Corrections Officer (CCO). The Auditor asked if the CCO screened residents for risk of sexual victimization upon arrival or transfer from another facility. The CCO stated that, "Yes, she does." Also, during the interviews with 10 residents, all 10 residents recalled having been asked those specific questions listed below. The Auditor reviewed the risk assessment questionnaire called the "PREA Risk Assessment" and identified that the screening form contained thirteen potential sexual victimization questions and five potential sexual predation questions. The form did include the following:

- Have they been in jail before?
- Have they ever been sexually abused?
- Did they identify with being LGBTQ?
- Did they think they might be in danger of sexual abuse while incarcerated when they first came to prison?

The evidence collected for this provision shows that the agency has procedures in place to ensure all residents receive a risk screening evaluation for the risk of being

sexually abused while incarcerated. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.241 Provision (b)

WADOC policy 490.820 states in part that; "Case managers and designated Reentry Center employees will complete a PRA within 72 hours of arrival for all individuals arriving at any Department facility. This includes individuals returning to a facility from unescorted leave (e.g., out to court). Facilities will establish procedures to ensure completion within 72 hours, even on weekends and holidays."

The facility reported that they received 103 residents into their facility in the last twelve months that had a length of stay of more than 72 hours. The facility reports that 97.1% of the residents received a risk screening assessment for the risk of being sexually abused during incarceration within 72 hours.

The facility provided twelve samples of completed risk screening forms for each month of the audit period and downloaded those documents into the Pre-audit Questionnaire. In addition, during the document review, the Auditor observed completed PREA Risk Screening Checklist Instrument forms in the resident record files.

When conducting the interview with staff responsible for performing risk-screening assessments, the CCO stated that she usually conducts the risk screening process within hours of the resident being transferred to the facility. As stated in the previous provision, the Auditor interviewed 10 residents, for which all 10 residents indicated that they had been questioned about sexual victimization within 72 hours of arriving at the facility. When conducting the resident file review, the Auditor sampled 10 resident files which indicated that all 10 residents had a risk screening performed within the first 24 hours of arriving at the facility.

The evidence collected for this provision shows that the agency has procedures in place to ensure that all residents are screened for the risk of sexual abuse within 72 hours of arrival at the facility. Therefore, through written policy, personal observations, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.241 Provision (c)

The risk screening assessment consists of 18 overall yes or no questions with 13 specifically addressing sexual victimization or aggression. In addition, the facility provided risk assessment instructions that describes if certain questions are answered 'yes' to, then that person could be either classified as a potential victim or aggressor. In addition, the instructions indicate that if a resident answers 'yes' and scores eleven or more sexual victimization questions then that resident will be deemed a potential risk of being sexually victimized. If the resident answers 'yes' to and scores eight or more sexual aggression questions, then that resident will be deemed a potential heightened risk of being sexually aggressive. The values for the

questions are predetermined and calculated by the agency's Offender Management Network Information System (OMNI). Therefore, there is no subjectivity to this assessment.

When interviewing the staff member conducting risk screenings, she was asked what the initial risk screening considers and what is the process for conducting the risk screening? The CCO indicated that the risk screening considers charges, height and weight, prior sexual victimization, LGBTQ, first incarceration, mental health, and an array of other topics. The CCO also stated that the process takes place at a computer in an office by asking questions and then calculating yes or no answers. She also stated that certain questions allow the staff member to insert comments.

Through observations, interviews, and policy the facility has demonstrated that it uses an objective risk assessment tool to identify potential residents at risk of being sexually victimized or sexually aggressive. Therefore, the facility meets this provision.

#### 115.241 Provision (d)

The WADOC Agency PREA Risk Screening Form does take into consideration at the minimum the following:

- Whether the resident has a mental, physical, or developmental disability
- Age of resident
- Physical build of resident
- If the resident has previously been incarcerated
- If the resident's criminal history is exclusively nonviolent
- If the resident has prior convictions for sex offenses
- If the resident is or perceived to be LGBTQ or gender nonconforming
- If the resident has previously experienced sexual victimization
- The resident's own perception of vulnerability
- If the resident is detained solely for civil immigration purposes

The staff member responsible for performing risk-screening assessments was asked what the risk screening considered and what is the process for conducting these assessments. The CCO stated the assessment asks questions such as: has the resident been sexually abused in the past, sexual relationships in confinement, gender identity, prior convicts of sexual assault, and the age and stature of the resident. Finally, the CCO stated that the screening is conducted face-to-face and software in OMNI assists in identifying potential resident victims or aggressors.

The evidence collected for this provision shows that the agency has procedures in



place to ensure that the intake screening shall consider, at a minimum, the 10 criteria identified in this standard provision. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.241 Provision (e)

The risk screening form utilized by the AVRC staff does consider prior acts of sexual abuse, prior convictions for violent offenses, and a history of prior institutional sexual abuse. The staff member responsible for performing risk-screening assessments was asked what the risk screening considered and what is the process for conducting these assessments. The CCO stated the assessment asks questions such as: has the resident had prior acts of sexual abuse in the past, prior convicts of sexual assault, and if they are known to the agency as a prior sexual aggressor.

The evidence collected for this provision shows that the agency has procedures in place to capture and ask the questions listed above surrounding potential aggressor behavior. Therefore, through document review, and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.241 Provision (f)

WADOC policy 490.820 states in part that; "A follow-up PRA will be completed between 21 and 30 days after the individual's arrival at the facility."

During the pre-audit, the facility reported 97 residents that entered the facility over the last twelve months that stayed more than 30 days. Out of those residents, the facility reported all 97 residents were reassessed 21 to 30 days after their arrival at the facility for risk of sexual victimization based upon any additional relevant information received since intake over the last twelve months.

The staff member responsible for performing risk-screening assessments was asked how long after arrival are residents risk levels reassessed. The CCO stated within 30 days from additional arrival to the facility. When interviewing 10 residents, they were asked if staff had ever asked PREA related questions again during their incarceration. Seven residents stated that they had, 1 resident stated that he had not, and 2 residents could not recall.

The evidence collected for this provision shows that the agency has procedures in place to conduct a 30-day risk screening reassessments based upon additional or relevant information received by the facility. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.241 Provision (g)

WADOC policy 490.820 states in part that; "For-cause PRAs will be completed within 10 business days by the assigned case manager when new information is received suggesting potential for victimization or predation (e.g., reports of behavior while in jail or on the bus in transit, court documents, Pre-Sentence Investigations). If the individual self-discloses information that could impact assessed risk (e.g., previously

unreported prior abuse, sexual orientation/identity). When there is a finding of guilt on certain infractions listed in the PRA, including violent infractions and infractions for sexual assault/abuse. When an employee/contract staff observes behavior suggesting potential for victimization or predation. For victims of substantiated or unsubstantiated allegations of individual-on-individual sexual abuse/assault or staff sexual misconduct.”

When interviewing the staff responsible for conducting risk screening the CCO stated that they do reassess, when warranted, due to additional information received about the resident’s sexual safety. The facility has reported no instances where new information was received regarding sexual victimization and the need to reassess.

The evidence collected for this provision shows that the agency has procedures in place to reassess a resident’s risk of sexual victimization due to a referral, request, or additional information. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.241 Provision (h)

WADOC policy 490.820 states in part that; “Individuals are not obligated to answer PRA questions and cannot be disciplined for refusing to answer or not disclosing complete information in response to assessments.”

When interviewing the staff responsible for conducting risk screening the CCO stated that the agency does not punish residents if they chose not to answer the questions associated with the risk screening assessment.

The evidence collected for this provision shows that the agency has procedures in place to prevent residents from being disciplined for refusing to answer or for not disclosing complete information in response to risk screening. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.241 (I)

The AVRC provide a memorandum of record written by the PREA Coordinator. The memo outlines the appropriate controls that are in place to protect sensitive information that is collected during risk assessments of residents. The memo states the following:

When interviewing the PREA Coordinator, she was asked who has access to the residents’ risk screening information. The coordinator explained that the information is stored in the agency OMNI (jail management) system which has restricted access and is only to CCO’s and Reentry Center Managers. The staff member responsible for conducting risk screening (CCO) explained that only certain positions have access depending on their job description and permissions granted by the system such as “Community Corrections Officers, Supervisors, and Sergeants.”

The evidence collected for this provision shows that the agency has procedures in

	<p>place to control access to the risk screening information collected by the facility and that the information is not exploited. Therefore, through document review and interviews conducted, the facility has demonstrated that it meets this provision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring screening for risk of 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>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <ul style="list-style-type: none"> <li>a) WADOC Policy 490.820 Risk Screening</li> <li>b) WADOC Policy 300.380 Classification &amp; Custody</li> <li>c) WADOC Policy 490.700 Transgender, Intersex and Non-Binary Individuals</li> <li>d) PREA Risk Assessment (PRA) Housing Guide</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>1. Interview with Staff performing Risk Screening.</li> <li>2. Interview with PREA Coordinator</li> </ul> <p>Observations made during the on-site audit and document review.</p> <p>115.242 Provision (a)</p> <p>WADOC policy 490.820 states in part that; “Before placing the individual in a multi-person cell/room, employees responsible for making housing assignments will review the PRA identifier to ensure the compatibility of cell/roommates. For individuals 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 housing assignment. Employees will document the review in a PREA Housing chrono entry for each cell occupant. Housing compatibility reviews and related PREA Housing chrono entries are not required for individuals being placed in dedicated single person cells (e.g., Intensive Management Unit,</p>

segregation, mental health units) unless more than one individual is placed in the cell. If an individual is transferring between facilities, housing reviews can be completed in advance of the individual's arrival as long as a review is done to ensure the individuals assigned to the designated cell have not changed before the arriving individual is placed in the cell. An individual who scores at potential risk for sexual victimization will not be housed in the same cell/room as an individual who scores at potential risk for sexual predation or as a dual identifier. An individual who scores as a dual identifier can only be housed in the same cell/room with an individual who scores as no risk identified. Facilities with dormitory/open housing will establish procedures for appropriate bed assignments for at risk individuals." The policy further states that, "PRA information will be reviewed when making job and programming assignments per DOC 300.380 Classification and Custody Facility Plan Review."

The PREA Coordinator stated during the interview that risk screening is part of the classification process and that they try to make sure possible victims are kept separate from possible abusers. She further stated that the CCO does that work. The staff member responsible for conducting risk screening stated during her interview that the assessment is used to gather information to determine housing, education, work assignments, and programs.

The evidence collected for this provision shows that the agency uses the information gathered during the risk screening process to influence the decision on where a resident may be housed, attend programs, and where a resident works. Separating those residents at elevated risk of being sexually victimized. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.242 Provision (b)

WADOC policy 490.820 states in part that; "Before placing the individual in a multi-person cell/room, employees responsible for making housing assignments will review the PRA identifier to ensure the compatibility of cell/roommates."

During the interview process, the Auditor asked the staff member responsible for risk screening how the facility uses the information from the risk screening to keep residents safe. The CCO stated that the information gathered during the screening is to identify who may be a potential resident victim and who may be a possible resident aggressor and house those residents accordingly.

The evidence collected for this provision shows that the facility makes individualized determinations about how to ensure the safety of each resident. Therefore, through document review, and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.242 Provision (c)(d)

WADOC policy 490.700 states in part that; "Each Prison and Reentry Center will establish and maintain a Facility Multidisciplinary Team (MDT) Review Committee.

The committee will ensure all individuals under Department jurisdiction have equal access to programs and services. Convene within 15 days if an individual discloses transgender, intersex, and/or non-binary identity at any time during incarceration and it has not been previously documented. Gather all associated documentation and review housing and programming assignments to make recommendations based on objective safety protocols and consideration of the individual's desired housing assignment. Ensure local management recommendations are submitted to Headquarters MDT within 15 business days."

The PREA Coordinator was interviewed and asked how the agency determines housing and programs for transgender or intersex residents. The PREA Coordinator stated that the transgender resident fills out a disclosure form that identifies the residents search preference, housing preference, and what their showering and medical needs, are. The facility uses a multi-disciplinary team to conduct housing assignments and programs for transgender residents. She also stated that the facility considers management or security problems. The PREA Coordinator also indicated that the resident's request would be taken into consideration.

The facility reported no transgender or intersex residents being housed at the AVRC at the time of the on-site audit phase. Therefore, the Auditor was unable to conduct interviews with any transgender resident and unable to provide their perspective regarding this provision.

The evidence collected for this provision shows that the facility does consider housing assignments involving transgender and intersex individual on a case-by-case basis. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.242 Provision (e)

WADOC policy 490.700 Attachment RCW 42.56 Housing Review for Transgender, Intersex, and Non-Binary Individuals asks, "What shower arrangements are currently in place and what is the individual's own view with respect to showering arrangements currently in place?"

The PREA Coordinator and the staff member responsible for conducting risk assessments were interviewed and asked if transgender and intersex residents are afforded the opportunity to shower separately from other residents and the CCO stated that, "Yes, they are allowed to shower separately." The coordinator also stated, "They are able to shower separately at the AVRC." The facility reported no transgender or intersex residents being housed at the AVRC at the time of the on-site audit phase. Therefore, the Auditor was unable to conduct interviews with any transgender resident and unable to provide their perspective regarding this provision.

The evidence collected for this provision shows that the agency has procedures in place to allow transgender and intersex residents to shower separately from other residents. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

	<p>115.242 Provision (f)</p> <p>WADOC PREA policy 490.800 states in part that, “The Reentry Center Manager will coordinate local PREA compliance and conduct periodic reviews of housing assignments to ensure individuals who identify as lesbian, gay, bisexual, transgender, intersex, or non-binary are not grouped together within a facility based solely on this status”</p> <p>WADOC policy 490.700 states in part that; “The Department has established procedures to ensure equitable treatment of transgender, intersex, and/or non-binary individuals when determining housing, classification, programming, and supervision.”</p> <p>During the interview process the PREA Coordinator she confirmed that the facility was not under any consent decree, legal settlement, or legal judgment requiring the facility to separate the LGBTQ community from everyone else. The PREA Coordinator stated during her interview that it is against policy and standards to segregate those residents identified as LGBTQ solely on their sexuality.</p> <p>The evidence collected for this provision shows that the agency has procedures in place to address not placing LGBTQ resident in designated housing blocks based solely on their sexual orientation. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring the use of screening information.</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <ul style="list-style-type: none"> <li>a) WADOC Statewide Orientation Handbook</li> <li>b) PREA Reentry Brochure</li> <li>c) WADOC PREA Policy 490.800</li> <li>d) State of Washington DOC Intergovernmental Agreement with State of Colorado DOC</li> </ul>

- e) Colorado PREA Reporting Log
- f) WADOC ADA Compliance Manager Memorandum of Record
- g) PREA Brochure for Staff, Contractors, and Volunteers
- h) WADOC Policy 490.850
- i) PREA Zero Tolerance Poster in English, and Spanish

Interviews:

1. Interviews with random staff
2. Interviews with random residents
3. Interview with PREA Coordinator

Observations made during the on-site audit and document review.

115.251 Provision (a)

The facility has provided multiple ways to report a sexual abuse or sexual harassment allegations in a private setting. These reporting options are listed in written policy, confirmed through interviews, and observed through posters and handouts. WADOC PREA policy 490.800 states in part that; "Individuals under the Department's jurisdiction will be provided PREA-related information, which will include information on the Department's zero tolerance stance and ways to report sexual misconduct. Information will be provided, in writing and verbally, in a manner that is clearly understood and allows the individuals to ask questions of the facilitating staff member. Individuals will be provided additional PREA information, including an informational brochure, during formal orientation per DOC 310.000 Orientation."

The PREA Reentry Brochure provided to each resident during orientation specifically addresses five ways to report an allegation of sexual abuse or harassment. This includes making a verbal report to any staff member, or by submitting in writing, through the kiosk using the resolution process. The resident can send legal mail addressed to the State Attorney General, local law enforcement, or PREA Coordinator, call the PREA Hotline at 1-800-586-9431, or submit a DOC-21-379 to an outside reporting entity. The resident can also have a 3rd party make a report for the alleged resident victim. The contact information and phone numbers are also provided in the WADOC Statewide Orientation Handbook. In addition, PREA posters are displayed throughout the facility both in English and in Spanish listing the ways an individual can report an allegation of sexual abuse.

During the on-site audit, the Auditor performed 10 random staff interviews and 10 resident interviews. Of the 10 random staff that were interviewed: 1 staff member could identify four ways to report, 5 staff members could identify three ways, and 4 staff members could identify two ways to report a sexual abuse allegation. Of the 10 residents that were interviewed, 4 residents could offer three ways to report sexual

abuse, and 6 residents could offer two ways to report sexual abuse. Every resident interviewed could name at least three ways to report an allegation of sexual abuse.

During the on-site review, the Auditor observed and documented PREA posters posted in both housing units and in public areas throughout the facility. The Auditor contacted Just Detention International and confirmed that they had not received any sexual abuse allegations during this rating period. The Auditor test called the PREA Hotline while conducting the on-site facility tour. The call was made on 8/19/2024 at approximately 1042 hours. The PREA Coordinator received an email confirming receipt of the call on that day at approximately 1050 hours and forwarded the email chain to the Auditor. Finally, the Auditor had several conversations with residents during the facility tour asking them if they knew how to report sexual abuse. Those residents indicated that they could report sexual abuse by utilizing the phone PREA hotline, verbally to staff, and/or using the kiosk.

The facility reported no instances during this rating period where the facility received a sexual abuse or harassment allegations by the means of reporting in writing, anonymously, hotline, or third-party.

The evidence collected shows that the facility has provided multiple ways to report sexual abuse or sexual harassment. The evidence also shows that many staff and residents are aware of those reporting procedures by confirming the information is being provided. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.251 Provision (b)

WADOC PREA policy 490.800 states in part that; "Written report to an outside agency for individuals in a Prison or Reentry Center. These reports will be made using DOC 21-379 Report of PREA Allegation to an Outside Agency. Individuals can remain anonymous by not identifying themselves on the form. The forms will be available in areas accessible to individuals in Prisons, with preaddressed envelopes attached or on bulletin boards in Reentry Centers."

The agency has provided information regarding an Intergovernmental Agreement between the Colorado DOC and WADOC. The contract allows for residents housed in Reentry Centers to write to the Colorado DOC and remain anonymous upon request. The forms and self-addressed envelopes are made available to the residents on informational boards located in the recreational areas. Both agencies are required to maintain a log of all allegations received and forwarded. Once an allegation is received by the Colorado DOC they agree to log the correspondence and immediately forward the claim or allegation by scanning and emailing it to the responsible party, without regard for whether the form is apparently complete or incomplete. During the facility site review, the Auditor made note that the outside reporting forms and self-addressed envelopes were missing in the male housing unit recreational areas. The Reentry Center Manager was made aware and immediately placed more forms and envelopes in the informational boards.

The facility provided a copy of the Colorado allegations log received by the WADOC.



The log contained 104 allegations/correspondences. However, the Auditor found no evidence that any correspondence came from the AVRC.

The evidence collected for this provision shows that the facility has provided at least one way for a resident to report abuse or harassment to a public or private entity not affiliated with the agency and remain anonymous upon request. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

#### 115.251 Provision (c)

AVRC policy 490.850 states in part that; "Staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident." The policy further states that, "Staff who fail to report an allegation or incident, or who knowingly submit or coerce/threaten another to submit incomplete or untruthful information, may be subject to corrective/disciplinary action."

During staff interviews, the officers explained that their duties were to immediately write a report recording the verbal sexual allegation. The officers also stated that the report would be immediate. When further questioned about the term "immediate" the officers stated no later than by the end of their shift. In addition, all the PREA posters displayed throughout the facility state that an allegation of sexual abuse can be reported verbally. When interviewing the residents, 8 of them acknowledged being able to report verbally and in writing.

The evidence collected for this provision shows that the facility has demonstrated that they accept, and document sexual abuse reports verbally, in writing, and from third parties. It has also been determined that these reports have been handled in a timely fashion. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

#### 115.251 Provision (d)

AVRC has reported that staff are made aware that the method to report sexual abuse or sexual harassment of residents privately is to notify the Appointing Authority. The Auditor found this information in the Staff PREA Training, page 64, section 5.19 (What Happens Next). The text states in part that, "A confidential Incident Management Reporting System (IMRS) report will be completed as soon as possible, but no later than the end of the shift. If the allegation is against the Shift Commander/CCS, then staff may report directly to the Appointing Authority or Duty Officer." Of the 10 random staff members interviewed; 4 officers were not sure, the hotline was mentioned 3 times, the Appointing Authority or Duty Officer were mentioned 2 times, and the PREA Coordinator was mentioned once. This was of concern to the Auditor and made his discovery known to the Reentry Center Manager and PREA Coordinator.

	<p>Recommendation: The Auditor is recommending that remedial training be conducted to all security staff regarding the agency/facility procedure on how staff can privately report sexual abuse and sexual harassment of residents.</p> <p>The evidence collected for this provision shows that the agency has demonstrated that they do provide staff with a private method of reporting sexual abuse or sexual harassment of residents. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.</p> <p>Conclusion</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring the agency provide multiple internal ways for residents to privately report sexual abuse or sexual harassment.</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>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <ul style="list-style-type: none"> <li>a) WADOC PREA Policy 490.800</li> <li>b) WADOC Secretary Memorandum dated 09/21/22</li> </ul> <p>Observations made during the on-site audit and document review.</p> <p>The facility has provided a memorandum of record by the WADOC Secretary that places limitations on what allegations can be handled through the grievance process. The memorandum states the following:</p> <p>The Prison Rape Elimination Act (PREA) standards 115.52 and 115.252 detail out the requirements of PREA allegations received through grievance systems. The Washington State Department of Corrections (WADOC) does not process PREA-related allegations through the Resolution Program. Complaints and grievances alleging any form of sexual assault, sexual abuse, sexual harassment and/or employee sexual misconduct are immediately processed in accordance with DOC policy 490.800, Prison Rape Elimination Act (PREA) Prevention and Reporting.</p> <p>All allegations are reviewed by the Headquarters PREA Unit. If it is determined that the information received does not fall within established PREA definitions, the allegation is returned to the facility as “not PREA” and the incarcerated individual is</p>

allowed to pursue the issue through the Resolution Program. If the issue falls within the scope of PREA, a formal investigation is initiated and forwarded to the appropriate Appointing Authority for oversight and findings. All investigation finding decisions remain with the Appointing Authority. All investigations resulting from grievances are subject to the same level of review, notification and follow-up as PREA investigations initiated from other sources of information.

WADOC strongly believes that this allows PREA allegations received through this process to be handled with the same level of importance and scrutiny as allegations received in any other manner. Additionally, there are no time limits within which an incarcerated individual may submit a PREA- related allegation through the resolution program.

Although PREA investigations are not subjected to specific policy defined timelines for completion, DOC policy 490.860, Prison Rape Elimination Act (PREA) Investigation states: "The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving individuals under the jurisdiction or authority of the Department."

If an investigation has been open for a period of 90 days or more, it is reviewed for status and issues that may need to be resolved by the agency PREA Coordinator and/or responsible Appointing Authority. This allows for oversight of investigations without restricting the investigation, particularly in cases involving law enforcement or issues such as witness availability, evidence processing, etc.

Generally, incarcerated individuals are required to exhaust their administrative remedies (i.e., the resolution program) before filing litigation. Since WADOC removes PREA allegations from that established process, the submission of a formal resolution would not be a prerequisite for an incarcerated individual to file related litigation.

The agency's procedure is that grievances received about sexual assault and sexual harassment will be accepted and reviewed regardless of when the incident took place. The agency protocol is if a PREA allegation through a grievance is received, it must immediately be directed to the Reentry Center Manager or PREA Coordinator. These individuals will further the investigation into the allegation. The grievance process is immediately stopped, and an administrative investigation is immediately initiated. The AVRC reported no incidents of a resident utilizing the grievance procedure to report an alleged sexual abuse or harassment report during this audit period.

#### Conclusion

The agency has a policy that places limitations on what allegations can be handled through the grievance process. The agency's procedure is that grievances received about sexual assault and sexual harassment will be accepted and reviewed regardless of when the incident took place. The agency protocol is if the Reentry Center Manager or PREA Coordinator receives a grievance alleging sexual abuse or sexual harassment by staff or sexual abuse by a resident, the grievance is immediately handled as a PREA complaint and investigated as such, to include

	<p>assigning it to a PREA Investigator for further investigation. The grievance process is immediately stopped, and an administrative investigation is immediately initiated. Therefore, this standard is not applicable in the meaning and purpose for which it is intended. The grievance process is to serve as a vehicle to provide due process in certain situational incidents in a confinement setting and not the purpose of reporting or investigating a sexual abuse allegation in this facility. However, a resident can use the “grievance” process as a means of reporting sexual abuse allegations. The resident can also use the grievance process to oppose the finding of a sexual abuse investigation as part of their due process and administrative remedies.</p>
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<b>115.253 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>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <ul style="list-style-type: none"> <li>a) WADOC PREA Policy 490.800</li> <li>b) Office of Crime Victim Advocacy OCVA-JDI Support Poster in English &amp; Spanish</li> <li>c) OCVA Brochures in English &amp; Spanish</li> <li>d) WADOC Statewide Orientation Handbook</li> <li>e) Contract #K11494 between the WADOC and OCVA</li> <li>f) Memorandum of Record by the PREA Coordinator regarding 115.253 (b)</li> <li>g) PREA Poster in both English and Spanish. The poster is labeled “Zero-Tolerance” and provides the contact information either by phone or mailing address to the Rape Crisis Center Advocate.</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>1. Interviews with Random Residents</li> </ul> <p>Observations made during the on-site audit and document review.</p> <p>115.253 Provision (a)</p> <p>WADOC PREA policy 490.800 states in part that; “Individuals will have tollfree access to the Sexual Assault Support and Information Line operated by the Office of Crime Victims Advocacy (OCVA). Individuals may call 1-855-210-2087 Monday</p>

through Friday 8:00am-5:00pm to reach an OCVA PREA Support Specialist. Calls will not be monitored or recorded, and an IPIN will not be required. Abuse of the tollfree phone line will be reported to the Superintendent or the Reentry Center 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 450.100 Mail for Individuals in Prison or DOC 450.110 Mail for Individuals in Reentry Centers.”

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 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. OCVA sub-grants funds to the local advocacy agency partnered with each facility to support this work. The AVRC has established a partnership with Aspen Victim Advocacy Services (AVAS) in Yakima, WA.

The Contract between WADOC and OCVA provides outside victim advocacy related to sexual abuse. Documented in the Contract, the OCVA has agreed to provide telephone numbers and mailing addresses to incarcerated victims who request sexual violence crisis intervention services, emotional support, and/or supportive counseling. The OCVA services are provided by mail, or by phone. The contact information for OCVA and JDI are located on the posters displayed in the housing units and the Reentry PREA Brochure. The Auditor observed these posters and brochures during the facility tour. In addition, every resident that is transferred to the AVRC receives a Sexual Abuse Training Orientation. During this orientation, the resident is once again provided contact information for the rape crisis center. This procedure is documented and acknowledged by signature from the resident. The hotline phone call is free of charge to the resident. Outgoing facility mail is not scanned, opened, or read. The crisis intervention services are confidential, and Aspen Victim Advocacy Services in conjunction with OCVA has no duty to report unless involving a juvenile or vulnerable adult or if the resident chooses to report.

During the on-site audit, the Auditor performed 10 resident interviews. 9 residents were aware that services are available outside the facility for dealing with sexual

abuse and one resident stated that he was not sure, or was unaware, of such services. Those residents that were aware of the services also knew how to contact the crisis center. They were also cognizant that the communication with the crisis advocate is confidential. When asked if they could tell me about the kind of services there are; the residents identified a rape crisis center, YMCA, Women's Shelter, and the Barth Clinic.

The facility has reported no instances of reports alleging sexual abuse during this audit period. Therefore, the Auditor did not conduct interviews with residents that reported sexual abuse and cannot provide a perspective from the resident's point of view.

The evidence collected for this provision shows that the facility has procedures in place to provide crisis intervention services from an outside advocacy group free of charge that is confidential. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.253 Provision (b)

WADOC PREA policy 490.800 states in part that; "Individuals will have toll-free access to the Sexual Assault Support and Information Line operated by the Office of Crime Victims Advocacy (OCVA). Individuals may call 1-855-210-2087 Monday through Friday 8:00am-5:00pm to reach an OCVA PREA Support Specialist. Calls will not be monitored or recorded, and an IPIN will not be required." The policy further states that, "Victim advocate communications with individuals and records maintained by OCVA and/or the CSAP are privileged and protected from discovery/disclosure, with the following exception.

Advocates may disclose confidential communication and/or records if:

- The information involves a report of child abuse or abuse of a vulnerable adult,
- Failure to disclose is likely to result in a clear, imminent risk of serious physical injury or death of the individual or anyone else,
- The individual has signed a Release of Information, and/or
- In response to a court order.

The AVRC informs residents through literature in the Orientation Handbook, OCVA & JDI posters and in the PREA Reentry Brochure. The resident reentry orientation also informs the residents that their calls will not be monitored or recorded. In addition, the facility provided the Auditor with a memorandum of record from the PREA Coordinator that explains the following:

"The federal Violence Against Women Act (VOWA) prohibits disclosure of information collected in connection with services requested, utilized, or denied through grantees' and sub grantees' programs within the informed, written, reasonably time-limited consent of the person. Due to these more restrictive confidentiality

	<p>parameters, the advocates providing services and support to offenders require a signed release prior to disclosure of information. Offenders are informed of these confidentiality parameters in brochures regarding access to community victim advocates and in orientation sessions. Our policies and processes may be updated with any revisions to/clarification of VOWA regulations.”</p> <p>The Auditor performed 10 resident interviews. In those interviews, the 9 residents that were aware of these services assumed that the information would remain confidential.</p> <p>The evidence collected for this provision shows that the facility does inform residents of the extent to which their communications are being monitored. Therefore, through agency procedures, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.</p> <p>115.253 Provision (c)</p> <p>The facility has provided a copy of a Contract Renewal Amendment #3 between the WADOC, and Office of Crime Victims Advocacy with an expiration date of 06/30/2025, as proof that confidential emotional support services are being provided to the residents at the AVRC during the entire rating period.</p> <p>The evidence collected for this provision shows that the agency has entered into a Contractual Agreement Contract Renewal with an outside advocacy group to provide the residents emotional support as it relates to sexual abuse. Therefore, through the signed Contract and personal observation the facility has demonstrated that it meets this provision.</p> <p>Conclusion</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring the facility provide residents access to outside confidential support services.</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>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <ul style="list-style-type: none"> <li>a) WADOC PREA Policy 490.800</li> <li>b) PREA Family &amp; Friends Brochure</li> </ul>

- c) WADOC Public Website
- d) PREA Family & Friends Poster

Observations made during the on-site audit and document review.

115.254 Provision (a)

WADOC PREA policy 490.800 states in part that; “Visitors, family members/ associates, and other community members can report allegations by calling the PREA hotline, writing a letter to the PREA Coordinator, or sending an email to DOCPREA@doc.wa.gov.”

The AVRC has provided the following information that is published on their WADOC agency website explaining how someone would report a sexual abuse on behalf of a resident housed in the AVRC.

The Department of Corrections (DOC) is committed to providing a safe, healthy environment for staff and incarcerated individuals. Every report is taken seriously, and all allegations will be thoroughly, promptly, and objectively investigated.

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention & Reporting specifies that incarcerated individuals, visitors, incarcerated individual family members/associates, and other community members can report: Allegations of sexual misconduct, Retaliation of incarcerated individuals or staff for reporting sexual misconduct, and/or Staff actions or neglect that may have contributed to an incident of sexual misconduct.

At the bottom of this statement is a tab that states, “Report Sexual Misconduct”. When someone proceeds to report misconduct the tab allows the public to report in three separate ways. The public can either call a toll-free phone number, send an email, or write a letter to a PREA PO Box.

The evidence collected for this provision shows that the agency has procedures in place to address third-party reports of sexual abuse or harassment both formally and publicly. Therefore, through document review and personal observations, the facility has demonstrated that it meets this provision.

Conclusion

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring a method to receive third-party reports alleging sexual abuse and distribute that information publicly.

<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard



**Auditor Discussion**

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) WADOC PREA Policy 490.850
- b) Interagency Agreement between WADOC and Washington Department of Social & Health Services (DSHS) Adult Protective Services (APS)
- c) Memorandum of Record written by the PREA Coordinator
- d) WADOC Policy 350.550 Mandatory Reporting
- e) AVRC PREA Policy 490.850

Interviews:

- 1. Interviews with Random Staff
- 2. Interview with Reentry Center Manager
- 3. Interview with PREA Coordinator

Observations made during the on-site audit and document review.

115.261 Provision (a)

AVRC PREA policy 490.850 states in part that; "Staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident."

During the interview process, the Auditor interviewed 10 random staff. All 10 staff members stated that they must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to their supervisor. The facility reported no instances of reported alleged sexual abuse or sexual harassment.

The evidence collected for this provision shows that the facility has procedures in place to address immediately reporting any knowledge, suspicion, or information regarding sexual abuse or sexual harassment. Therefore, through written policy, and interviews conducted the facility has demonstrated that it meets this provision.

115.261 Provision (b)

WADOC PREA policy 490.800 states in part that; "Information related to allegations/ incidents of sexual misconduct is confidential and will only be disclosed when

necessary for related treatment, investigation, and other security and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action.”

AVRC policy states that, “Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation, and other security and management decisions.”

During the interview process the Auditor interviewed 10 random staff. All 10 staff members stated that they must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to their supervisor and must only relay information on a ‘need to know’ basis.

The evidence collected for this provision shows that the facility has procedures in place to address not revealing information related to a sexual abuse report to anyone other than to the extent necessary. Therefore, through written policy, and interviews conducted the facility has demonstrated that it meets this provision.

#### 115.261 Provision (c)

AVRC PREA policy 490.850 states in part that; “Individuals will be informed of the requirements of mandatory reporting at reception, and information will be posted in Health Services areas where it can be seen by incarcerated individuals. Health services providers must inform of the duty to report before providing treatment when an individual displays signs/symptoms of sexual misconduct that are identified or observed in the course of an appointment or examination, or discloses to a medical or mental health provider sexual misconduct that occurred while in any correctional setting. When an individual discloses to a medical or mental health provider sexual abuse that occurred in the community, the individual must sign DOC 13-035 Authorization for Disclosure of Health Information before the provider can release the information.”

The AVRC provided the Auditor with a memorandum of record indicating that the facility does not employ or contract any medical or mental health staff at their facility. Because this facility is a work release center, and the residents are permitted to be in the community if routine medical needs are required then the resident can seek professional treatment in the community. If the incident requires immediate medical attention then staff at the center contact the local Recue Unit. The memorandum provided states the following:

“Reentry Centers, to include Ahtanum View Reentry Center, do not offer onsite health services. Residents are referred to community-based health services. This information is provided to reentry center residents in the Reentry Center Handbook page 35. While at the Reentry Center, residents have access to medical, dental, and mental health services in the community.”

The evidence collected for this provision shows that the agency has procedures in place to require medical and mental health practitioners to report any incidents they have been made aware of involving the knowledge, suspicion, or information

regarding sexual abuse. However, the AVRC does not provide medical or mental health services and therefore, this provision is not applicable. Through written policy, and interviews conducted the facility has demonstrated that it meets this provision.

#### 115.261 Provision (d)

The WADOC has provided an Interagency Agreement with the DSHS APS that specifically address and requires the WADOC to report if the alleged victim is under the age of 18 or considered a vulnerable adult under State or local vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

WADOC policy 350.550 states in part that; "Reports of sexual or physical assault involving a vulnerable adult victim, or an act that has caused a vulnerable adult victim fear of imminent harm, will be made to the law enforcement agency with jurisdiction where the act is believed to have occurred. All other reports involving a vulnerable adult victim will be made to Adult Protective Services (APS) at 1-866-363-4276 or per the Department of Social and Health Services (DSHS) website."

When the Reentry Center Manager was interviewed, he stated that the AVRC does not house any juveniles. However, they could house vulnerable adults. The RCM indicated that when notified of such a situation where a vulnerable adult alleges being sexually abused, he would immediately make notification to the Appointing Authority. When interviewing the PREA Coordinator she stated that they would notify the adult/child protective services.

The evidence collected for this provision shows that the agency has procedures in place to require staff to report sexual abuse involving individuals under the age of 18 and vulnerable adults to the designated state or local services in accordance with applicable mandatory reporting laws. Therefore, through written policy, and interviews conducted the facility has demonstrated that it meets this provision.

#### 115.261 Provision (e)

WADOC policy 490.860 states in part that; "Investigators will be assigned by the Appointing Authority/designee and must be trained per DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting."

The Facility has explained that when an allegation of sexual abuse or sexual harassment is received the facility immediately notifies the Appointing Authority to determine if the allegation is a PREA related incident. If so, then the Appointing Authority assigns a Facility Investigator to conduct an administrative investigation.

The Reentry Center Manager was interviewed and explained that all allegations of sexual abuse and sexual harassment (including third-party reports) go through triage and the Appointing Authority assigns a PREA trained investigator.

The evidence collected for this provision shows that the facility has procedures in

	<p>place to ensure that all allegations of sexual abuse are turned over to a PREA designated investigator to initiate an inquiry. Therefore, through written policy, document review, and interviews conducted the facility has demonstrated that it meets this provision.</p> <p>Conclusion</p> <p>Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring staff and agency reporting duties.</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <p>a) AVRC PREA Policy 490.850</p> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Random Staff</li> <li>2. Interview with Reentry Center Manager</li> <li>3. Interview with Agency Head</li> </ol> <p>Observations made during the on-site audit and document review.</p> <p>115.262 Provision (a)</p> <p>AVRC PREA policy 490.850 states in part that; "Upon receipt of an allegation of individual-on-individual sexual assault, the Appointing Authority/Shift Commander/ CCS will immediately direct employees/contract staff to separate the accused from the alleged victim and witnesses. Placement decisions will be based on the seriousness of the allegation. Least restrictive housing options should be considered before placement in restrictive housing. In Reentry Centers, the accused may be transferred to a Prison. Upon receipt of an allegation of individual-on-individual sexual abuse or sexual harassment, the Appointing Authority/Shift Commander/CCS will take necessary actions to protect the alleged victim and will consider:</p> <ol style="list-style-type: none"> <li>1. The nature of the allegation,</li> <li>2. The expressed mental health needs of the alleged victim, and</li> </ol>

	<p>3. Staff observations of the alleged victim’s behavior or demeanor.”</p> <p>The policy further states that, “Upon receipt of an allegation of staff sexual misconduct, the Appointing Authority/CCS will direct that one-on-one contact between the accused and the alleged victim is prohibited while the allegation is investigated. The Appointing Authority may temporarily reassign and/or restrict/modify the job duties of the accused during the investigation. If the accused is a contract staff or volunteer, the Appointing Authority may restrict entry into the facility while the allegation is investigated.”</p> <p>Interviews were conducted with 10 random staff. Of those staff interviewed, all 10 staff members stated that they would immediately remove the resident from the situation. In addition, they stated that they would notify a supervisor, or Appointing Authority. The Reentry Center Manager was also interviewed. In that interview, it was stated that the individual must be kept separate, safe, and a report be made. He also stated that the alleged abuser would be moved to the other side of the facility, and he would initiate retaliation monitoring. The Agency Head stated that his agency has options when they learn that a resident is subject to the risk of imminent sexual abuse. He stated that they can place the alleged abuser back into a prison setting, create a monitoring plan and assign a counselor to manage it. The facility reported no instances requiring immediate action be taken to protect a resident from sexual abuse that occurred during this rating period.</p> <p>The evidence collected for this provision shows that the agency has procedures in place to address when a resident is subject to a substantial risk of sexual abuse and immediate action is taken to protect that resident. Therefore, through written policy, document review, and interviews conducted the facility has demonstrated that it meets this provision.</p> <p>Conclusion</p> <p>Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring agency protection duties.</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <p>a) AVRC PREA Policy 490.850</p>

b) WADOC Policy 490.860 Investigations

Interviews:

1. Interview with Reentry Center Manager
2. Interview with Agency Head

Observations made during the on-site audit and document review.

115.263 Provision (a), (b), and (c)

AVRC PREA policy 490.850 states in part that; "The Appointing Authority will notify the appropriate Appointing Authority or facility administrator within 72 hours of receipt of an allegation when the alleged incident occurred in another Department location or another jurisdiction, or involved a staff who reports through another Appointing Authority."

The AVRC reported no instances over the last twelve months where notification was made to another confinement facility about an allegation of sexual abuse. Therefore, no documentation exists for this provision.

The evidence collected for these provisions shows that the agency has procedures in place to address when an allegation of sexual abuse is received from a resident, but the incident occurred at a different confinement facility. Therefore, through written policy and document review the facility has demonstrated that it meets these provisions.

115.263 Provision (d)

WADOC policy 490.860 states in part that; "The Prison Rape Elimination Act (PREA) Coordinator/designee will review all allegations, determine which allegations fall within the definition of sexual misconduct, and forward those allegations to the appropriate Appointing Authority for investigation."

The AVRC reported no instances where they received sexual abuse allegations from other confinement facilities within the last twelve months. When the Reentry Center Manager was interviewed, he stated that, "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 then it is formally investigated." The Agency Head indicated that the allegation would go through the PREA triage process and be sent to the Appointing Authority for investigation.

The evidence collected for this provision shows that the agency does have a policy in place to address when an allegation of sexual abuse is received from another agency. Also, they have policy in place to govern when and how to handle allegations received by their agency regarding sexual abuse allegations made that occurred at another outside confinement facility. Therefore, through written policy, document review, and interviews conducted the facility has demonstrated that it does meet this provision.

	<p>Conclusion</p> <p>Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring the reporting to other confinement facilities and investigating reports from other confinement facilities.</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>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <ul style="list-style-type: none"> <li>a) AVRC PREA Policy 490.850</li> <li>b) WADOC Crime Scene Containment Form 16-357</li> <li>c) AVRC PREA Policy Attachment 02-007</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>1. Interview with Security Staff First Responders</li> <li>2. Interviews with Random Staff</li> </ul> <p>Observations made during the on-site audit and document review.</p> <p>115.264 Provision (a)</p> <p>AVRC PREA policy 490.850 attachment 6 states in part that; “First Responders will ensure the alleged victim, accused, and possible witnesses have been separated. Request the alleged victim and ensure the accused not destroy physical evidence on their bodies (e.g., no washing, brushing teeth, changing clothes, drinking, eating, urinating, defecating, smoking) unless directed by medical or as needed to transport the individual.”</p> <p>The facility reported no instances of alleged sexual abuse and sexual harassment. An interview with a security staff first responder was conducted. The first responder was asked to describe the actions taken when first on the scene of an alleged resident sexual abuse allegation. The first responder stated that he would make sure the scene was safe, separate the victim and alleged abuser, report to a supervisor, preserve the evidence, write a report, and protect the possible crime scene.</p>

The evidence collected for this provision shows that the agency has procedures in place to address the responsibilities of staff first responders when confronted with an allegation of a resident sexual abuse. Therefore, through written policy, document review, and interviews conducted the facility has demonstrated that it meets this provision.

#### 115.264 Provision (b)

AVRC PREA policy 490.850 states in part that; "Staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a department facility. This also includes related retaliation and knowledge of staff."

The facility has reported that 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.

The facility reported no instances of alleged sexual abuse where the first responder was not a security staff member and the staff member immediately notified security staff. When conducting interviews, 10 random staff were questioned about their responsibilities when confronted with an allegation of resident sexual abuse. The responses were broken down into the following ways. As a side note, the Auditor has incorporated the staff's multiple responses into the listed general topics.

- 9 staff members stated they would separate the victim and abuser
- 3 staff members would also contact a supervisor
- 4 staff members cited preserving evidence
- 8 staff members said they would secure the scene

The Auditor did not interview any contractors/volunteers during this audit because the facility has reported that no contractors or volunteers are ever present at the AVRC.

The evidence collected for this provision shows that the facility has procedures in place to address the responsibilities of non-security staff first responders when confronted with an allegation of a resident sexual abuse. Therefore, through written policy, document review, and interviews conducted the facility has demonstrated that it meets this provision.

#### Conclusion

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring staff first responder duties.



<b>115.265</b>	<b>Coordinated response</b>
	<p data-bbox="280 188 981 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1481 416">The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p data-bbox="280 456 453 492">Documents:</p> <ul style="list-style-type: none"> <li data-bbox="280 528 836 564">a) AVRC DOC 490.850 Attachment 4</li> <li data-bbox="280 600 1264 636">b) WADOC Operating Procedure 075.1 Emergency Operations Plan</li> <li data-bbox="280 672 970 707">c) WADOC Sexual Assault Response Checklist</li> </ul> <p data-bbox="280 743 437 779">Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="280 815 919 851">1. Interview with Reentry Center Manager</li> </ul> <p data-bbox="280 887 1219 922">Observations made during the on-site audit and document review.</p> <p data-bbox="280 958 564 994">115.65 Provision (a)</p> <p data-bbox="280 1030 1481 1514">The AVRC provided an outlined coordinated response plan in the form of a three-ring binder hard copy institutional plan for the facility to follow when confronted with a resident sexual abuse incident. The documents outlines the procedures/steps to follow and includes the actions of the security first responders, Supervisor’s responsibility, Security Search/Evidence Collection, Facility Investigators, PREA Coordinator Manager, and Facility Leadership/Administrative Responsibilities. The facility’s Coordinated Response Plan is in the form of a hard copy maintained in the facility’s control center. The Auditor reviewed the plan when on-site to ensure the plan contained all the necessary information and directions for all involved. In an interview with the Reentry Center Manager, it was confirmed that the facility uses a coordinated response plan to follow when dealing with incidents of alleged resident sexual abuse.</p> <p data-bbox="280 1550 1481 1720">The evidence collected for this provision shows that the facility has a coordinated response plan to follow during incidents of alleged resident sexual abuse. Therefore, through written policy, and interviews conducted the facility has demonstrated that it meets this provision.</p> <p data-bbox="280 1756 437 1792">Conclusion</p> <p data-bbox="280 1827 1458 1948">Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring a coordinated response.</p>

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with</b>
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	<b>abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="280 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="280 338 1481 416">The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p data-bbox="280 454 451 488">Documents:</p> <p data-bbox="280 526 1449 645">a) Collective Bargaining Agreement between the State of Washington and Washington Federation of State Employees (effective July 1, 2023, through July 30, 2025.)</p> <p data-bbox="280 683 437 716">Interviews:</p> <p data-bbox="280 754 740 788">1. Interview with Agency Head</p> <p data-bbox="280 826 1217 860">Observations made during the on-site audit and document review.</p> <p data-bbox="280 898 584 931">115.266 Provision (a)</p> <p data-bbox="280 969 1457 1211">The facility has reported that the agency functions under the interest only arbitration system as the impasse procedure for negotiations over changes in mandatory subjects of bargaining. This process has no impact on the agency's ability to remove an alleged staff abuser from contact with any offender during the course of an investigation or upon determination of whether, and to what extent, discipline is warranted.</p> <p data-bbox="280 1249 1449 1447">The Auditor reviewed the collective bargaining agreement Article 27 "Discipline" and found no evidence that suggests limitations on 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.</p> <p data-bbox="280 1485 1426 1603">When interviewing the Agency Head, he indicated that nothing in the agreement stops the WADOC from removing, separating, transferring, or disciplining employees.</p> <p data-bbox="280 1641 1473 1883">The evidence collected for this provision shows that nothing in the collective bargaining agreement 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. Therefore, through contractual agreements and interviews conducted, the facility has demonstrated that it meets this provision.</p> <p data-bbox="280 1921 437 1955">Conclusion</p> <p data-bbox="280 1993 1457 2072">Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard.</p>

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<p data-bbox="280 188 981 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1481 416">The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p data-bbox="280 456 453 492">Documents:</p> <p data-bbox="280 524 903 560">a) WADOC Policy 490.860 Investigations</p> <p data-bbox="280 600 437 636">Interviews:</p> <ol data-bbox="280 667 1283 846" style="list-style-type: none"> <li>1. Interview with Agency Head</li> <li>2. Interview with Reentry Center Manager</li> <li>3. Interview with Staff Member charged with Monitoring Retaliation</li> </ol> <p data-bbox="280 887 1219 922">Observations made during the on-site audit and document review.</p> <p data-bbox="280 954 584 990">115.267 Provision (a)</p> <p data-bbox="280 1025 1481 1312">WADOC policy 490.860 states in part that; “Retaliation against anyone for reporting sexual misconduct or participating in an investigation of such misconduct is prohibited, and may result in disciplinary actions if found to have engaged in retaliation, failed to report such activities, or failed to take immediate steps to prevent retaliation. 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.”</p> <p data-bbox="280 1348 1455 1464">The designated staff member charged with monitoring possible retaliation at the AVRC is a Community Corrections Officer. The facility provided a copy of retaliation monitoring form DOC 03-503 as evidence in the PAQ.</p> <p data-bbox="280 1500 1436 1662">The evidence collected for this provision shows that the facility has procedures in place and staff to monitor retaliation associated with reports of sexual abuse. Therefore, through written policy and document review the facility has demonstrated that it meets this provision.</p> <p data-bbox="280 1697 584 1733">115.267 Provision (b)</p> <p data-bbox="280 1769 1465 2056">WADOC policy 490.860 states in part that; “When an investigation of individual-on-individual sexual assault/abuse or staff sexual misconduct is initiated, the Appointing Authority/designee of the facility where the alleged victim is housed will monitor to assess indicators or reports of retaliation against alleged victims and reporters. Indicators of retaliation may include, but are not limited to, disciplinary reports, housing/program changes and reassignments, or negative performance reviews.”</p>

When interviewing the Reentry Center Manager, he explained that they could use multiple ways to protect residents or staff from retaliation. The RCM spoke of moving residents within the facility, restricting staff movement, and establishing a retaliation monitoring plan. The Agency Head spoke of the written policy prohibiting retaliation and how his agency would investigate all reports of retaliation, and if found to be substantiated, that the agency would not tolerate that behavior and take corrective action. The staff member charged with monitoring retaliation stated that she remains in touch with the resident for 90 days. She indicated that she meets with the individual and if any concerns were expressed then she would turn over that information to a supervisor. Then the supervisor could change housing or make a transfer. The facility has reported no instances where either residents or staff required retaliation monitoring during this audit period.

The evidence collected for this provision shows that the facility employs multiple protection measures for those residents and staff who fear retaliation. Therefore, through document review, and interviews conducted the facility has demonstrated that it meets this provision.

#### 115.267 Provision (c)

WADOC policy 490.860 states in part that; "Retaliation monitoring will continue for 90 days following notification, or longer if the Appointing Authority/designee determines it is necessary. The Correctional Unit Supervisor/case manager will complete and submit DOC 03-503 PREA Monthly Retaliation Monitoring Report to the Appointing Authority/designee each month."

The Reentry Center Manager stated that when he suspects retaliation, he would make sure the victim and abusers were separated and refer the incident to the Reporting Authority. The staff member charged with retaliation monitoring stated that they monitor individuals for at least 90 days, or longer if she feels it necessary.

The evidence collected for this provision shows that the facility monitors both staff and residents who have alleged sexual abuse or assisted in the investigation for a minimum of 90 days. Therefore, through written policy, document review, and interviews conducted the facility has demonstrated that it meets this provision.

#### 115.267 Provision (d)

WADOC policy 490.860 states in part that; "The PREA Compliance Manager/Specialist at the facility where the report was made will ensure alleged victims and incarcerated reporters are monitored and met with at least monthly."

When conducting the interview with the staff member responsible for monitoring retaliation, she stated that she monitors the situation by checking body language, social group changes, and what they self-report. She also stated that she meets with the individuals involved every couple of weeks or at least once a month.

The evidence collected for this provision shows that the facility monitors residents for retaliation periodically. Therefore, through policy and interviews conducted the

facility has demonstrated that it meets this provision.

115.267 Provision (e)

When conducting the interview with the Agency Head, he was asked if an individual who cooperates with an investigation expresses a fear of retaliation, how does the agency take measures to protect that individual against retaliation? The Agency Head indicated that they would remove the agitator, then investigate and take appropriate action. The Reentry Center Manager stated that the CCO monitors those situations, and that if a resident is engaging in retaliation, they may be moved to a different housing assignment or to an entirely different facility. The RCM also stated that if staff were engaged in retaliation, then the staff member would be dealt with using the disciplinary process.

The evidence collected for this provision shows that the facility has procedures in place to address protection for other individuals who cooperate with PREA investigations from retaliation. Therefore, through written policy the facility has demonstrated that it meets this provision.

115.267 Provision (f)

WADOC policy 490.860 states in part that; "Monitoring activities may be discontinued if the allegation is determined to be unfounded or the individual is released from incarceration." During the interview with the RCM, he indicated that the retaliation monitoring would terminate if the investigation determined the incident alleged was unfounded.

The evidence collected for this provision shows that the facility has procedures in place to address the agency's obligation to continue monitoring for retaliation if the agency determines the allegation is unfounded. Therefore, through written policy and interviews conducted the facility has demonstrated that it meets this provision.

Conclusion

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring agency protection from retaliation.

115.271	Criminal and administrative agency investigations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:  Documents:

- a) WADOC PREA Policy 490.800
- b) WADOC policy 490.860 Investigations
- c) WADOC policy 400.360 Polygraph Testing
- d) Appointing Authority training curriculum
- e) Interview Acknowledgement Form 03-484
- f) Memorandum of Record from the PREA Coordinator

Interviews:

1. Interview with Reentry Center Manager
2. Interview with Investigative Staff
3. Interview with PREA Coordinator

Observations made during the on-site audit and document review.

115.271 Provision (a)

WADOC policy 490.860 states in part that; “The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving individuals under the jurisdiction or authority of the Department.”

The AVRC reported not having any PREA investigations during this audit period. During the interview with the investigative staff, the investigator stated that an administrative investigation is initiated once notification is made by the Appointing Authority. This process usually takes about 3 to 4 days. Then the investigator indicated that the investigation usually takes between 30 to 60 days. Finally, the investigator stated that anonymous and third-party reports are handled exactly in the same manner as all other sexual abuse allegations.

The evidence collected for this provision shows that the agency has procedures in place to ensure that it investigates sexual abuse allegations promptly, thoroughly, and objectively. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.271 Provision (b)

WADOC PREA policy 490.800 states in part that, “Investigators will be assigned by the Appointing Authority/designee and must be trained per DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting.”

The AVRC reported that the WADOC has 37 PREA certified Facility Investigators statewide. During the pre-audit phase, this Auditor requested training records for the PREA investigators. The facility provided that information and the Auditor verified that those investigators had received special sexual abuse training in a confinement setting. During the interview process, the Facility Investigator

confirmed that she had received the initial training in 2019. The PREA Coordinator provided a certificate of completion for Facility Investigator that would more than likely be responsible for conducting investigations at the AVRC and the investigator the Auditor interviewed. The Facility Investigator was also interviewed and indicated that she had attended an investigator class that combined sexual abuse investigations and administrative investigations.

The evidence collected for this provision shows that the agency has procedures in place to ensure that only specially trained sexual abuse investigators conduct investigations into sexual abuse allegations. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.271 Provision (c)

WADOC policy 490.860 states in part that; "Investigators will submit the investigation report and DOC 02-382 PREA Data Collection Checklist to the appropriate Appointing Authority/designee. All reports will follow DOC 02-351 Investigation Report. Photocopies/photographs of all physical evidence and evidence cards will be included in the investigation report. 2. Electronic evidence (e.g., video recording, JPay message, telephone recording) used as part of an investigation will be submitted with the investigation report." In addition, AVRC PREA policy 490.850 Attachment 1 states that, "When possible, the assigned investigator should conduct all investigative interviews. While an in-person interview is preferred, conducting an interview telephonically or by video conference may be used. During the meeting, the investigator will take notes and may audio record the interview. The individual will be asked specific questions about the alleged incident.. The role of the investigator is to collect information and evidence. They do not make a decision on the case, nor do they provide their opinion."

The AVRC reported not having any PREA investigations during this audit period.

When conducting the interview with the Facility Investigator, she stated that usually the facility staff would be responsible for initially collecting circumstantial evidence and only in a criminal allegation would direct evidence be collected, and that would be done by the local law enforcement agency. When interviewing the Yakima PD detective, he indicated that if the allegation looked as if it were criminal in nature an investigative plan would be created, and witnesses located. He would then begin answering the questions of who, what, when, where, and how. He would also collect evidence, both physical and circumstantial. The detective stated that he would collect forensic evidence, crime scene sketches, photographs, Perk Kit, Buccal swab, and interview all witnesses.

The evidence collected for this provision shows that the agency has procedures in place to ensure that WADOC investigators collect circumstantial evidence and direct evidence. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.271 Provision (d)

The WADOC utilizes form DOC 03-484 known as an (Interview Acknowledgement Form). The form states, "I understand that I am being compelled to answer questions related to conduct that might be criminal. I understand that refusing to cooperate with the investigation may result in me being disciplined for insubordination, up to and including termination of employment/volunteer service or the termination of my contract. I acknowledge that I am required to fully and honestly answer all relevant and material questions. If criminal charges are pending or may be filed against me related to the conduct being investigated, I understand that statements I make in this investigation cannot be used against me in a criminal proceeding pursuant to Garrity v. New Jersey."

There are no examples of investigative reports supporting compelled statements. When asked about compelling staff to answer questions, the Facility Investigator explained that she would first complete the investigation then consult with the Appointing Authority. If necessary, the Appointing Authority would compel the staff member to answer questions.

The evidence collected for this provision shows that the agency has procedures in place governing compelled interviews. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.271 Provision (e)

WADOC policy 490.860 document DOC 02-378 (Investigation Findings Sheet) states in part that; "I have assessed the credibility of the known alleged victim(s), accused, and witness(es) on a personal basis and not on that of the person's status as incarcerated or staff."

The Facility Investigator was interviewed and stated that she treats every allegation the same and handles them in a serious manner. The Investigator also stated that polygraphs are not used to determine truthfulness in allegations of sexual abuse.

The evidence collected for this provision shows that the agency has procedures in place ensuring that an individual's credibility shall not be determined by the person's status as a resident or member of staff. Furthermore, polygraph examinations will not be used as a condition for proceeding with the investigation of a sexual abuse allegation. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.271 Provision (f)

WADOC policy 490.860 document DOC 02-378 (Investigation Findings Sheet) states in part that; "I have reviewed actions of all staff involved to determine whether staff actions or failures to act contributed to the abuse."

When interviewing Facility Investigator, she indicated that she would try to determine, during the administrative investigation if whether staff actions or failure to act contributed to the sexual abuse. The investigator also stated that all



administrative investigations are documented and that witness statements, incident reports, circumstantial evidence, audio, and video evidence would be found in an administrative investigation file.

The evidence collected for this provision shows that the agency has procedures in place to ensure efforts are made to determine if staff actions or failures contributed to sexual abuse. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.271 Provision (g)

WADOC policy 490.860 states in part that; "Records associated with allegations of sexual misconduct will be maintained per the Records Retention Schedule. PREA records may include, but will not be limited to:

1. Incident reports
2. Investigation reports
3. Electronic evidence
4. Investigation findings/dispositions
5. Law enforcement referrals
6. Criminal investigation reports
7. Required report forms
8. Documentation of:
  - a) Ongoing notifications,
  - b) Local PREA Review Committees, and
  - c) Completed DOC 02-382 PREA Data Collection Checklists.

The Detective confirmed that all criminal investigations shall be documented and that the evidence located in the file would be the similar to what is placed in the administrative file. The Auditor did not review any one criminal case because the facility reported no instances of PREA allegations being made during this audit period.

The evidence collected for this provision shows that the agency conducts all criminal investigations. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.271 Provision (h)

WADOC policy 490.860 document DOC 03-505 states in part that; "Based on the information obtained, the allegation appears to be criminal in nature and is therefore being referred to you for criminal investigation. Enclosed you will find the

information currently available regarding the allegation.”

The facility reported that no PREA investigative case during this audit period was referred to either the Yakima Police Department or District Attorney’s Office. The Detective stated that he would refer the case for prosecution at the conclusion of the investigation if there was enough probable cause to believe a crime had been committed.

The evidence collected for this provision shows that the agency does not conduct criminal investigations and that the Police Department will refer substantiated cases for criminal prosecution. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.271 Provision (i)

WADOC policy 490.860 states in part that; “The PREA Coordinator/designee will maintain electronic PREA case records per the Records Retention Schedule. Prior to destruction, all investigation records will be reviewed to ensure the accused has been released from incarceration or Department employment for a minimum of 5 years. If a review of the investigation records reveals that the accused person does not meet this 5-year requirement, the records will be maintained until this requirement is met, even if it exceeds the established retention schedule.”

The evidence collected for this provision shows that the agency has procedures in place to ensure written investigative reports are retained for as long as the alleged abuser is incarcerated or employed by the agency plus five years. Therefore, through written policy and document review the facility has demonstrated that it meets this provision.

115.271 Provision (j)

The Yakima Police Department Detective was asked how he would proceed when a staff member alleged to have committed sexual abuse, terminates employment prior to a completed investigation or when an alleged victim is no longer in custody. The detective explained that he would still follow through with the investigation regardless of if the staff member left employment or if the alleged victim was released from WADOC custody. He stated that he would attempt to provide an outcome to the investigation. The Facility Investigator indicated that she would still continue the investigation, and if necessary, reach out to them to make arrangements to complete the investigation.

The evidence collected for this provision shows that the agency has procedures in place to ensure that an administrative investigation continues regardless of whether the abuser or victim is no longer employed or under the agency’s control. Therefore, through written policy and interviews conducted the facility has demonstrated that it meets this provision.

115.271 Provision (l)

Interviews were conducted with the Reentry Center Manager, PREA Coordinator, and

	<p>Investigative Staff about this provision. The PREA Coordinator, and RCM were asked who investigates criminal allegations of sexual abuse and how would the agency remain informed of the progress of a criminal sexual abuse case. The PREA Coordinator and RCM responded by stating that local law enforcement conducts all criminal investigations. Both indicated that the RCM is responsible for staying informed about any pending criminal case. Finally, the Facility Investigator was asked what role she plays in a criminal investigation from an outside agency. The investigator explained that she would act in a supportive role and accommodate their requests.</p> <p>The evidence collected for this provision shows that the agency has procedures in place to try and stay informed about ongoing criminal sexual abuse investigations amongst their own facilities. Therefore, through written policy and interviews conducted the facility has demonstrated that it meets this provision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring criminal and administrative agency investigations.</p>
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<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <ul style="list-style-type: none"> <li>a) WADOC Policy 490.860 Investigations</li> <li>b) Revised Code of Washington (RCW) 72.09.225</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>1. Interview with Investigative Staff</li> </ul> <p>Observations made during the on-site audit and document review.</p> <p>115.272 Provision (a)</p> <p>WADOC policy 490.860 states in part that; “For each allegation in the report, the Appointing Authority will determine whether the allegation was determined to have occurred by a preponderance of the evidence.” In addition, RCW Sexual misconduct by state employees’ states that, “The secretary shall immediately institute proceedings to terminate employment of any person who is found by the</p>

	<p>department, based on the preponderance of the evidence, to have engaged in sexual intercourse or sexual contact with an inmate or resident.”</p> <p>The Facility Investigator was asked what evidence is required to substantiate allegations of sexual abuse. She stated that in an administrative investigation, the preponderance of the evidence or 51% of the evidence suggests one way or the other.</p> <p>The evidence collected for this provision shows that the agency has procedures in place to not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual assault is substantiated. Therefore, through written policy, and interviews conducted, the facility has demonstrated that it meets this provision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring evidentiary administrative investigations.</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>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <p>a) WADOC Policy 490.860 Investigations</p> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Reentry Center Manager</li> <li>2. Interview with Investigative Staff</li> </ol> <p>Observations made during the on-site audit and document review.</p> <p>115.273 Provision (a)</p> <p>WADOC policy 490.860 states in part that; “For each allegation in the report, the Appointing Authority will determine whether the allegation is substantiated, unsubstantiated, or 3. Unfounded. Once the Appointing Authority has made a determination, the alleged victim will be notified of the findings. The Appointing Authority/designee of the facility where the individual is housed will inform the individual of the findings in person, in a confidential manner. Notification may be</p>

provided in writing if the individual is in restrictive housing. If the individual has been released, the Appointing Authority will inform the individual of the findings in writing to the last known address as documented in the electronic file. Following an investigation into a resident's allegation that they suffered sexual abuse or sexual harassment in a DOC facility, the resident must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded."

During the interview with the Facility Investigator and RCM they both indicated that the resident victim would be notified, in person, in a confidential manner. The facility has reported no instances during this audit period where notification of a case findings were made to a resident.

The evidence collected for this provision shows that the agency has procedures in place to inform the residents who allege sexual abuse of the findings of the investigation. Therefore, through written policy, and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.273 Provision (b)

WADOC policy 490.860 states in part that, "Investigation reports received from law enforcement will be submitted as an attachment to the final PREA investigation report."

The facility has reported that upon completion of a criminal investigation, a copy of the law enforcement investigation is requested and attached to the final administrative PREA investigation. Referrals are noted in the administrative investigation report and associated documentation is included in the report packet. Administrative findings are documented on the investigative finding sheet along with documentation of notification to the victim. AVRC reported that they had not conducted any investigations during this audit period.

The evidence collected for this provision shows that the facility has procedures in place to ensure that when an investigation is completed by an outside facility, the resident is informed of the findings. Therefore, through document review the facility has demonstrated that it meets this provision.

#### 115.273 Provision (c)

WADOC policy 490.860 states in part that; "Substantiated/unsubstantiated allegations of staff sexual misconduct against employees the alleged victim will be notified:

- 1) When the accused employee no longer works at the facility,
- 2) When the accused employee is no longer regularly assigned to the individual's housing unit, and
- 3) If the Department learns that the accused employee has been indicted on or convicted of any charge related to staff sexual misconduct within the facility."

The evidence collected for this provision shows that the agency has procedures in place to inform alleged resident victims when the alleged staff perpetrator's criminal circumstances change due to the sexual abuse allegation. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.273 Provision (d)

WADOC policy 490.860 states in part that; "Individual-on-individual allegations of sexual assault or abuse the alleged victim will be notified if the Department learns that the accused has been indicted on or convicted of a charge related to sexual assault or abuse within the facility. The PREA Coordinator or designee will track all cases and make required notifications."

The evidence collected for this provision shows that the agency has procedures in place to inform alleged resident victims when the alleged resident sexual perpetrator's criminal circumstances change due to the sexual abuse allegation. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.273 Provision (e)

WADOC policy 490.860 states in part that; "The Department will make the following notifications, in writing, to alleged victims until they are no longer under Department jurisdiction. Individual-on-individual allegations of sexual assault or abuse. The alleged victim will be notified if the Department learns that the accused has been indicted on or convicted of a charge related to sexual assault or abuse within the facility." The policy further states that, "The alleged victim will be notified when the accused employee no longer works at the facility, when the accused employee is no longer regularly assigned to the individual's housing unit, and if the Department learns that the accused employee has been indicted on or convicted of any charge related to staff sexual misconduct within the facility. The Appointing Authority/designee will track all cases, make required notifications, and forward copies to the PREA Coordinator."

The evidence collected for this provision shows that the agency has procedures in place to ensure all notifications and attempted notifications are documented. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring reporting to residents.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) WADOC PREA Policy 490.800
- b) WADOC Policy 490.860 Investigations
- c) Memorandum of Record by the WADOC Secretary dated 09-29-2022

Observations made during the on-site audit and document review.

115.276 Provision (a)

WADOC policy 490.860 states in part that; “Employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies”.

The facility has reported no instances where staff was disciplined for violating agency sexual abuse or sexual harassment policies during the audit period.

The evidence collected for this provision shows that the agency has procedures in place to ensure staff will be subject to disciplinary actions for violating the agency’s sexual abuse and sexual harassment policies. Therefore, through written policy the facility has demonstrated that it meets this provision.

115.276 Provision (b)

The facility has provided a memorandum of record written by the Secretary of the WADOC, which states that, “Agency Human Resource policies do not specify termination as a presumptive discipline in instances of sexual abuse.” However, RCW 72.09.225, “Sexual misconduct by state employees, contractors” states in part: “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; or (b) Upon a guilty plea or conviction for any crime specified in chapter 9A.44 RCW when the victim was an inmate.”

The AVRC has reported that the facility has not had any staff terminated due to violating the agency’s PREA policy during this audit period. There have been no substantiated cases involving staff violating the agency’s sexual abuse or sexual harassment policies and no staff has been terminated based on PREA violations during this audit period.

The evidence collected for this provision shows that the agency has procedures in place to ensure that termination should be the presumptive disciplinary action for

staff who have engaged in sexual abuse. Therefore, through written policy and document review the facility has demonstrated that it meets this provision.

#### 115.276 Provision (c)

The facility has provided a memorandum of record written by the Secretary of the WADOC, which states that, "The Washington Department of Corrections employees must adhere to all applicable state and federal laws. In relation to a PREA allegation, the Department shall conduct proceedings for staff who have engaged in sexual misconduct in accordance with RCW 79.02.225. Sanctions for violations of agency policies related to sexual misconduct (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the act committed, the staff member's employment history and the sanctions imposed for comparable offenses by other staff with similar histories."

The facility reported that there have been no staff disciplined for any PREA related allegations associated with sexual abuse or sexual harassment during this rating period. The document review of the administrative files conducted by the Auditor confirmed this statement.

The evidence collected for this provision shows that the agency has procedures in place to discipline staff who violate sexual abuse or sexual harassment policies, but do not engage in sexual abuse. Therefore, through written policy and document review the facility has demonstrated that it meets this provision.

#### 115.276 Provision (d)

WADOC policy 490.860 states in part that; "In cases of substantiated staff sexual misconduct telephone, mail including eMessaging, and visiting restrictions will be imposed between the employee/contract staff and the named victim(s) per DOC 450.050 Prohibited Contact. The Appointing Authority will ensure the finding(s) is reported to relevant licensing bodies and any other substantiated misconduct discovered during a PREA investigation will be reported to relevant licensing bodies."

The AVRC reported that no staff member has been terminated for PREA policy violations and therefore, no law enforcement agency or licensing bodies were contacted during this audit period.

The evidence collected for this provision shows that the agency has procedures to contact law enforcement and licensing bodies when a staff member is terminated or resigns due to an alleged violation of the agency's sexual abuse or sexual harassment policies. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring disciplinary sanctions for staff.



115.277	Corrective action for contractors and volunteers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <ul style="list-style-type: none"> <li>a) WADOC PREA Policy 490.800</li> <li>b) WADOC Policy 490.860 Investigations</li> <li>c) WADC Policy 450.050 Prohibited Contact</li> <li>d) Memorandum of Record written by the Deputy Secretary of WADOC regarding termination of contract staff or volunteers with applicable criminal histories</li> <li>e) Revised Code of Washington RCW 72-09-225</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>1. Interview with the Reentry Center Manager</li> </ul> <p>Observations made during the on-site audit and document review.</p> <p>115.277 Provision (a)</p> <p>WADOC policy 490.860 states in part that; “Contract staff and volunteers, who are found to have committed staff sexual misconduct, will be terminated from service and prohibited from contact with individuals under the Department’s jurisdiction. For any other violations of Department PREA policies, appropriate actions will be taken. For contract staff terminations the Appointing Authority will notify the contract staff/organization in writing with a copy to the PREA Coordinator/designee, who will alert all facilities of the termination. Facilities will establish procedures to track contract staff terminations and notify appropriate control points to ensure facility access is not granted.” In addition, AVRC PREA policy 490.850 Attachment 1 (PREA Investigation Process) states that, “When a new investigation is opened, it is assigned to an Appointing Authority (e.g., Superintendent, Health Services Administrator, Reentry Center Administrator) where the alleged incident occurred or where an accused staff member reports. The case is then assigned to a staff member who has received specialized training in administrative investigations. If the allegation appears to be criminal in nature, it will be referred to law enforcement, and they may decide to investigate the allegation.”</p> <p>The facility reported no instances where there have been PREA allegations involving contractors or volunteers violating the agency’s sexual abuse or sexual harassment policies during this audit period.</p>

The evidence collected for this provision shows that the agency has procedures in place to ensure volunteers or contractors who engage in sexual abuse do not have contact with residents. Therefore, through written policy and document review the facility has demonstrated that it meets this provision.

115.277 Provision (b)

WADOC Operating procedure 135.2 states in part that; “The DOC will take appropriate remedial measures and will consider whether to prohibit further contact with residents, in the case of any other violation of DOC sexual abuse or sexual harassment policies by a contractor or volunteer.” In addition, the facility offered WADOC Operating procedure 027.1 which states in part; “Possible grounds for intern dismissal include failure to comply with DOC procedures, federal or state laws, or unit rules. Every effort should be made to provide appropriate internship training and supervision to help avoid violations and possible termination.” In addition, AVRC PREA policy 490.850 Attachment 1 (PREA Investigation Process) states that, “When a new investigation is opened, it is assigned to an Appointing Authority (e.g., Superintendent, Health Services Administrator, Reentry Center Administrator) where the alleged incident occurred or where an accused staff member reports. The case is then assigned to a staff member who has received specialized training in administrative investigations. If the allegation appears to be criminal in nature, it will be referred to law enforcement, and they may decide to investigate the allegation.”

The facility reported that there have been no substantiated cases involving contractors or volunteers violating the agency’s sexual abuse or sexual harassment policies. Also, no volunteer or contractor has been restricted from contact with residents based on PREA violations during this audit period.

The Auditor interviewed the Reentry Center Manager, and he indicated that if a contractor or volunteer were accused of violating the agency’s sexual abuse or sexual harassment policy then that individual would be banned from coming to the facility until the investigation was complete. If it were determined that the allegation was substantiated, the contractor or volunteer would no longer have access to the facility and the agency would notify the local law enforcement agency.

The evidence collected for this provision shows that the agency has procedures in place to address actions to be taken when a contractor or volunteer violates the agency’s PREA policies but does not engage in sexual abuse of a resident. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard.

<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <ul style="list-style-type: none"> <li>a) WADOC Policy 490.860 Investigations</li> <li>b) WADOC Policy 460.135 Disciplinary Procedures for Work Release</li> <li>c) WADOC PREA Policy 490.800</li> <li>d) Statewide Orientation Handbook</li> <li>e) PREA Reentry Center Handbook</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>1. Interview with the Reentry Center Manager</li> </ul> <p>Observations made during the on-site audit and document review.</p> <p>115.278 Provision (a)</p> <p>WADOC policy 490.860 states in part that; “Individuals in Prison and Reentry Centers may be subject to disciplinary action per DOC 460.050 Disciplinary Sanctions or DOC 460.135 Disciplinary Procedures for Work Release for violating Department PREA policies. For substantiated allegations against an incarcerated individual, a 635, 637, or 659 violation must be written against the perpetrator as applicable. Hearings on PREA-related violations will be heard by the primary Hearing Officer. The Superintendent or designee may assign one alternate Hearing Officer per DOC 460.000 Disciplinary Process for Prisons. The Hearing Officer may request access to review the investigation report from the Appointing Authority or designee. The review will be conducted in the location where the records are maintained. Copies will not be made for this purpose. Appeals of findings or sanctions imposed for PREA-related violations will be submitted to the Deputy Assistant Secretary for Prisons/Gender Responsive Administrator. The individual will be notified of the appeal decision on DOC 09-197 Disciplinary Hearing Appeal Decision.”</p> <p>The facility has reported that there have been no resident-on-resident sexual abuse at the facility that was substantiated during this audit period.</p> <p>The evidence collected for this provision shows that the agency has procedures in place to ensure that residents are subject to disciplinary sanctions following a finding that the resident engaged in resident-on-resident sexual abuse. Therefore, through written policy and document review the facility has demonstrated that it</p>

meets this provision.

115.278 Provision (b)(c)

WADOC policy 460.135 states in part that; “The Hearing Officer will consider only the evidence presented when making a decision, consider factors such as the offender’s overall adjustment to the facility, prior infractions, prior conduct, and mental status, and upon a guilty finding, impose appropriate sanctions per Disciplinary Sanction Table for Prison and Work Release.”

When conducting the interview with the RCM, he was asked what disciplinary sanctions residents are subject to following an investigation that found the resident had engaged in resident-on-resident sexual abuse. In addition, is mental illness considered when determining sanctions? The RCM stated that the resident would be institutionally charged, to include street charges, but the punishment would be determined on the severity of the violation. The institutional charge could consist of loss of good time for up to six months. The RCM also stated that the mental illness part would be considered on the front in deciding if the resident should be charged in the first place due to the disability.

The evidence collected for these provisions shows that the agency has procedures in place to discipline those residents who have been found responsible for engaging in resident-on-resident sexual abuse. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets these provisions.

115.278 Provision (d)

The facility has reported that DOC policy allows for residents found guilty of infractions 611 (committing sexual assault against a staff member), 613 (committing an act of sexual contact against a staff member), 635 (committing a sexual assault against another resident), or 637 (committing sexual abuse against another resident) violations may be sanctioned to a multidisciplinary Facility Risk Management Team (FRMT) review for consideration of available interventions (e.g., mental health therapy, sex resident treatment program, anger management, etc.). However, if this counseling would occur it would be in a prison setting and not at the AVRC.

The AVRC reported in the Pre-Audit Questionnaire that the WADOC does provide therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse but not at a Work Release Facility.

The Auditor did not interview any medical or mental health staff because none of these staff members are employed at the AVRC.

The evidence collected for this provision shows that the agency has procedures in place to provide therapy or counseling designed to address and correct reasons or motivations for sexual abuse. Therefore, through written policy and interviews

conducted, the facility has demonstrated that it meets this provision.

115.278 Provision (e)

WADOC policy 490.860 states in part that; "Alleged victims are not subject to disciplinary action related to violating PREA policies except when an investigation of staff sexual misconduct determines that the staff did not consent to the contact."

The Facility reported no instances during this audit period where residents were disciplined for sexual conduct with a staff member.

The evidence collected for this provision shows that the agency has procedures in place to discipline those residents who have engaged in sexual abuse against staff members. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

115.278 Provision (f)

WADOC policy 490.860 states in part that; "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."

The AVRC has reported no instances of residents making false sexual abuse or sexual harassment allegations where they were disciplined for such action.

The evidence collected for this provision shows that the agency has procedures in place to prohibit those residents that report sexual abuse or sexual harassment in good faith be disciplined regardless of the investigative findings. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

115.278 Provision (g)

AVRC Reentry Center Handbook along with the Statewide Orientation Handbook indicated that consensual and non-coerced sexual activity between residents is prohibited by DOC rules and policies but is not defined as a violation of PREA policies or law.

WADOC PREA policy 490.800 Attachment 1 also states that, "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."

The evidence collected for this provision shows that the agency has procedures in place to prohibit any type of sexual activity between residents and will discipline residents for those activities. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring disciplinary sanction for residents.

<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <ul style="list-style-type: none"> <li>a) WADOC Policy 610.300 Health Services for Work Release</li> <li>b) AVRC PREA Policy 490.850</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>1. Interview with Staff Responsible for Risk Screening</li> <li>2. Interview with Staff First Responder</li> </ul> <p>Observations made during the on-site audit and document review.</p> <p>115.282 Provision (a)(b)</p> <p>WADOC policy 610.300 states in part that; “The Chief Medical Officer is the designated Health Authority for Work Releases that do not have on-site medical services. Health services are only provided by health care professionals acting within the scope of activities authorized by law. Offenders will be given a Point-to-Point Pass to attend approved health care appointments. When attending health care appointments, and/or medical examinations related to serious, infectious, or communicable diseases, offenders will take DOC 14-016 Community Health Care Report for the health care provider to complete. The offender will return the completed form to the Work Release. 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>AVRC does not have medical or mental health personnel on-site. If a medical emergency was to occur within the facility the local Rescue Unit would respond and take immediate action. The resident would be transferred to the local hospital for emergency medical treatment and crisis intervention services.</p> <p>The facility has reported that during the audit period, there were no reported cases of an aggravated sexual assault that required a forensic medical examination.</p> <p>No medical or mental health professionals were interviewed because the facility does not employ these professionals. When interviewing random staff, the staff members stated that they would immediately remove the resident from the situation. When interviewing a first responder he explained that he would make the scene safe, report to a supervisor, preserve evidence, contact 911 (medical personnel), write a report, and protect the crime scene.</p>

The evidence collected for this provision shows that the facility has procedures in place to ensure that residents that report prior sexual victimization 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. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.282 Provision (c)

The AVRC reports that if a resident in a work release facility alleges aggravated sexual assault, he/she is transported to the designated community health care facility. Residents are provided with information regarding emergency contraception and sexually transmitted infection prophylaxis. As no health care personnel work within this facility, the resident would then be referred to community health care resources for follow up care as needed.

The AVRC utilizes the services provided by the Yakima Memorial Hospital Emergency Unit to provide these services. The interview with the SANE Nurse specifically outlined that the hospital would offer information, timely access to emergency contraception, and sexually transmitted infections prophylaxis.

The evidence collected for this provision shows that the facility has procedures in place to ensure that residents are offered information and access to emergency contraception and sexually transmitted infections prophylaxis after allegations of sexual abuse. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.282 Provision (d)

WADOC policy 610.300 states in part that; "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."

The evidence collected for this provision shows that the facility has procedures in place to ensure that residents that report sexual abuse do not incur any financial responsibility due to a sexual abuse allegation. Therefore, through written policy the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring access to emergency medical and mental health services.

**115.283**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) WADOC Policy 610.300
- b) WADOC Policy 630.500 Mental Health Services
- c) Memorandum of Record by the PREA Coordinator
- d) Planned Parenthood Brochure

Observations made during the on-site audit and document review.

115.283 Provision (a) & (b)

WADOC policy 610.300 states in part that; "Health services are only provided by health care professionals acting within the scope of activities authorized by law. 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." In addition, WADOC policy 630.500 states in part that; "A mental health provider will assess the need for mental health services in cases where the individual reports sexual abuse or has been identified as a victim or perpetrator of sexual abuse and is requesting mental health services."

The interviews conducted revealed that medical staff at the emergency room hospital would take the lead on treatment and would consult with the SANE Nurse or an attending physician.

The evidence collected for this provision shows that the agency has procedures in place to ensure the facility offer medical and mental health evaluation and treatment to all residents who have been sexually victimized. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets these provisions.

115.283 Provision (c)

AVRC utilizes the community services provided by the city of Yakima for both medical and mental health treatment. For the purpose of this standard, the treating mental health professional and medical staff are community service workers and are consistent with the community level of care.

The evidence collected for this provision shows that the facility has protocols in place to ensure that residents receive medical and mental health services consistent with the community level of care. Therefore, through interviews conducted the facility has demonstrated that it meets this provision.



115.283 Provision (d) & (e)

WADOC policy 610.300 states in part that; “Female offenders housed in a Work Release will have access to pregnancy management services. 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.”

The evidence collected for this provision shows that the facility has procedures in place to ensure that residents that are victims of vaginal penetration are offered pregnancy tests along with timely information about access to all lawful pregnancy-related medical services. Therefore, through written policy, document review, and interviews conducted, the facility is fully compliant with this provision.

115.283 Provisions (f) & (g)

WADOC policy 610.300 states in part that; “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.” The policy further states that, “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.”

The facility has reported no instances where any resident reported sexual abuse.

The evidence collected for this provision shows that the agency has procedures in place to ensure that residents that are victims of sexual abuse are offered tests for sexually transmitted infections as appropriate. Therefore, through written policy, the facility has demonstrated that it meets this provision.

115.283 Provision (h)

WADOC policy 610.300 states in part that; “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 as assess risk.”

The evidence collected for this provision shows that the facility has procedures in place to attempt to conduct a mental health evaluation of all known resident-on-resident abusers of learning such abuse history. Therefore, through written policy the facility has demonstrated that it meets this provision.

The facility has reported, that during this audit period, the AVRC has not had to provide any medical or mental health services for sexual abuse resident victims or abusers.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor

	has determined that the facility is fully compliant with this standard requiring ongoing medical and mental health care for sexual abuse victims and abusers.
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <ul style="list-style-type: none"> <li>a) WADOC Policy 490.860 Investigations</li> <li>b) DOC Form 02-383</li> <li>c) PREA Incident Review forms</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>1. Interview with the Reentry Center Manager</li> <li>2. Interview with the PREA Coordinator</li> <li>3. Interview with the Incident Review Team Member</li> </ul> <p>Observations made during the on-site audit and document review.</p> <p>115.286 Provision (a) &amp; (b)</p> <p>WADOC policy 490.860 states in part that; “The Appointing Authority/designee will convene a local PREA Review Committee to examine the case for all substantiated and unsubstantiated investigations of individual-on-individual sexual assault/abuse and staff sexual misconduct. Investigations of sexual harassment or those in which all allegations were determined to be unfounded may be reviewed at the discretion of the Appointing Authority. The committee will meet every 30 days or as needed.”</p> <p>The AVRC has reported that they had no cases of sexual abuse during this reporting period. Therefore, no incident reviews were conducted.</p> <p>The evidence collected for these provisions shows that the agency has procedures in place to ensure that an incident review is conducted after every sexual abuse investigation excluding those that are unfounded. In addition, the incident review shall occur within 30 days of the conclusion of the investigation. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.</p>

115.286 Provision (c)

WADOC policy 490.860 states in part that; “The committee will be multidisciplinary and include facility management, with input from supervisors, investigators, and medical/mental health practitioners.”

In the interview with the Reentry Center Manager, he was asked who is part of the sexual abuse incident review team? The RCM stated that the team is made up of upper-level management, first line supervisors, an investigator, and himself.

The evidence collected for this provision shows that the agency has procedures in place to ensure that the review team is made up of upper-level management, supervisors, and investigators. Therefore, through written policy, document review, and interviews conducted the facility has demonstrated that it meets this provision.

115.286 Provision (d) & (e)

WADOC policy 490.860 states in part that; “The committee will review policy compliance, causal factors, and systemic issues using DOC 02-383 Local PREA Investigation Review Checklist. The form covers all the required topic which includes:

- Was the incident or allegation motivated by race, ethnicity, gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status; or gang affiliation, or was it motivated or otherwise caused by other group dynamics at the facility?
- Did physical barriers or physical plant layout enable the abuse?
- Were the Department approved staffing models followed?
- Was the staffing in the affected area adequate?
- Was monitoring technology (e.g., electronic surveillance) available/adequate?”

Finally, the form requires the Appointing Authority review that must be answered the following:

- Is the recommendations by the Local Review Committee accepted?
- If not, provide reasons.
- If yes, provide details regarding implementation dates in the action plan.
- Submit an action plan to the PREA Coordinator/designee when developed and update when tasks have been completed.

Interviews with the RCM, Incident Review Team Member, and PREA Coordinator all revealed that these topics are considered and discussed during the review. The

	<p>facility forwards all incident review documentation to the Appointing Authority for review.</p> <p>The evidence collected for this provision shows that the agency has procedures in place to ensure that the incident review team considers all the above-listed criteria when convening their meetings. Therefore, through written policy, and interviews conducted, the facility has demonstrated that it meets this provision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring sexual abuse incident reviews.</p>
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<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <ul style="list-style-type: none"> <li>a) WADOC PREA Policy 490.800</li> <li>b) WADOC Policy 490.860 Investigations</li> <li>c) WADOC PREA Annual Reports 2014-2022</li> <li>d) Bureau of Justice Statistics Survey 2021-2022</li> </ul> <p>Observations made during the on-site audit and document review.</p> <p>115.287 Provision (a)(b)</p> <p>WADOC policy 490.860 states in part that; “Data will be aggregated at least annually and include available information from investigation reports and incident review committees, as well as from each private facility contracted to confine or house individuals under the Department’s jurisdiction.” The policy further states that, “The report will include an analysis of PREA prevention and response for the Department and for each facility, including high-level summary information and detailed facility data analysis. Findings and corrective actions at facility and Department levels and an assessment of the Department’s progress in addressing sexual misconduct, including a comparison with data and corrective actions from previous years.”</p> <p>The facility has provided the three years’ worth of PREA aggregated data in their</p>

PREA agency annual reports. The 2023 PREA annual report contains comparisons of the current year's data and corrective actions from the previous 10 years' assessment of the agency's progress.

The evidence collected for this provision shows that the agency has procedures in place to collect accurate uniform data for every allegation of sexual abuse. The data collected is used to complete the federal mandated Survey of Sexual Violence questionnaire and aggregated at least annually. Therefore, through written policy and document review, the facility has demonstrated that it meets these provisions.

115.287 Provision (c)

WADOC policy 490.860 states in part that; "All data/reports will be provided on request to the U.S. Department of Justice."

The evidence collected for this provision shows that the agency has procedures in place to collect accurate uniform data for every allegation of sexual abuse. The data collected is used to complete the federal mandated Survey of Sexual Violence questionnaire. Therefore, through written policy and document review, the facility has demonstrated that it meets these provisions.

115.287 Provision (d)

WADOC policy 490.860 states in part that; "Data will be aggregated at least annually and include available information from investigation reports and incident review committees, as well as from each private facility contracted to confine or house individuals under the Department's jurisdiction."

The evidence collected for this provision shows that the agency has procedures in place to maintain, review, and collect data needed from all incident-based documents. The agency then collects all the data from each correctional facility in order to develop the agency's annual report. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

115.287 Provision (e)

WADOC PREA policy 490.800 states in part that; "The Department's PREA Coordinator will ensure a formal audit will be conducted in each Prison and Reentry Center at least once every 3 years by an auditor certified by the United States Department of Justice (DOJ) and oversee monitoring of PREA compliance for private and non-Department public entities contracted for confinement of individuals."

The facility has provided the last three years' worth of PREA aggregated data in their annual reports. The 2023 PREA annual report contains comparisons of the current year's data and corrective actions from the previous 10 years' assessment of the agency's progress. In addition, the facility has provided a copy of their agency's 2021 BJS Survey of Sexual Victimization forms provided to the Department of Justice. The agency collects all the data from each correctional facility in order to develop the agency's annual report. This includes any contracted private facilities.

	<p>The evidence collected for this provision shows that the agency has procedures in place to obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.</p> <p>115.287 Provision (f)</p> <p>WADOC policy 490.860 states in part that; “All data/reports will be provided on request to the U.S. Department of Justice.”</p> <p>The facility has provided a copy of their agency’s 2021 BJS Survey of Sexual Victimization forms provided to the Department of Justice.</p> <p>The evidence collected for this provision shows that the agency has procedures in place to submit their annual SSV report to the Department of Justice. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring Data Collection.</p>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <ul style="list-style-type: none"> <li>a) WADOC Policy 490.860</li> <li>b) Copies of the WADOC 2021 thru 2023 PREA Annual Reports</li> <li>c) The WADOC Official Website</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>1. Interview with Agency Head</li> <li>2. Interview with PREA Coordinator</li> </ul> <p>Observations made during the on-site audit and document review.</p>

115.288 Provision (a)

WADOC policy 490.860 states in part that; “The report will include an analysis of PREA prevention and response for the Department and for each facility, including high-level summary information and detailed facility data analysis. Findings and corrective actions at facility and Department levels. An assessment of the Department’s progress in addressing sexual misconduct, including a comparison with data and corrective actions from previous years.”

The facility has provided the last three years of their PREA Annual Reports as evidence to support compliance with this provision. The reports include all the above elements outlined in this provision, specifically, under the corrective action and summary comparison portions of the annual reports.

Interviews conducted with the Agency Head and PREA Coordinator confirmed that an annual report is generated to assess and improve the effectiveness of the agency’s prevention, detection, and response to sexual abuse.

The evidence collected for this provision shows that the agency has procedures in place to review data collected to better assess and improve the effectiveness of its sexual abuse policies. Therefore, through written reports, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.288 Provision (b)

WADOC policy 490.860 states in part that; “An assessment of the Department’s progress in addressing sexual misconduct, including a comparison with data and corrective actions from previous years.”

The WADOC PREA Annual reports are compared by each institution and the agency as a whole. This includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the agency’s progress in addressing sexual abuse. The 2023 WADOC PREA Annual Report makes comparisons for allegations of sexual abuse over a ten-year period.

The facility has provided the last three years’ worth of PREA annual reports containing comparisons of the current year’s data and corrective actions from the previous year’s assessment of the agency’s progress.

The evidence collected for this provision shows that the agency has procedures in place to ensure that the facilities provide prior year comparisons in its yearly PREA annual report. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

115.288 Provision (c)

WADOC policy 490.860 states in part that; “The report requires Secretary approval. Approved reports will be made available to the public through the Department’s website.”

	<p>The agency has posted the last three years of sexual safety statistics in their PREA Annual Reports located on their website. This is a public website that provides access to those reports. When interviewing the Agency Head, he stated that, “Yes, he the Secretary approves all PREA Annual Reports before being published on the agency website.”</p> <p>The evidence collected for this provision shows that the agency has procedures in place to make the PREA Annual Report public by posting it to their website and that the Secretary must have final approval. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.</p> <p>115.288 Provision (d)</p> <p>WADOC policy 490.860 states in part that; “Information may be redacted from the report when publication would present a clear and specific threat to facility security, but the report must indicate the nature of the material redacted.”</p> <p>The facility reported that the only information redacted from the annual reports are the names of the individuals involved and that there has been no material redacted. The PREA Coordinator stated during her interview that only personal identifiers and threats to safety and security would be the only reasons to redact information from the PREA Annual Report.</p> <p>The evidence collected for this provision shows that the agency has procedures in place to redact only specific information from the PREA Annual Report. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring Data Review for corrective action.</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>Documents:</p> <p>a) WADOC Policy 490.860 Investigations</p>



- b) WADOC 2021-2023 PREA Annual Report
- c) The WADOC Official Website
- d) Memorandum of Record written by the PREA Coordinator

Interviews:

- 1. Interview with PREA Coordinator

Observations made during the on-site audit and document review.

#### 115.289 Provision (a)

WADOC policy 490.860 states in part that; "All PREA data containing personal identifying information will be maintained as Category 4 data per DOC 280.515 Data Classification and Sharing." Agency policy 280.515 states that, "Data will be classified into 4 categories per the Data Classification Standards and Office of the Chief Information Officer. Category 4 Data is confidential information requiring special handling. Data that is specifically protected from release by law and has especially strict handling requirements by statute, regulation, or agreement. May result in serious consequences arising from unauthorized release (e.g., legal sanctions, endanger health/safety)."

The PREA Coordinator was interviewed and asked how the agency ensures that the data collected is securely retained. The PREA Coordinator stated that all PREA-related information is reported in an Incident Management Reporting System (IMRS) within the Offender Management Network System (OMNI). PREA is restricted and confidential and limited to only those staff with a need to know.

The evidence collected for this provision shows that the agency has a procedure in place to secure collected data regarding sexual abuse allegations. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

#### 115.289 Provision (b) &(c)

WADOC policy 490.860 states in part that; "The PREA Coordinator will generate an annual report of findings. The report will include an analysis of PREA prevention and response for the Department and for each facility, including high-level summary information and detailed facility data analysis. Findings and corrective actions at facility and Department levels. An assessment of the Department's progress in addressing sexual misconduct, including a comparison with data and corrective actions from previous years. The report requires Secretary approval. Approved reports will be made available to the public through the Department's website. Information may be redacted from the report when publication would present a clear and specific threat to facility security, but the report must indicate the nature of the material redacted. All data/reports will be provided on request to the U.S. Department of Justice."

	<p>The agency has posted the 2021 through 2023 PREA Annual Reports on their website. This is a public website that provides access to this report. This report can be viewed by going to the agency’s website.</p> <p>The evidence collected for this provision shows that the agency has procedures in place to make the PREA Annual Report public by posting it to their website and that all personal identifiers are redacted prior to publication. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.</p> <p>115.289 Provision (d)</p> <p>WADOC policy 490.860 states in part that; “Records associated with allegations of sexual misconduct will be maintained per the Records Retention Schedule. The Appointing Authority/designee will maintain original PREA case records as general investigation reports per the Records Retention Schedule. The PREA Coordinator/designee will maintain electronic PREA case records per the Records Retention Schedule.”</p> <p>The Office of the Secretary of State for the State Washington Record Retention Schedule requires that all PREA investigations be retained for 50 years.</p> <p>The evidence collected for this provision shows that the agency has procedures in place to ensure sexual abuse data is retained for at least 10 years after the date of the initial collection. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring data storage, publication, and destruction.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PREA Standard 115.401 Frequency and Scope of Audits</p> <p>Provisions (a)(b)(h)(i)(m)(n)</p> <p>This is Ahtanum View Reentry Center’s fourth PREA Audit. The results of the last PREA audit was that the facility met 41 PREA standards, exceeded 0 standards, and 0 standards were not applicable. Each facility under the direct control of the Washington Department of Corrections has been audited at least once during the previous three-year audit cycle. During the previous three-year audit cycle, the</p>

	<p>Washington Department of Corrections ensured that at least one-third of its facilities were audited each year.</p> <p>The Auditor was given full access to and observed all areas of the facility without obstruction. The Auditor received all requested documents or copies of relevant materials. The Auditor was also permitted to conduct all interviews in a private setting with both residents and staff. Finally, the residents were permitted to send the Auditor confidential correspondence in the same manner that legal mail would be handled. This topic was discussed and documented prior to the audit. The Auditor did not receive any resident correspondence during this PREA audit, and therefore the Auditor did not interview any residents regarding confidential correspondence with the Auditor.</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>PREA Standard 115.403 Audit Contents and Findings</p> <p>Provision (f)</p> <p>The Ahtanum View Reentry Center, which is a correctional facility, operated by the Washington Department of Corrections has posted the facility’s previous PREA Auditor’s Summary reports on their agency website. The agency publishes all facility PREA audits on their website and schedules one-third of their facilities to be PREA audited every three years. Therefore, evidence would suggest that this would happen once again after receiving the 2024 PREA audit final report for the Ahtanum View Reentry Center Facility.</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	yes

	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.	yes
<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.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

	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.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
<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.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<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.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	na

	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.)	na
<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.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	na

	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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with 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