

**PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS**

Date of report: January 13, 2016

Auditor Information			
Auditor name: Heather D. Kimura			
Address: 919 Ala Moana Blvd., 4 th Floor, Honolulu, HI 96814			
Email: Heather.D.Kimura@hawaii.gov			
Telephone number: 808-837-8020			
Date of facility visit: November 3-5, 2015			
Facility Information			
Facility name: Larch Corrections Center			
Facility physical address: 15314 E. Dole Valley Road, Yacolt, WA, 98675-9531			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 360-260-6300			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Lisa Oliver-Estes, Superintendent			
Number of staff assigned to the facility in the last 12 months: 126			
Designed facility capacity: 480			
Current population of facility: 479			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 18+			
Name of PREA Compliance Manager: Michael Hines		Title: Correctional Program Manager	
Email address: mchines@doc1.wa.gov		Telephone number: 360-260-6300	
Agency Information			
Name of agency: Washington State Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Washington State Governor Office			
Physical address: 7345 Linderson Way SW Tumwater, WA 98501-11			
Mailing address: <i>(if different from above)</i> PO Box 41100, Olympia, WA			
Telephone number: 360-725-8213			
Agency Chief Executive Officer			
Name: Dan Pacholke		Title: Secretary of Corrections	
Email address: djpacholke@doc1.wa.gov		Telephone number: 360-725-8810	
Agency-Wide PREA Coordinator			
Name: Beth Schubach		Title: PREA Coordinator	
Email address: blschubach1@doc1.wa.gov		Telephone number: 360-725-8789	

AUDIT FINDINGS

NARRATIVE

A PREA Audit was conducted at Washington State Department of Corrections (WADOC) Larch Corrections Center (LCC) on November 3 - 5, 2015. The audit was conducted by Heather Kimura, certified PREA Auditor, and Jeanie Sohn, who served as Support Staff (hereafter referred to as the "audit team"). LCC is located in Yacolt, WA.

On arrival to LCC, an introductory meeting commenced with the WADOC PREA Coordinator, LCC's Superintendent, all of her Executive/Key staff, and the facility's PREA Manager (known as the PREA Liaison). Interviews with inmates and staff began after the initial meeting and continued at different points between Tuesday through Thursday. The audit team began touring LCC after the initial interviews with inmates and staff. Due to the size of the facility and grounds, the audit team toured LCC for a period of over two days. The tour was conducted by PREA Facility Manager, Plant Manager, and Correctional Counselor III. The audit team toured the entire facility and grounds which included but was not limited to Administration, Elkhorn and Silverstar living units, Kitchen/Dining, Education/Programs building, Outside covered recreation, Laundry room, Maintenance Shop, the Wastewater Treatment Plant, Paint shop, Tool shed, Turtle Building (external view), Recycling, Compost, Boot Room, Extended Furlough Visit Duplex, Department Natural Resources (DNR) Buildings, Control and Segregation building, Gymnasium, Recreation/Hobby Building, Maintenance office/Boiler, Multi-purpose building, and Medical.

Phone interviews with the Agency Head, WADOC Secretary, and the Agency Contract Administrator were conducted on October 29, 2015 prior to the on-site visit. The interview with the Agency Secretary displayed the agency's commitment to general safety of the Department's inmates and staff. The Agency Secretary believed in being progressive, studying what "works" for the agency, and then sharing what they have learned with others in the correctional industry. This attitude seemed to filter throughout agency to the facility level at LCC where the majority of staff was very transparent and open to answering questions, thoughtful about PREA incidents, and action-oriented when it came to fixing any outstanding issues.

The on-site interviews were conducted using the PREA interview questions for Random Staff, Random Inmates, and Specialized Staff. Interviews were conducted with the PREA Coordinator, PREA Manager/Liaison, 23 facility staff/contractors (5 of the 23 staff were interviewed more than once for certain specialized staff interviews), and 11 inmates (4 of the 11 were also asked specialized questions). Both facility staff and inmates were knowledgeable about PREA.

Initially during the on-site portion of the audit, there were no inmates who identified as Lesbian, Gay, Bisexual, Transgender or Intersex; however, an inmate later revealed during an interview that he identified as transgender "on the outside" (in the community) but not while in confinement. Also during the on-site portion of the audit, there were no inmates who were considered disabled or with limited English proficiency, nor any inmates who previously reported sexual abuse that occurred at LCC.

The agency/facility provided documentation for each standard, its policies, and other relevant documentation prior to the audit which were reviewed before and after the on-site portion of the audit. Prior to the on-site audit, the pre-audit questionnaire and documents provided by LCC were also reviewed. There were no letters received from LCC inmates at any time.

During the on-site audit, the audit team observed part of the facility's intake process – a multidisciplinary meeting discussing programming and housing options giving each incoming offender's case history, screening information, etc.; camera/video systems were reviewed where they existed; and other documentation was reviewed during the audit such as personnel files, offender management system information, medical referral forms, and memos.

At the end of the third day, a preliminary assessment of LCC's compliance with the PREA standards was conducted by discussing LCC's compliance with the standards and each area of concern or where corrective action was required for compliance. There were only three (3) areas of concern that were identified. The attendees of the "exit debriefing" included the PREA Coordinator, LCC Superintendent, LCC Facility PREA Liaison, LCC Plant Manager, acting PREA Facility Manager, Correctional Counselor III, the three PREA Facility Investigators, and the Watch Commander.

DESCRIPTION OF FACILITY CHARACTERISTICS

Washington State male inmates sentenced to more than a year and a day in confinement are first sent to the reception and diagnostic center at the Washington Corrections Center in Shelton. As the offender lowers in custody level, he may eventually be transferred to LCC.

LCC is a 480-bed, minimum-security prison for sentenced male only inmates. There are no offenders housed here strictly for civil immigration purposes. LCC has mainly dorm-style housing units, located on a relatively remote 40-acre site approximately 20 miles northeast of Vancouver, Washington. The site is leased from the Department of Natural Resources (DNR) which provides work opportunities for certain eligible inmates at LCC. There are two main housing units with eight (8) tiers in each building. Two of the eight tiers contain two-man rooms. With high seniority, good behavior, and/or assignment of the Larch Cat Program (LCAP), offenders may be assigned to one of the two-man rooms. There is one two-man bedroom tier that houses the LCAP.

Segregation contains eight cells that can house up to two offenders each. These cells are video monitored.

In addition, LCC offers a variety of programs that include:

EDUCATIONAL AND OFFENDER CHANGE PROGRAMS:

- Adult Basic Education
- Cat Adoption Program (mentioned above)
- Turtle Rehabilitation Program (soon to start)
- Community Involvement
- General Education Diploma
- Stress and Anger Management

WORK PROGRAMS:

- Automotive Service and Brakes Technician
- Community Work Crews (CWC)
- Department of Natural Resources (DNR)
- Electrical Training and Certification
- Life Skills Computing
- Small Business Basic
- Wastewater Training and Certification

Extended Furlough visits (EFV) are provided to inmates who earned the privilege of having family visit them for up to 48 hours on-site in an apartment style duplex unit. There is also a wood/saw shop on-site that offers inmates the opportunity to create woodwork or crafts.

Meals are generally not prepared at the facility so there is a minimal kitchen work line.

SUMMARY OF AUDIT FINDINGS

In the interim report, LCC was determined to have exceeded one (1) standard, met thirty-nine (39) standards, not met two (2) standards, and one (1) was not applicable as there are no individuals under the age of eighteen (18) housed at LCC. The one (1) standard that was exceeded by the facility was §115.51 Inmate Reporting. Due to the agency/facility having multiple ways for inmates to report sexual abuse or harassment internally and externally, the awareness by inmates and staff of ways to report, and the agency and facility's overall attitude towards PREA gave them an "exceeded" rating.

For the final report, one (1) of the two (2) standards that were not met (§115.41 Screening for risk of victimization and abusiveness) was under current corrective action during the site visit. Proof of correction was submitted by December 7, 2015 showing that all offenders are PREA Risk Assessed within 72 hours of transfer into LCC. The other standard that had not been met, regarded the facility's staffing plan (§115.13 Supervision and monitoring). A revised staffing plan was to be submitted as corrective action. LCC submitted their revised staffing plan that met all aspects required by the standard on January 13, 2016. The submissions of corrective action thereby moved the facility into compliance with standards §115.41 and §115.13.

During the tour, the assessment of the facility buildings and grounds revealed potential areas/issues for sexual misconduct. All of the LCC staff, and mainly the facility's Plant Manager either immediately adopted all of the recommendations provided by the audit team or came up with and implemented corrective actions by the end of the site visit. There were five (5) issues that remained outstanding upon leaving the facility. To date, all five (5) have been corrected. The PREA Coordinator sent pictures of corrective actions on November 24, 2015 and the Superintendent sent additional pictures of corrective actions on December 2, 2015.

Number of standards exceeded: 1

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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.

The agency has met all elements of this standard. WADOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting addresses this standard. The department has a zero tolerance policy towards all forms of sexual abuse and sexual harassment and its policy covers the prevention, detection, and responding to such conduct. During staff and inmate interviews, all persons were aware of PREA and the facility's zero tolerance stance for sexual abuse and sexual harassment. All inmates interviewed by the Auditor Support Staff expressed that they felt safe at LCC and rated their safety level as a "10" (feeling very safe) out of a 1 to 10 scale.

The agency employs a full time PREA Coordinator for all facilities in WA. The agency-wide PREA Coordinator was interviewed and shared that she has sufficient time to manage all PREA responsibilities. In addition, she has a dedicated team of 5 employees assisting her with the PREA responsibilities. The PREA Coordinator was knowledgeable and conveyed an attitude toward PREA that was motivated, solution-based, collaborative, and caring about the core PREA values.

The facility has a designated PREA Manager (Liaison) who is also the Correctional Programs Manager (CPM). Additionally, the facility identified and designated a Corrections Officer as a PREA Facility Manager to assist with getting the facility in compliance with PREA. This Corrections Officer has been fully dedicated to this position in an effort to implement PREA policies and practices in order to ensure sexual safety. By January 2016, this officer will go back to her regular position and all facility PREA responsibilities will fall under the facility PREA Liaison.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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.

WADOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting addresses this standard. Policy mandates that new and renewed contracts comply with federal PREA standards and the monitoring of the standards. The Agency Contract Administrator and the Agency PREA Coordinator were interviewed and also corroborated the policy. The agency submitted current documentation substantiating that WADOC requires PREA compliance and the monitoring of contracts for PREA compliance. All contracted agencies either have completed a DOJ PREA Audit, or is in the process of scheduling one. The agency also does self-assessments and site visits with its contracted agencies in order to monitor for compliance.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

WADOC Policies 490.800, 110.100 and 400.210 address subsections (a), (b), and (c) of this standard. Initially, for subsection (a), although the facility provided custody and non-custody staffing rosters, it did not clearly outline that the plan/rosters were tied to: (1) any findings of inadequacy from internal or external oversight bodies; (2) all components of the facility's physical plant including "blind spots" or areas where staff or inmates may be isolated; (3) the composition of the inmate population; (4) it was not clear the number and placement of supervisory staff; (5) institution programs occurring on a particular shift; and (6) the prevalence of substantiated and unsubstantiated incidents of sexual abuse. Corrective action included that the facility submit a revised staffing plan that included the above. LCC submitted a revised staffing plan on January 13, 2016 that included all required components to meet the subsections (a), (b) and (c). In addition, an interview with the Superintendent validated the above. She also stated that in checking for compliance with the staffing plan, management does weekly walkthroughs via Security Management Inspections, and that she speaks with staff and inmates regularly.

WADOC Policies 110.100 and 400.200 address subsection (d) of this standard. Interviews with the Superintendent and Supervisory staff confirmed that unannounced rounds occur regularly. Management staff does weekly walk-throughs that per policy are recorded in a permanent log. LCC has met this subsection of the standard.

Due to LCC providing a revised, appropriate staffing plan that meets the components of each subsection, the facility is in compliance with this standard.

Standard 115.14 Youthful inmates

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

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.

N/A. LCC does not house any youthful offenders. LCC's Superintendent during the audit period provided a memo stating that WADOC only houses youthful offenders at two state facilities – Washington Correction Center and Washington Correction Center Women.

Standard 115.15 Limits to cross-gender viewing and searches

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

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.

WADOC Policies 420.310 and 420.312 address subsections (a) and (c). Strip search logs were provided and reviewed to prove compliance of this standard. If a female officer is present during a strip search, she would be the secondary officer on the search. During the site visit, staff demonstrated how a strip search is performed when a primary male officer is paired with secondary female officer standing by. The facility reported that no body cavity searches were conducted during audit period. LCC's rated capacity exceeds 50 inmates so subsection (b) does not apply.

WADOC Policy 420.370 addresses subsection (d). Inmate interviews however, produced a wide array of responses when asked if female staff would knock and announce when they first come on the floor and/or in bathrooms. As part of corrective action, it was suggested that female officers notate in their logbooks or electronic systems when they do their opposite gender announcement upon first coming onto their shifts entering the housing units, and every time they do a restroom check. The facility provided 30 days of log book entries for both Elkhorn and Silverstar housing units detailing Opposite Gender Announcements (OSA) every time a female did a tier check. Therefore, corrective action has been met and the facility meets this subsection (d).

WADOC Policy 490.820 addresses subsection (e). The facility has not conducted this type of search during the audit period.

WADOC Policy 490.800 addresses subsection (f). The facility provided an excerpt from their pat search training curriculum also covering this subsection. Documentation was provided showing all staff who conduct pat searches have been trained on cross-gender pat-down searches with the exception of four (4) staff members that were either absent or newly transferred from another facility. These staff will be required to receive training at the earliest possible time. Staff interviews also indicated that they had received training and knew how to conduct such searches.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

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

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.

WADOC Policies 310.000, 450.500, 690.400, and 490.800 all cover subsection (a). The agency has a contract with interpreter services for hearing impaired inmates. Staff training includes a section on working with inmates who have disabilities. In addition, the facility offers a PREA brochure for inmates with limited intellectual capabilities.

WADOC Policies 310.000, 450.500, and 490.800 address substandard (b). Although the facility stated they did not have any Limited English Proficient inmates during the audit period, the facility has the use of "Language Line" when needed to assist with inmates who have limited English proficiency. Note cards were available in Case Manager's offices and referred to by staff during interviews. The audit team noticed PREA brochures and posters translated in Spanish that were available and posted throughout the housing units and recreation areas.

The most recent draft revision of WADOC Policy 490.800, specifically covers subsection (c) of this standard. Staff interviews showed that staff was aware that inmate interpreters/assistants are not to be used when an inmate is reporting an instance of sexual abuse or sexual harassment.

Standard 115.17 Hiring and promotion decisions

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

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.

The facility's Human Resource (HR) Manager's interview supported compliance with this standard. Prospective, existing, and employees up for promotion are required to disclose information pertaining to previous sexual abuse and/or harassment. Eight (8) custody (armed) staff and four (4) non-custody (unarmed) staff files were reviewed for documentation supporting this standard in terms of background checks, criminal disclosure, sexual misconduct disclosure, and institutional employment/service disclosure. WADOC Policies 490.800 and 810.800 adequately address subsections (a) and (b).

HR Manager has developed protocols to run five-year background checks for all non-custody employees and contractors. The next five-year check is due to be conducted on March 31, 2019. For custody employees, background checks are conducted more frequently. A background check is completed each time they do firearms training which occurs annually.

Standard 115.18 Upgrades to facilities and technologies

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

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.

WADOC Policy 490.800 addresses this standard. The facility has been approved to purchase fifty (50) new cameras. During the interview with the Superintendent, she stated that she will be sitting with her engineers and staff to determine the best placement of the first twenty-five (25) cameras that will be installed. LCC Vulnerability assessments and recommendations completed by the Department will also be taken into consideration when making determinations on camera placements. Post audit, the Superintendent provided communication that LCC has been approved to spend \$67,000 for camera infrastructure and that an updated quote is pending. Camera systems and IP addresses are already on site waiting to be set-up.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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.

WADOC Policies 490.850, 610.025, 600.000, 600.025 cover all aspects of this standard. Attachments in Policy 490.850 outlines standard protocol for obtaining evidence. Staff was able to articulate general points of obtaining evidence and knew where to find directions on this process. Protocol was developed based on excerpts from "A National Protocol for Sexual Assault Medical Forensic Examinations (NPSAMFE), Adults/Adolescents, Second Edition" and "Recommendations for Administrators of Prisons, Jails, and Community Confinement Facilities for Adapting the U.S. Department of Justice's NPSAMFE" – both protocols developed after 2011.

The facility offers all victims of sexual abuse access to forensic medical examinations through Peace Health Medical Center. On August 20, 2015, executive staff met with Peace Health and implemented a process for future PREA incidences. A drill was completed on September 10, 2015 that began with a mock sexual abuse incident at the facility and involved the agency (YWCA) that the facility utilizes for victim advocacy all the way to Peace Health for the SANE/SAFE exam. Interviews with all agency representatives stated that the drill was successful and helpful for LCC staff involved in role-playing the victim/perpetrator to gain insight as to what the victim may feel like or go through during an incident of sexual assault.

The facility provides a victim advocate through Department of Commerce Office of Crime Victims Advocacy Interagency Agreement. Staff from YWCA are on-call 24/7 should an immediate need for a victim advocate arise. An interview with the YWCA contact stated that the victim advocate would be available to the victim for the entire process providing the appropriate care (support, crisis intervention). Non-emergent support/advocacy services are also available at no cost to the inmate, and can be facilitated through a confidential call from the facility. Posters informing the inmate population of the service and the toll free number were posted throughout the facility. Inmate interviews also revealed that although they may not know the exact name of the provider, they were aware that the service was available and they knew that they could reference the information through the posters. YWCA has had meetings with LCC and will continue these meetings to discuss their relationship, expectations, and roles. Upcoming meetings will cover the on-site, in-person advocacy role at LCC.

Washington Administrative Code (WAC) 137-28-190 requires that all felonies be reported to law enforcement authorities. Thus, the agency/facility would refer the case to the sheriff's office or local police department. If those agencies refuse to investigate, the Washington State Patrol (WSP) could conduct a criminal investigation at the request of the facility. WADOC has a Mutual Aid Agreement with WSP that was provided.

During the audit period, the facility did not have any forensic medical examinations.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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.

WADOC Policy 490.860 addresses substandard (a). The Agency PREA Coordinator reported that her office in Headquarters (HQ) tracks all allegation information received and all cases opened and closed on a restricted database.

WADOC Policy 490.860 addresses substandard (b). All allegations of sexual abuse or sexual harassment that appear to be criminal in nature are referred for law enforcement investigation. This policy is published and available on the WADOC Corrections website. The agency provided a spreadsheet of all incidents received and the triage decision of whether the case was referred to an outside agency or not. A memorandum to the LCC PREA Liaison was provided outlining the process and agreement with Clark County Sheriff's Office for when a referral is made.

Standard 115.31 Employee training

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

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.

WADOC Policy 490.800 addresses all components of this standard. WADOC utilizes on-line training through the Learning Management System for PREA training for new hires and annual in-service training. This training curriculum covers all aspects of this standard. Staff interviews demonstrated that staff were versed in their knowledge of the PREA requirements. The facility provided a listing of staff who have completed PREA training and PREA Refresher training. The on-line course has a built-in function where participants must acknowledge that they understand the PREA training they just worked through. If they do not acknowledge this, they are not considered to have completed the training. Local Facility Performance Coordinators track compliance or non-compliance and will work with those who have not acknowledged understanding the PREA training. An individual will be marked as having completed the training if they acknowledge that they understood the training. All random staff interviewed indicated that they had received in-person training on PREA when they were first hired.

Standard 115.32 Volunteer and contractor training

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

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.

Both WADOC Policy 490.800, 530.100 and 700.400 address this standard. The facility provided rosters of volunteers and contractors who have completed PREA training. Similar to employee acknowledgment, the on-line training will not mark a participant complete until he/she acknowledges that they understood the training.

For staff who have direct contact with offenders, but has not yet attended any type of training or orientation, they are given the PREA brochure (that provides PREA information for staff, contract staff and volunteers) and must sign the PREA Acknowledgment Form 03-478 acknowledging receipt of brochure, understanding reporting requirements, and that they have been provided with four (4) PREA Policies. This is also true for contractors and/or vendors that may have limited contact with inmates. Copies of the PREA Acknowledgment Form were provided for contractors and vendors with limited inmate contact.

Standard 115.33 Inmate education

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

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.

WADOC Policies 490.800 and 310.000 cover all aspects of this standard. Inmates are given a PREA informational brochure at intake. Inmates then receive PREA comprehensive education by watching a video on PREA within thirty (30) days of arrival. LCC provided a list of inmates who were provided with PREA comprehensive education via the Facility's PREA Orientation within thirty (30) days. All inmates who were there thirty (30) days or longer were provided with the information. Inmate interviews revealed that inmates knew the PREA fundamentals at LCC.

During the audit period, although the facility did not need to utilize their language line, low literacy, or disabled (hearing or visual) materials/services in PREA inmate education, the facility provided the auditor with materials that would be used in the event that they needed it.

During site visit, posters and brochures were visible, provided in English and Spanish, and readily available if an inmate wanted to pick up a brochure and take it back to his room/dorm.

Standard 115.34 Specialized training: Investigations

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

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.

WADOC Policies 490.800, 490.860, and 880.100 cover all aspects of this standard. WADOC launched a PREA Investigator training in 2011 prior to the final federal PREA standards being released. After its release, WADOC updated their training to include the federal requirements and launched their new training in November 2013. In addition, a PREA Booster Training Course was also launched for those who had completed the training course prior to November 2013 to ensure compliance with the federal standards. Therefore, all Investigators must complete either the November 2013 training or the pre-November 2013 training with the Booster Training course in order to be qualified to conduct a PREA investigation. Investigator Training curriculum provided to the auditor included all the required PREA elements. An interview with a facility Investigator evidenced that the Investigator had received such training. The agency maintains documentation of all investigator training on a Staff Training and Tracking Information System (STATIS). The listing of all staff who completed required Investigation Training was provided.

WAC 139 details training requirements for law enforcement officials who may be involved in PREA investigations.

Standard 115.35 Specialized training: Medical and mental health care

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

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.

WADOC Policies 490.800, 610.025, and 880.100 cover all aspects of this standard. Medical and Mental Health care specialized training curriculum was provided to the auditor which covered the required elements of this type of training. An interview with the facility's Health Service Administrator verified that she had received this specialized training. Forensic examinations are not conducted at the facility. They are done at Peace Health Medical Center as detailed in standard 115.21. All LCC Health Services personnel have received this specialized training which is documented on STATIS. In addition, documentation was provided evidencing their completion of PREA training required of all employees, contractors, and volunteers.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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.

WADOC Policy 490.820 addresses subsections (a) through (h) of this standard. During the review of documents and information prior to the on-site visit, it was discovered that LCC was not completing PREA risk assessments (PRA) within seventy-two (72) hours of transfer to the facility due to a difference in interpretation of the standard. LCC was completing a follow up to the screening within thirty (30) days of arrival to the facility. In addition, they would screen the offender the Wednesday prior to a Friday arrival to the facility utilizing information already gathered and placed on the their Offender Management Network Information (OMNI) system. However, a memo from WADOC Secretary (Agency Head) was provided upon the audit team's arrival to LCC that outlined the upcoming changes within the agency in regards to the PREA Risk Assessment. These changes included that anytime an offender transferred to ANY facility, a PREA Risk Assessment screening needed to be complete within seventy-two (72) hours of arrival. In addition, a face-to-face follow up PRA to reassess the offender will be completed. Facility program and intake staff came up with a system of how this would begin immediately. Corrective action included the auditor's receipt of 30 (thirty) days' worth of proof of this practice by the facility. On December 7, 2015, LCC provided a list of all inmates transferring into the facility for 30 days indicating that the PRAs were completed within 72 hours of arrival to LCC. Therefore, the facility has moved into compliance with this standard.

WADOC and LCC uses an objective screening instrument to complete the PRA available on the Offender Management Network Information (OMNI) system, or WADOC Form 07-019 in the event OMNI cannot be accessed. Their PRA considers the minimum criteria set by this standard to assess inmates' risk of sexual victimization as well as risk of being sexually abusive. Of note, WADOC does not detain persons solely for civil immigration purposes. Inmates/detainees must be incarcerated on a criminal matter.

With regard to subsection (g), although LCC did not complete a reassessment during the audit period after one substantiated offender-on-offender sexual assault/abuse case, the breakdown was identified, and a process was implemented to ensure these reassessments are done in these types of instances. The PREA Liaison will notify the offender's counselor in writing that a reassessment needs to be completed whenever a sexual assault/abuse case is substantiated.

A memo dated March 11, 2015 from the Deputy Secretary on Affirmatively Inquire Offender LGBTI Status states that while it is important that an offender is asked if they identify as LGBTI, the offender is not required to answer, and will not be disciplined if they refuse to do so.

WADOC Policies 280.310, 280.515, and 490.860 address subsection (i). PRAs are completed within a restricted component of the OMNI system. Access to OMNI is restricted to a certain set of staff. The parameters of system access depends on the staff and their respective responsibilities in relation to the PRA. All access to the system must be reviewed by agency PREA Coordinator to ensure compliance with restricted access parameters. Only final results of the PRAs are maintained in a general status portion of OMNI accessible to staff for use in determining housing, program, and job assignments.

Standard 115.42 Use of screening information

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

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.

WADOC Policies 300.380, 490.820, and LCC's Operational Memorandum (OM) LCC 490.820 cover all aspects of this standard. The facility conducts an intake/placement screening meeting with a multidisciplinary team the Wednesday prior to the inmates' Friday arrival. It is in this meeting that information from prior risk screenings and information on OMNI is taken into account and discussed to determine work, education, and program assignments. The Counselor then determines housing placement the following day taking into account their PREA risk profile. The audit team observed the meeting and the subsequent housing placement process the following day. Intake staff during interview also articulated this process and the facility's newest process of incorporating the PREA Risk Screening within seventy-two (72) hours.

Although the facility did not have any openly transgender or intersex inmates within audit period, interview with Key staff to include the Superintendent, the PREA Liaison supported that the facility would follow all PREA standards in relation to housing, program assignments, and general safety. Housing units all have shower curtains that afford privacy without compromising security. The facility did have a couple of openly Gay/Bisexual inmates who were interviewed and denied any safety concerns or staff misconduct in regards to the PREA standards. Gay/Bisexual inmates are not placed in dedicated units based solely on their Gay/Bisexual identification. Interviews with Gay/Bisexual inmates supported this. PREA Coordinator reported that the facility PREA Liaison and PREA Manager look at housing distributions to monitor specialized inmate placements.

Standard 115.43 Protective custody

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

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.

WADOC Policies 490.820, 320.255, and 320.260 address this standard. During the audit period, there were no inmates placed in involuntary segregation for sexual safety. Interviews with staff verified that inmates at high risk for sexual victimization would not be placed in involuntary segregation without exploring all possible housing options first, and if an inmate were to be placed in involuntary segregation, he would not be there for more than twenty-four (24) hours.

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

WADOC Policies 450.100, 490.800, and 490.850 address this standard. The agency provides multiple ways for inmates to privately report sexual abuse, harassment, and retaliation. Inmates receive this information via PREA brochures upon arrival, verbally in orientation from staff, information in English and Spanish on posters, and in their Offender Handbook. Inmates have multiple ways to report PREA allegations to a public or private entity that is not part of the agency. Inmates can write to: Colorado Department of Corrections (DOC) (WADOC and Colorado DOC have a MOU joint agreement to serve as each other’s external reporting agency), State Attorney General, and the Office of the Governor. Staff and inmates were able to confirm their knowledge of this standard via interviews – that inmates can report in multiple ways, anonymously, and via third parties. The audit team observed posters with information on how to report and readily available Colorado DOC mailers (pre-addressed envelopes and reporting forms) in housing units.

Standard 115.52 Exhaustion of administrative remedies

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

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.

WADOC Policies 490.800 and 550.100 cover this standard. WADOC does not process PREA-related allegations through the grievance program. Should a grievance alleging sexual misconduct be received, it is forwarded to the PREA Coordinator to begin the PREA investigation process and will not be reviewed through the grievance process. There are no time limits in receiving a PREA report through this process. Inmates are also allowed to begin litigation relating to PREA allegations/incidences without going through the grievance process.

Standard 115.53 Inmate access to outside confidential support services

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

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.

Washington Coalition of Sexual Assault Programs (WCSAP) to provide victim advocacy support services to offenders in all facilities in three (3) phases. The first two (2) phases include phone advocacy through OCVA and in-person support service during the forensic medical examination process through the designated CSAP – YWCA for LCC. On-site, in-person advocacy services is the last phase, and is set to be in place no later than January 1, 2016. LCC provides inmates with information about telephone advocacy services with OCVA via posters and brochures available throughout the facility. Information that calls are toll-free, anonymous, and confidential are relayed through these mediums. The auditor spoke with the contact from OCVA and YWCA to confirm the services provided. The advocates relayed that they inform the inmates that the information they share is confidential. WA is not a “duty to warn” state, therefore, the advocate will only disclose confidential information if he/she believes there is clear and imminent threat of harm to self or others.

The facility provided the Interagency agreement with OCVA including amendments that extend the period of performance until June 30, 2017. OCVA subcontracts with WCSAP for other advocacy services provided.

Standard 115.54 Third-party reporting

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

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.

WADOC Policy 490.800 addresses this standard. WADOC’s Website provides family and friends information on how to report suspected sexual misconduct on behalf of an inmate (in writing, by phone or email). Information on this matter is also provided in Spanish. Staff and inmates were aware that third-party reporting was possible and available to them.

Standard 115.61 Staff and agency reporting duties

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

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.

WADOC Policies 490.800, 490.850, and 350.550 address this standard. Staff interviews corroborated LCC’s compliance with this standard. Random staff interview responses were consistent in stating that they would report all knowledge, suspicion, or information regarding sexual abuse or sexual harassment to their Shift Commander, discreetly and immediately. Along with policy content, reporting expectations are also outlined in the PREA staff/volunteer/contractor brochure and required PREA training for staff.

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

WADOC Policy 490.820 addresses this standard when an inmate is scored at a potential risk for sexual victimization through the PREA Risk Assessment. Staff interview responses were consistent with LCC's policy to separate potential victims from potential predators and to take the action immediately.

Standard 115.63 Reporting to other confinement facilities

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

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.

WADOC Policy 490.850 addresses this standard – the facility will notify the appropriate Appointing Authority within seventy-two (72) hours of receipt of an allegation that occurred in another Department location or another jurisdiction. The agency has a reporting system, Incident Management Reporting System (IMRS) where the facility can immediately input an allegation into IMRS, and a corresponding report will be immediately generated via email to all concerned parties/facilities. The facility's database for alleged incidences that occurred at another facility but were reported by offenders at LCC was provided to the auditor as well as a sample of an email report in response to an allegation via IMRS.

Standard 115.64 Staff first responder duties

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

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.

WADOC Policies 420.375 and 490.850 cover this standard. LCC trains staff on how to respond to an allegation of sexual abuse through their on-line training. During CORE training for all employees, information on first responder duties and a First Responders Pocket Guide is given to employees as an aid to what their duties would include. During the audit period, there were no offender-on-offender sexual assault or staff-on-offender sexual misconduct investigations where the allegation was reported to security staff. During interviews, staff was able to articulate what they had to do should they be a first responder.

Standard 115.65 Coordinated response

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

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.

WADOC Policy 490.850 addresses this standard. The policy contains a checklist of documents/items/actions needed in the event of sexual aggravated assault or misconduct. The plan includes involvement from security, medical and mental health, investigators, other necessary PREA Response Team members, and outside agencies as appropriate (law enforcement, SANE, advocates). The facility has mock drills to practice implementing the prescribed plan.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

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

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.

WADOC Collective Bargaining Agreements (CBA) with the Teamsters and the Washington Federation of State Employees contain language that allows the agency to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether discipline and to what extent is warranted. Both CBA periods run until June 30, 2017.

Standard 115.67 Agency protection against retaliation

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

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.

WADOC Policy 490.860 addresses this standard. The facility's PREA Liaison monitors retaliation for inmate reporters and the facility's HR Manager monitors retaliation for staff reporters. Both persons were interviewed and were well versed in their responsibilities as PREA Audit Report

Retaliation Monitors as it relates to this standard and their facility's policy. Both the PREA Liaison and the HR Manager document their monitoring efforts with inmates and staff. The audit team viewed samples of their documentation to verify compliance with the minimum ninety (90) day monitoring period

Standard 115.68 Post-allegation protective custody

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

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.

LCC Operational Memorandum 490.850 addresses this standard – “The Appointing Authority/designee will attempt to minimize any disturbance to the alleged victim's housing location, program activities, and/or supervision during the investigation.” There were no instances during the audit period where LCC housed alleged victims in segregated housing after an allegation. LCC provided documentation of all offender-on-offender sexual assault and/or sexual abuse incidents, and staff sexual misconduct investigations showing where alleged victims were housed following the allegation. None were housed in segregation.

Standard 115.71 Criminal and administrative agency investigations

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

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.

WADOC Policies 490.860, 490.800, 420.375, and 400.360 cover this standard. All investigations within the audit period were provided by the facility/agency. A roster of investigators who received specialized training showed that LCC's investigators and the Superintendent (during the audit period) completed the training. Investigators are trained to complete reports detailing all facts available regarding a PREA allegation. Once completed, the assigned Investigator turns over the report to the Appointing Authority (AA) for review. The AA reviews for completeness and also assesses the credibility of all witnesses involved in the investigation.

Should the quality of evidence in a case support criminal prosecution, the agency conducts compelled interviews only after consulting with local and/or state law enforcements agencies. This referral is done via submission of a DOC Form 03-505 which is stated in their policy 490.860 I.A.1.

All Administrative Investigations were provided for the audit period. Investigations are documented in a written report containing descriptions of physical, testimonial and documentary evidence.

The sample sexual abuse investigations provided by LCC were reviewed and found to be in compliance with the requirements articulated in this standard.

WADOC established a retention schedule for records of PREA investigations – the AA will maintain all hard copy investigation reports for PREA Audit Report

five (5) years. The PREA Unit at Agency HQ maintains electronic versions of all investigation reports. These electronic records are maintained for fifty (50) years in accordance to archive requirements of State records.

WADOC Policy 490.860 I.A. covers subsection (j) of this standard. Review of provided investigations confirmed compliance.

Interviews with the PREA Coordinator, LCC Superintendent, and LCC PREA Liaison confirmed that the Superintendent or the PREA Liaison will work with and follow up with law enforcement agencies involved in an investigation.

The interview with LCC's Investigator substantiated relevant parts of this standard including that the agency/facility would not require an inmate who alleges sexual abuse to submit to a polygraph examination.

Standard 115.72 Evidentiary standard for administrative investigations

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

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.

WADOC Policy 490.860 addresses this standard. The agency/facility uses the preponderance standard in determining whether an allegation is substantiated. The AA training curriculum included this level of proof requirement for substantiating allegations. Investigator also confirmed this practice via interview.

Standard 115.73 Reporting to inmates

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

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.

WADOC Policy 490.860 covers this standard. The facility provided a listing of all investigations where notification was given to all known alleged victims. The interview with the Superintendent also reiterated this practice.

LCC OM 490.860 addresses subsection (c). During audit period, there was one inmate who should have been informed that the staff member was no longer employed at the facility. Although the facility could not provide hard documentation that the notification was made, the Superintendent stated that the notification could have been made verbally to the inmate. Interview with inmate verified that WADOC staff from Olympia informed him that the staff member "lost his job." Superintendent stated that the process is in place to carry out the requirements of this subsection (c).

PREA Unit in HQ maintains a log of offenders who have been named as the victim and suspect in investigations. This log is reviewed following the receipt of information that a suspect offender has been indicted on or convicted of a charge related to sexual abuse within the

facility. The PREA Unit also regularly reviews and updates the log to reflect the jurisdictional status of all offenders on the log. This log was provided to the auditor. To date, there have not been any instances involving a suspect indictment of conviction, thus, no related victim notifications have been made.

Standard 115.76 Disciplinary sanctions for staff

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

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.

WADOC Policies 490.800, 490.860, Revised Code of Washington (RCW) 72.09.225, and Washington Administrative Code (WAC) 357-40-010 address this standard. For the two (2) substantiated cases involving staff, one (1) resigned and the other was terminated.

A memo by the Deputy Secretary states that although HR does not specify termination as the presumptive discipline in instances of sexual abuse, the agency will follow, in accordance with their own policies and RCW 72.09.225, proceedings to terminate the employment of any person found guilty through preponderance or by guilty plea of sexual intercourse or contact with an inmate. All terminations for violations of sexual abuse or sexual harassment or resignations by staff (who would have been terminated) are reported to law enforcement agencies and to any relevant licensing bodies. The Appointing Authority (AA) will make the notification. Healthcare and Offender Program Administrators would be the AAs who would report the offending staff to their relevant licensing bodies.

Standard 115.77 Corrective action for contractors and volunteers

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

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.

Similar to standard 115.76, RCW 72.09.225 addresses this standard in relation to contractors. Both RCW 72.09.225 and WADOC Policy 490.860 address this standard in relation to contractors and volunteers. A memo issued to all Superintendents and Field Administrators by the Assistant Secretary outlined directives relating to Volunteers with Criminal Backgrounds. Specifically, that any volunteer who has a substantiated PREA allegation will be terminated and flagged in the Volunteer Share Point site to ensure non-approval in any facility or office.

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

Subsections (a), (e), (f), and (g) are covered by WADOC Policies 490.860 and 460.000. Subsections (b), (c), and (d) are covered by WAC 137.28 and WADOC Policy 320.150 and WAC 137-28. In a substantiated offender-on-offender sexual abuse case, the offender is subject to disciplinary sanctions that are commensurate with the nature of the offense, the facility taking into consideration offender's prior conduct, mental health status, and overall adjustment to the facility. WADOC utilizes a disciplinary sanction table that provides guidelines or ranges for appropriate, uniform sanctions. Additional tables in policy are used to provide ranges for sanctions that take into consideration the number of times the offense has been committed within six (6) months. The PREA Liaison verified this information.

Although LCC does not offer therapy or counseling to address the underlying reasons or motivations for the abuse, these services will be offered via the State of WA Shelton facility, and an inmate may transfer to that facility as needed. Shelton will require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

LCC prohibits sexual acts with other inmates as seen on their disciplinary sanction table.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

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

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.

WADOC Policies 490.820 and 630.500 address subsections (a) and (b) of this standard. The Advanced Registered Nurse Practitioner (ARNP) at LCC provided the audit team with documentation verifying that a follow-up meeting with medical or mental health services was offered by the Counselors on the day of the intake screening if an inmate indicated either prior sexual victimization or prior predatory behavior.

WADOC Policies 490.800 and 610.025 address subsections (d) and (e) of this standard. The interview with the ARNP also confirmed that Medical obtains informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

Standard 115.82 Access to emergency medical and mental health services

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

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.

WADOC Policies 490.850 and 610.025 cover subsections (a), (b), and (c) of this standard. Although there were no instances of aggravated sexual assaults during the audit period at LCC, the ARNP stated that victims would receive timely, unimpeded access to treatment and crisis intervention services (to include information and access to emergency contraception and sexually transmitted prophylaxis) as she is trained in crisis intervention and the RN has some experience in counseling. In addition, LCC has access to YWCA for immediate victim advocate services 24/7.

WADOC Policies 490.850, 600.000, and 600.025 cover subsection (d) of this standard regarding cost of treatment services. There are repetitive statements of no financial cost to the victim in these policies.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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.

WADOC Policy 610.025 primarily addresses subsection (a) of this standard. An interview with the ARNP substantiated LCC and the agency's practice in adhering to this standard. Additionally, the agency's Chief Medical Officer provided a memo to the auditor that "All clinically indicated medical and mental health care will be provided for health consequence of sexual abuse with no charge for co-payment. There are no female offenders at LCC, thus subsections (d) and (e) are non-applicable.

The facility disclosed that for the one sexual assault case, they did not offer a mental health evaluation of the abuser within sixty (60) days. Due to this oversight, they implemented a system or way to complete a MH assessment within sixty (60) days. LCC's PREA Liaison maintains a spreadsheet of all PREA incidences. He would utilize this spreadsheet to ensure that the facility will offer perpetrator a mental health evaluation within sixty (60) days.

Standard 115.86 Sexual abuse incident reviews

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

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.

WADOC Policy 490.860 addresses this standard. The facility utilizes a "Local PREA Investigation Review Checklist" or DOC 02-383 to PREA Audit Report

review all sexual abuse investigations (except those that have been determined to be unfounded) by reviewing all of the standard's considerations. The facility provided examples of their sexual abuse incident reviews (SAIR) along with their investigations for the audit period. Interviews with the Superintendent and PREA Liaison also supported compliance with this standard. The Superintendent reported that after each SAIR, the facility will fix any deficiencies pointed out. Also, if they suspect that there is an issue, they will employ an outside assessor to make a determination on the issue.

Standard 115.87 Data collection

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

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.

WADOC Policies 490.800 and 490.860 address this standard. WADOC collects accurate, uniform data for every allegation of sexual misconduct utilizing their OMNI system. This data is aggregated and published on their website annually. The most current information is available on their website - the 2014 PREA Annual Report.

Standard 115.88 Data review for corrective action

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

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.

WADOC Policy 490.860 addresses this standard. The 2014 PREA Annual Report contains information identifying problem areas and corrective actions at LCC as well as throughout the agency. Information specific to LCC can be found on pages 68-70 of the Annual Report. Through the interview, the PREA Coordinator validated the above information.

Standard 115.89 Data storage, publication, and destruction

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

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.

WADOC Policies 490.860, 280.310, and 280.515 address this standard. The agency utilizes the IMRS within their OMNI system to track allegations reported by staff. This information is restricted and confidential, with only those who need-to-know having access. Similarly, all investigation reports, hotline call recordings, and all related allegation information are maintained within an access-restricted drive. Access to this drive is limited to the PREA Unit in HQ. All access is reviewed and approved by the PREA Coordinator who works with the Information Technology department to ensure compliance with restricted access parameters.

The agency publishes on its website its PREA Annual Report and all personal identifiers were removed from this report. The 2013 and 2014 report was reviewed by this auditor.

Sexual abuse data are retained in accordance with the WADOC Records Retention schedule. All PREA investigations/information are retained for fifty (50) years, and then destroyed.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



January 13, 2016

Auditor Signature

Date