



# PREA VULNERABILITY ASSESSMENT

Facility: \_\_\_\_\_

REVISION HISTORY	NEXT ASSESSMENT DUE

- The initial Vulnerability Assessment is completed prior to the first PREA Audit.
- The remaining concerns, open corrective action plan items, and new concerns should be captured in this document.
- There should only be one Vulnerability Assessment per facility after the initial assessment has been completed.
- Annually thereafter, a review is completed to ensure the attached Corrective Action Plan is up-to-date and timelines have been met or if an extension is needed.
- Anytime the facility has made modifications to buildings, added buildings or offices, and/or moved housing units, the Vulnerability Assessment needs to be updated to reflect the modifications and that an assessment was completed.
- The Annual Data Analysis Report will be reviewed by the Appointing Authority/designee and issues identified will be listed below with recommended remedy(ies). This will be added to the Corrective Action Plan for follow up, if needed.
- This is a living document that will continue to capture areas for improvement and changes made to identified issues and/or mitigate risk.
- Revisions to the existing document should be reflected in the "Revision History".
- The item number on the Corrective Action Plan is to correspond with the item numbers from Sections One, where issues and/or risks were identified.
- Mitigation could include changes in procedures, increased patrols, mirrors or camera placement/angle. The resolution is not always about adding cameras.

<b>BUILDING KEY - Identify the Buildings by Rooflines</b>
Example: A-A Building (Public Access, Clinic, TC, Visit, Upper Admin, Lower Admin, Training, Warehouse) B-B Unit (Minimum GP Unit)

**SECTION ONE: IDENTIFICATION OF HIGH RISK AREAS/TIME PERIODS/BLIND SPOTS**

Areas within a facility where sexual incidents have occurred or there is a high risk that a sexual incident may occur, including the time periods that they are most likely to occur. Identify high risk areas within each building/wing and evaluate any associated risk (e.g., low lighting, corner mirrors missing). Include recommendations to address each identified risk area(s), time periods, blind spots, and weaknesses in policies/procedures. The information included may be used to direct applicable action plans.

N/A = Area not in this location/facility

**FACILITY ASSESSED:** \_\_\_\_\_

Area #, Key ID, Number in Location	Potential High Risk/Blind Spots	Location(s)	Specific Location(s) within Area and Comments Regarding Risk and/or Time Period
1	Administrative areas/wings		
2	Barber Shop		
3	Cells/rooms/dorms/tiers/hallways		
4	Dining areas		
5	Greenhouse/garden		
6	Kitchen (e.g., walk-ins, prep areas, bathrooms; are procedures in place for individuals/staff entering the walk-ins)		
7	Laundry (i.e., individual use areas and centralized laundry)		
8	Maintenance		
9	Health Services (medical exam rooms, infirmary rooms, x-ray, laboratory, mental health offices, dental suite) (without clear view into them)		
10	Program areas (e.g., dayrooms, program rooms, classrooms, library)		
11	Offices		
12	Parking lot		
13	Recreation (e.g., gym, yard)		

14	Religious activity area		
15	Smoking areas (Reentry Centers)		
16	Stairways/elevators/walkways		
17	Storage areas/basements/ Closets (no visibility/windows, very little lighting)		
18	Training/conference rooms		
19	Visiting areas		
20	Warehouse		
21	Work areas (e.g., Correctional Industries, Department of Natural Resources, off-site)		
22	Blind/dark corners/ behind buildings/structures		
23	Bushes, trees, landscape barriers		
24	Infrequently used areas (e.g., greenhouse, compost sheds, tool sheds)		
25	Artificial barriers-stack of boxes, piles of dirt		
26	Minimal supervision areas (single man post; cameras in the area; windows/blinds on windows; number of individuals working in the area)		
27	Restrooms/showers (e.g., are there partitions/curtains to address privacy while maintaining security and observation requirements)		
28	Unoccupied rooms		
29	Yard		
<b>Other areas considered (if not covered above)</b>			

**SECTION TWO: AREAS CONSIDERED DUE TO SUBSTANTIATED INVESTIGATION (update yearly)**

Case Number	Allegation Type	Potential High Risk Area	Specific Location(s) within Area and Comments Regarding Risk and/or Time Period

**SECTION THREE: VULNERABILITY ASSESSMENT CORRECTIVE ACTION PLAN**

Facility: \_\_\_\_\_ Date of assessment: \_\_\_\_\_

ITEM #	TASK	ASSIGNED TO	ASSIGNED COMPLETION DATE	ACTUAL COMPLETION DATE

Report completion of items to: \_\_\_\_\_

**SECTION FOUR: COMPLETED VULNERABILITY ASSESSMENT CORRECTIVE ACTION PLAN ITEMS  
(Transfer completed items to this section to show history)**

ITEM #	TASK	ASSIGNED TO	ASSIGNED COMPLETION DATE	ACTUAL COMPLETION DATE

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Appointing Authority **COPY** – PREA Coordinator