

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim **XXX Final**

Date of Report June 27, 2018

Auditor Information

Name: Jillian Shane	Email: jillian.shane@state.nm.us
Company Name: Click or tap here to enter text.	
Mailing Address: 615 First Street NW	City, State, Zip: Albuquerque, New Mexico 87102
Telephone: 505-383-2993	Date of Facility Visit: September 27-29, 2017 and May 29-31, 2018.

Agency Information

Name of Agency: Washington Department of Corrections		Governing Authority or Parent Agency (If Applicable): Washington State Governor's Office	
Physical Address: 7345 Linderson Way SW		City, State, Zip: Tumwater, Washington 98501	
Mailing Address: PO Box 41100, Mail Stop 41100		City, State, Zip: Olympia, Washington 98504	
Telephone: 360-725-8213		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	XXX State	<input type="checkbox"/> Federal
Agency mission: Working together for Safe Communities			
Agency Website with PREA Information: http://www.doc.wa.gov/			

Agency Chief Executive Officer

Name: Stephen Sinclair	Title: DOC Secretary
Email: sdsinclair@doc1.wa.gov	Telephone: 360-725-8810

Agency-Wide PREA Coordinator

Name: Beth Schubach	Title: PREA Coordinator
Email: blschubach1@doc1.wa.gov	Telephone: 360-725-8789

PREA Coordinator Reports to: Deputy Director of Prisons, Command A	Number of Compliance Managers who report to the PREA Coordinator 0
---	--

Facility Information

Name of Facility:	Clallam Bay Corrections Center		
Physical Address:	1830 Eagle Crest Way, Clallam Bay, Washington 98326		
Mailing Address (if different than above):	Click or tap here to enter text.		
Telephone Number:	360-963-2000		
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	XXX State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	XXX Prison	
Facility Mission:	Working together for Safe Communities		
Facility Website with PREA Information:	http://www.doc.wa.gov/corrections/prea/default.htm		

Warden/Superintendent

Name: Jeri Boe	Title: Superintendent
Email: jlboe@doc1.wa.gov	Telephone: 360-396-2000

Facility PREA Compliance Manager

Name: Lori Lawson	Title: Associate Superintendent, PCM
Email: lkawson@doc1.wa.gov	Telephone: 360-396-2000

Facility Health Service Administrator

Name: Katrina Henry	Title: Health Services Manager
Email: kkhenry@doc1.wa.gov	Telephone: 360-963-3236

Facility Characteristics

Designated Facility Capacity: 900	Current Population of Facility: 894
Number of inmates admitted to facility during the past 12 months	751
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	748
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	750

Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			19
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-77	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			65.6 months
Facility security level/inmate custody levels:			Maximum, Close, Medium and Segregation
Number of staff currently employed by the facility who may have contact with inmates:			440
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			81
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			3
Physical Plant			
Number of Buildings: 21		Number of Single Cell Housing Units: 7	
Number of Multiple Occupancy Cell Housing Units:		6	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		124	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
CBCC currently has 409 cameras throughout the facility. The auditor was provided a document with notes the location of each camera and the type. The document attached notes the location, type of camera and retention capabilities.			
Medical			
Type of Medical Facility:		Basic clinic with general triage, chronic care management, mental health, dental, optometry, x-ray and lab services.	
Forensic sexual assault medical exams are conducted at:		Forks Community Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			142
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			682

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

NARRATIVE

Jillian Shane, a U.S. Department of Justice (USDOJ) Certified PREA Auditor conducted the Prison Rape Elimination Act (PREA) on-site audit of the Clallam Bay Corrections Center on September 27th through 29th, 2017. CBCC is operated by the Washington Department of Corrections (WADOC). The audit was conducted with the assistance of support staff Bernadette Deats and Robin Bruck. Jillian Shane conducted the documentation review, informal interviews with random staff and inmates, interviews with specialized staff and a portion of the random staff and authored this report. The audit teams conducted the site review together.

The auditor was provided with the Notification of Audit on August 10, 2017 that the facility stated was posted in all housing units and common areas for both staff and inmates to see and utilize. During the facility site review, the audit team observed the posting in all housing areas and throughout the facility in all inmates, visitor and staff assessable areas, providing each an opportunity to contact the auditor. The auditor received zero inmate or staff correspondence prior to the audit.

On August 12, 2017 the auditor received an encrypted flash drive containing all relevant documentation pertaining to the PREA standards and the audit. This included (but is not limited to) the pre-audit questionnaire (PAQ), Agency and facility policies, procedures, memorandums of understanding, contracts, inmate posters and handbooks, memorandums for each standard from the Superintendent, and training documentation. Prior to the on-site review, the auditor reviewed all submitted documentation. In addition, prior to the on-site review, the auditor exchanged numerous emails with the PREA Compliance Manager (PCM) and the Agency PREA Coordinator as they related to follow up questions and concerns regarding the received documentation. The auditor also reviewed the CBCC PREA Audit report from their first PREA audit and the WADOC 2015 and 2016 Annual Assessment and Survey of Sexual Victimization.

Upon entry to the facility, the Audit Team was provided with rosters of all staff and inmates currently in the facility. In addition, specialized rosters were provided that detailed staff on all three shifts. These were used to select the random staff and inmate interviews.

CBBC employs approximately 400 staff in both security and non-security functions. In total 39 random staff were interviewed, to include staff on all three shifts and some non-security staff on a Monday through Friday schedule. Staff interviewed while on-site included individuals from each housing area and programming area and were all randomly selected by the audit team.

Staff interviews During the First Audit:

Category of Staff	Number of Interviews Conducted
Random Staff (Total)	39
Specialized Staff (Total):	23
Total Staff Interviewed	62
Specialized Staff Breakdown:	
▪ Agency contract administrator	1
▪ Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment	2
▪ Line staff who supervise youthful inmates, if any	NA
▪ Education staff who work with youthful inmates, if any	NA
▪ Program staff who work with youthful inmates, if any	NA
▪ Medical staff	2
▪ Mental health staff	2
▪ Non-Medical staff involved in cross-gender strip or visual searches	NA
▪ Administrative (human resources) staff	1
▪ SAFE and/or SANE staff	1
▪ Volunteers who have contact with inmates	2
▪ Contractors who have contact with inmates	2
▪ Investigative staff – agency level	1
▪ Investigative staff – facility level	1
▪ Staff who perform screening for risk of victimization and abusiveness	1
▪ Staff who supervise inmates in segregated housing	1
▪ Staff on the sexual abuse incident review team	1
▪ Designated staff member charged with monitoring retaliation	1
▪ First responders, security staff	2
▪ First responders, non-security staff	1
▪ Intake staff	1

A telephone interview was conducted by the Auditor with Secretary of Corrections, Stephen Sinclair. During the interview, not only did he answer each question required to be asked, he

also spoke in detail of various processes as they related to PREA in terms of investigations, use of data and use of segregation. It was evident to the Auditor that Mr. Sinclair is well versed in his agency processes and policies.

A telephone interview was also conducted with the both Rape Crisis Center who services the facility and the advocate who answers all offender telephone calls via the hotline. Both were extremely complementary regarding the facility and its operations. In addition, both spoke of the excellent partnership that exists between them. The auditor confirmed and discussed the agreement which is in place with WADOC to provide SANE access, advocacy and sexual abuse crisis intervention services to incarcerated survivors. The hotline staff told the audit that numerous offenders utilize the line for services, to include sexual abuse that may have occurred prior to incarceration. The SANE Coordinator for Forks Abuse Program who was interviewed was the Director, Ann Simpson.

The inmate population on the first day of the on-site audit was 888. A total of 37 random inmates were interviewed. These selections included at least two inmates from each housing unit and inmates from each specialized category that were available.

Inmate interviews Summary During Initial Visit:

Category of Inmates	Number of Interviews Conducted
Random Inmates (Total)	37
Targeted Inmates (Total):	12
Total Inmates Interviewed	49
Targeted Inmates Breakdown:	
▪ Youthful Inmates	0
▪ Inmates with a Physical Disability	0
▪ Inmates who are Blind, Deaf, or Hard of Hearing	0
▪ Inmates who are LEP	2
▪ Inmates with a Cognitive Disability	0
▪ Inmates who Identify as Lesbian, Gay, or Bisexual	2
▪ Inmates who Identify as Transgender or Intersex	2
▪ Inmates in Segregated Housing for High Risk of Sexual Victimization	0
▪ Inmates Who Reported Sexual Abuse	3
▪ Inmates Who Reported Sexual Victimization During Risk Screening	3

The Audit Team was also provided a list for each of the required specialty staff and inmate grouping. For the inmate population, these lists included those inmates identified as high risk, those who reported victimization during their risk assessment, and inmates who have reported sexual abuse or harassment. The facility reported that there were currently seven inmates who identified as lesbian, gay, bisexual, transgender or intersex, there were six Limited English

Proficient inmates, no inmates that were deaf, blind or had limited hearing and no inmates with physical disabilities.

An entrance meeting was conducted in the Superintendents Conference Room. This meeting included:

Ron Haynes, *Superintendent*

Jeri Boe, *Assoc. Supt./Programs*

Mike Tupper, *Assoc. Supt./Operations*

Julie Smith, *CPM*

Eddie Reetz, *Captain*

Laura Paul, *CBCC PREA Coordinator*

Denise O'Hara, *Security Specialist*

Jack Brandt, *Facilities Manager*

Katrina Henry, *Health Services Manager*

Jerry McHaffie, *Food Service Manager*

John Stubbs, *Correctional Industries Manager*

Lorne Spooner, *Chief Investigator*

Robert Monger, *Lieutenant*

Carroll Riddle, *Lieutenant*

Doug Duncan, *Chaplain*

LeAnne Fletcher, *Offender Change Programs*

Paul Collins, *Training & Development*

Faye Gingell, *Community Partnership Program Coordinator*

Jeri Newman, *CUS/C-D units*

Ken McKenney, *CUS/E-F units*

Michelle Klepps, *CUS/G-H units*

Kurt Grubb, *Correctional Counselor/A-B Units*

Beth Schubach, *DOC PREA Coordinator*

Tracy Hixson, *OCC Compliance Specialist*

Jillian Shane, *USDOJ Certified PREA Auditor*

Robin Bruck, *Support Staff*

Bernadette Deats, *Support Staff*

The audit team was given a tour of all areas of the facility, including the outlying buildings where inmates may be assigned for work details. The PCM, Lieutenant, Maintenance Supervisor and Captain were present for the entire tour. As we entered each area, the Department Heads greeted us and walked us through their area. The audit team spoke informally with staff and inmates during the tour. The team also paid specific attentions to the facility's camera placement, monitoring capabilities, mirror placement, and areas of potential opposite gender viewing.

During the facility tour, the audit team advised the staff of a few areas that could possibly be a blind spot or an area of limited viewing. The staff was extremely responsive and immediately submitted work orders to add mirrors to increase visibility for staff. In addition, a few locks were seen that could possibly allow for inmates to lock themselves in an area thus creating an area for staff to not be able to quickly respond in the event of an incident. The audit team noted that shower areas and most restroom areas allowed for inmates to perform bodily functions without being viewed by members of the opposite gender who are staff. Strip search areas were also reviewed and provided appropriate security precautions while prohibiting the viewing of staff of the opposite gender from viewing.

An out-brief was conducted in the Superintendents Conference room to review some areas identified for further review and complete a further request for documentation and lastly, to highlight the areas of the facility/PREA standards that stood out as exceeding the standards. The staff included in this meeting included:

Ron Haynes, *Superintendent*

Jeri Boe, *Assoc. Supt./Programs*

Mike Tupper, *Assoc. Supt./Operations*

Julie Smith, *CPM*

Laura Paul, *CBCC PREA Coordinator*

Denise O'Hara, *Security Specialist*

Jack Brandt, *Facilities Manager*

Katrina Henry, *Health Services Manager*

Jerry McHaffie, *Food Service Manager*

John Stubbs, *Correctional Industries
Manager*

Lorne Spooner, *Chief Investigator*

Robert Monger, *Lieutenant*

Carroll Riddle, *Lieutenant*

Doug Duncan, *Chaplain*

LeAnne Fletcher, *Offender Change
Programs*

Paul Collins, *Training & Development*

Jeri Newman, *CUS/C-D units*

Ken McKenney, *CUS/E-F units*

Michelle Klepps, *CUS/G-H units*

Kurt Grubb, *Correctional Counselor/A-B
Units*

Beth Schubach, *DOC PREA Coordinator*

Jillian Shane, *USDOJ Certified PREA Auditor*

Robin Bruck, *Support Staff*

Bernadette Deats, *Support Staff*

After the on-site portion of the audit, the Auditor utilized the Auditor Compliance Tool for Adult Prisons and Jails as a guide to determine compliance with each standard. The auditor utilized information from the PAQ and provided prior to the audit, information observed from the tour and documents collected while on-site, and lastly, information obtained from both the staff and inmate interviews to complete the review and determination of compliance.

During the tour and while interviewing in the facility by the entire audit team, the team recommended some signage on some of the restroom areas. Signs were immediately added and documentation was provided to the auditor. This includes phrases such as 'one offender at a time', 'staff only', and 'offender only'. The audit team also made recommendations for viewing and blind spot elimination by the addition of mirrors. Prior to the auditors leaving the facility, they were provided a purchase order for an additional 24 mirrors and a list of where they would be placed.

In addition, during the tour, blinds were viewed in numerous offices and areas which create blind spots and areas where an event could occur, an allegation could easily be made, and a staff member or offender could be placed in a compromising and/or unsafe position. This can be included in various standards and in addition, is mentioned in the audit tour protocol. The facility Captain agreed and while the audit team was on-site, rectified and removed all areas that were noted to include blinds or other viewing obstacles.

The audit postings were reviewed which notified the inmates of the audit. They were seen in all housing units, common areas, program areas and staff areas to be viewed. While reviewing, however, it was seen that they did not include the zip code for the auditor. Because of this omission, the offender population would be unable to mail questions or concerns to the auditor nor request to be interviewed. The facility, to correct this, immediately edited the posting to include the complete address and re-posted all over the facility. In addition, offenders in lock down units were each provided a copy. Pictures of all new postings were provided to the auditor. This was to remain displayed at the facility for an additional three weeks to allow offenders time to write or contact the auditor.

After the initial on-site audit, the auditor reviewed all documentation and notes taken from the facility and issued an interim report on November 13, 2017 which detailed 14 areas and standards in need of corrective action. The auditor, the Agency PREA Coordinator, the Superintendent and the PREA Compliance Manager remained in constant contact via phone and email. The facility sent the auditor documents to illustrate trainings, policy revisions, postings, and process documents for each area in corrective action. Each standard listed below, that required corrective action, will have information regarding the finding, the corrective action, if needed and the follow up provided.

In addition, Lead Auditor Jillian Shane and support staff Bernadette Deats made a return trip to CBCC on May 29-31, 2018 to ensure completion of all corrective action areas, to review additional files and interview additional staff.

Prior to the second visit, the facility posted a memo announcing that the Auditor was returning. The auditor was provided with the Notification of Audit on April 19, 2018 that the facility stated was posted in all housing units and common areas for both staff and inmates to see and utilize. During the facility site review, the audit team observed the posting in all housing areas and throughout the facility in all inmates, visitor and staff assessable areas, providing each an opportunity to contact the auditor. The auditor received zero inmate or staff correspondence prior to the audit.

The posted audit notice stated: *During the following period, this facility will be undergoing and audit for compliance with the US Department of Justice's National PREA Standards to prevent, detect respond to prison rape under the Prison Rape Elimination Act (PREA) Standards for prisons and Jails:*

May 29, 30, 31, 2018.

Any person with information relevant to this compliance audit may confidentially correspond with the auditor by writing to: Jillian Shane, DOJ PREA Auditor, 615 First Street NW, Albuquerque, New Mexico 87102.

For this visit, two inmate letters were received. One was requesting to meet with the auditors, which was followed through on during the visit and the second letter asked for a review to be conducted of his case. The auditor requested all case materials for this inmate and reviewed each for accuracy and compliance as it related to the various reporting and investigative standards. All elements required were met and no additional information or changes could be viewed as necessary by the facility.

On the first day of this second visit, the inmate population count was 884.

An in-brief was held and in attendance were:

Jeri Boe, *Superintendent*

Lori Lawson, *Assoc. Supt./Programs*

Lorne Spooner, *Assoc. Supt./Operations*

Julie Smith, *CPM*

Eddie Reetz, *Facilities Manager*

Laura Paul, *CBCC Correctional Specialist*

Denise O'Hara, *Security Specialist*

Tom DeLong, *Lieutenant*

Carroll Riddle, *Lieutenant*

Vance Adamire, *CU Supervisor*

LeAnne Fletcher, *Offender Change Programs*

Tim Droz, *Recreation Manager*

Barb Bannan, *CU Supervisor*

Katrina Henry, *Health Services Manager*

Paul Collins, *Correctional Specialist*

Jerry McHaffie, *Food Service Manager*

John Stubbs, *Correctional Industries Manager*

Chris Crockett, *Investigator*

Paula Gaumon, *HR Manager*

Ken McKenney, *CUS/E-F units*

Ed Brandy, *Chief Investigator*

Kurt Grubb, *Correctional Counselor/A-B Units*

Beth Schubach, *DOC PREA Coordinator*

Jillian Shane, *USDOJ Certified PREA Auditor*

Bernadette Deats, *Support Staff*

Jacob Martin, *Corrections Specialist*

Lesley Pate, *Secretary Supervisor*

Diana Rosevall, *Admin Assistant*

James Mason, *CU Supervisor*

Jennifer Schwenker, *HR Consultant*

Marc Thomas, *CI Supervisor*

Staff interviews for this second site review focused on the areas in need of corrective action and the topics that were re-trained to all staff. These areas were centered around: Unannounced rounds and announcements by staff of the opposite gender; Transgender inmate pat searches and communicating effectively with the LGBTI population; Transgender inmate property and showers; LEP inmates; external reporting; first responder duties and overall culture.

A total of thirty three randomly selected inmate files were reviewed during this visit to show continued compliance with 115.33, 115.41, 115.42, and 115.81.

All investigations that initiated since the first visit were reviewed by the audit team.

A closeout was conducted upon the conclusion of the second visit. In attendance were:

Jeri Boe, *Superintendent*

Lori Lawson, *Assoc. Supt./Programs*

Lorne Spooner, *Assoc. Supt./Operations*

Vance Adamire, *CU Supervisor*

Beth Schubach, *DOC PREA Coordinator*

Jillian Shane, *USDOJ Certified PREA Auditor*

Bernadette Deats, *Support Staff*

Eddie Reetz, *Facilities Manager*

Julie Smith, *CPM*

Ed Brady, *Chief Investigator*

Staff interviews for the second on-site audit:

Category of Staff	Number of Interviews Conducted
Random Staff (Total)	26
Specialized Staff (Total):	32
Total Staff Interviewed	28
Specialized Staff Breakdown:	
▪ Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment	7
▪ Medical staff	2
▪ Mental health staff	2
▪ Volunteers who have contact with inmates	1
▪ Contractors who have contact with inmates	2
▪ Staff who perform screening for risk of victimization and abusiveness	3
▪ Staff who supervise inmates in segregated housing	2
▪ Staff on the sexual abuse incident review team	3
▪ Designated staff member charged with monitoring retaliation	1
▪ First responders, security staff	4
▪ First responders, non-security staff	3
▪ Intake staff	2

Facility Characteristics

The auditor’s description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Clallam Bay Corrections Center is a level 4/5 prison housing adult male offenders, situated in Clallam County, 2 miles south of the community of Clallam Bay on the Clallam Bay Peninsula. It opened in 1985 as a 450 bed medium custody facility, at a cost of \$56 million. The facility

converted to close custody in 1991 and added a 400 bed medium custody building, a new warehouse, and a new gymnasium in 1992 for \$26 million. The average daily offender population is about 883.

Staffing

A total of 431 fulltime staff work at CBCC in support of the DOC mission. Positions include: 259 Custody, 106 Support, 6 Correctional Industries, 13 Peninsula College, 33 Medical, 10 Business & Warehouse, 4 Human Resources, 3 Information Technology, and 1 Librarian.

Staff Training

The Professional Development Center provides a comprehensive staff development program that leads from basic through advanced training. This includes annual in-service and specialized training services that respond to institutional needs and are targeted for special programs including training for teams and work units, and on- the-job training.

Adult Education

This program is supported by a contract between the Department of Corrections and Peninsula College. Basic Education and Job Readiness are the core of our Adult Education Program, with the majority of classes in GED Preparation, Adult Basic Education, English as a Second Language, and Certified Vocational Programs.

Work/Training

Offenders work in various areas of the facility. Jobs include: food services workers, clerks, grounds keepers, education assistants, custodians, recreational assistants, warehouse workers, electricians, welders, and mechanics. Correctional Industries employs 94 offenders in the offender clothing line and laundry.

Employment emphasizes development of work skills, working for a supervisor; achieving results with others, and contributes to a reduction in the operating costs of the facility. Meaningful work also enhances self-esteem, and provides opportunities for self-improvement.

Volunteer Programs

There are many volunteer programs and about 150 volunteers serving Clallam Bay Corrections Center. These programs include but are not limited to: religious and spiritual studies; educational programs; cultural and ethnic heritage groups; dog and cat rehabilitation; and self-improvement, parenting, marriage, and social skills classes, among others.

Classification/Custody

CBCC houses minimum, medium, close, and maximum custody offenders. Offenders are placed in a custody level based on their classification; an analysis of factors designed to assess the risk each offender represents.

Classification Counselors review the record: the crime that the offender committed; behavior within the facility, including the infraction history; programming status in education classes, work programs; and progress in self-improvement programs. Offender reviews are regularly conducted on a six or twelve month basis, depending on their release date. Each segment of this review contains a point system. Offenders are identified as minimum, medium, or close custody, based on the points they receive.

Health Services

General health care services are offered to offenders. Medical provides intake assessment of all new arrivals; routine sick calls; emergency medical and dental treatment; necessary dental treatment; mental health; and optometry services.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of Standards Exceeded: 1

115.87 Data collection

The reports published online and provided to the auditor were extremely thorough and detailed, extremely transparent with the information provided and well written to be clear to a reader. They provide a clear overview of the PREA program, incidents/investigations, corrective actions and improvements made. This report far exceeds the requirement of the standard as it offers information well above the requirement

Number of Standards Met:

45

- 115.11 Zero Tolerance of sexual abuse and sexual harassment; PREA Coordinator
- 115.12 Contracting with other entities for the confinement of inmates
- 115.13 Supervision and monitoring
- 115.14 Youthful inmates
- 115.15 Limits to cross-gender viewing and searches
- 115.16 Inmates with disabilities and inmates who are limited English proficient
- 115.17 Hiring and promotion decisions
- 115.18 Upgrades to facilities and technologies
- 115.21 Evidence protocol and forensic medical examinations
- 115.22 Policies to ensure referrals of allegations for investigations
- 115.31 Employee Training
- 115.32 Volunteer and contractor training
- 115.33 Inmate Education
- 115.34 Specialized training: Investigations
- 115.35 Specialized training: Medical and mental health care
- 115.41 Screening for risk of victimization and abusiveness
- 115.42 Use of screening information
- 115.43 Protective Custody
- 115.51 Inmate Reporting
- 115.52 Exhaustion of administrative remedies
- 115.53 Inmate access to outside confidential support services
- 115.54 Third-party reporting
- 115.61 Staff and agency reporting duties
- 115.62 Agency protection duties
- 115.63 Reporting to other confinement facilities
- 115.64 Staff first responder duties
- 115.65 Coordinated Response
- 115.66 Preservation of ability to protect inmates from contact with abusers
- 115.67 Agency protection against retaliation
- 115.68 Post-allegation protective custody
- 115.71 Criminal and administrative agency investigations
- 115.72 Evidentiary standard for administrative investigations
- 115.73 Reporting to inmates
- 115.76 Disciplinary sanctions for staff
- 115.77 Corrective action for contractors and volunteers
- 115.78 Disciplinary sanctions for inmates
- 115.81 Medical and mental health screenings; history of sexual abuse
- 115.82 Access to emergency medical and mental health services
- 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers
- 115.86 Sexual abuse incident reviews
- 115.87 Data collection
- 115.88 Data review for corrective action
- 115.89 Data storage, publication, and destruction

- 115.401 Frequency and scope of audits
- 115.403 Audit contents and findings

Number of Standards Not Met: 0

Summary of Corrective Action (if any) - Currently ZERO

Standards that were in corrective action and have satisfactorily met all requirements of the standard during the review period were:

- 115.11 Zero Tolerance of sexual abuse and sexual harassment; PREA Coordinator

Concerns were identified due to the level of the PCM position and the authority that she may have within the facility. The facility and agency was tasked with working together to reclassify the position and/or duties.
- 115.12 Contracting with other entities for the confinement of inmates

One facility, that was contracted by the Agency, was non-compliant with the PREA Standards
- 115.13 Supervision and monitoring

The facility Superintendent reviewed the process and determined that CBCC needed to be more specific in their documentation. The facility adopted an additional requirement for staff to document walkthroughs in the Unit/Area log book by citing either 'unannounced round' or 'walkthrough'. In addition, staff were to be retrained in the requirements of this standard.
- 115.15 Limits to cross-gender viewing and searches

The Superintendent sent a memorandum to the auditor which stated: During the Department of Justice PREA Audit, it was learned that the Female Announcement or Announcing 'Female on the Unit' has not been done consistently.
- 115.16 Inmates with disabilities and inmates who are limited English proficient

The facility will retrain and educate all staff on the process used for inmates who are LEP.
- 115.31 Employee Training

As outlined in numerous other provisions, the facility was non-compliance in this standard.

115.32 Volunteer and Contractor Training

The auditor recommended that the facility develop a process of oversight and review to ensure that the list in the necessary areas is current and consistent. In addition, a thorough review of the multiple lists should be completed to ensure that all approved and current contractors and volunteers are present and expired ones are removed.

115.41 Screening for risk of victimization and abusiveness

Based on the initial disclosure by the facility staff and the random review by the auditors in which selected files that were not being screened in a timely manner, the auditor recommended all staff be retrained in these standards and supervisory oversight and review be added to this process.

115.42 Use of Screening Information

Due to the screenings in 115.41 being conducted untimely, the utilization of said information cannot be in compliance.

115.51 Inmate Reporting

Information provided to offender that details the use of outside reporting information is also believed to involve outside investigators who would come from the State of Colorado.

115.63 Reporting to other confinement facilities

During interviews on the first visit, the facility was able to articulate and detail the process and requirements of this standard. There was, however, no log or process for retaining the documentation. The facility was tasked with creating a tracking process to ensure proper documentation is completed and maintained.

115.81 Medical and mental health screenings; history of sexual abuse

The facility self disclosed and the auditor observed that not all referrals were being completed and the inmates were not always being seen within the 14 day requirement. The facility was tasked with developing a clear process and training all applicable staff.

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

Offenders who reported offender on offender sexual assault or staff on offender sexual misconduct were not referred to medical as required. The facility was tasked with developing a clear process and training all applicable staff.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

XXX Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Standard 115.11 (a) requires that that an agency shall have a written policy maintaining zero tolerance towards all forms of sexual abuse and sexual harassment and outline the agency's approach to preventing, detecting, and responding to such conduct. WDOC has three Department Wide policies that detail the agency's zero tolerance and their prevention, detection and response to all forms of sexual abuse and harassment. This include DOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting*; DOC Policy 490-850, *Prison Rape Elimination Act Response*; and DOC Policy 490.860, *Prison Rape Elimination Act Investigation*. While the latter two policies focus on the thorough detailed approaches, DOC policy 490.800 states, "The Department has zero tolerance for all forms of sexual misconduct. The Department will impose disciplinary sanctions for such conduct, up to and including dismissal for staff. Incidents of sexual misconduct will be referred for criminal prosecution when appropriate". Each of these policies is accessible to all staff, offenders and the public.

The facility is in compliance with this provision of the standard.

(b) WDOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting* outlines the agency level PREA Coordinators roles and responsibilities (page 3 and 4). The WDOC maintains a fulltime PREA Coordinator position, which is an upper-level, agency wide position, as required by this subsection of the standard. This position reports directly to the Assistant Secretary of the Administrative Operations Division. The PREA Coordinator is responsible for oversight of the development, implementation and maintenance of all PREA-related strategies throughout the agency. The Headquarters and DOC organizational charts were reviewed which illustrated this position and the organizational hierarchy.

The facility is in compliance with this provision of the standard.

(c) WDOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting* outlines the facility level PREA Compliance Manager roles and responsibilities (page 3 and 4). Clallam Bay Corrections Center maintains a full time PREA Compliance Manager

position, which is required by this subsection of the standard. This position reports directly to the Warden of CBCC. The PREA Coordinator is responsible for oversight of the development, implementation and maintenance of all PREA-related strategies throughout the facility. The facility organizational chart and position description were reviewed which illustrated this position duties and the facility hierarchy.

The facility is in compliance with this provision of the standard.

CORRECTIVE ACTION: During the interviews with staff, the PCM and the complete on-site portion of this audit review, it was evident that this position, while dedicated to PREA, does lack in the area of authority. In comparison to other facilities within the Agency, this position is a lower rank and, in addition, is a member of the Bargaining Unit. This classification does not allow the PCM to be party to management meetings, since employee discipline may be discussed, and in addition, will not allow her to follow through on staff related investigations and/or reassignments as they may relate to staff. This has, and will continue to create difficulties for this facility to progress in compliance and oversight.

A memo was provided to all staff from the Superintendent, dated May 1, 2018 which stated:

To assist with continued adherence to PREA Standards and procedures, Associate Superintendent of Operations Lori Lawson has been appointed as the PREA Compliance Manager.

The PREA Specialist, Laura Paul, will report directly to Associate Superintendent Lori Lawson. This change in reporting is to fully comply with PREA Standard 115.11 providing the PREA Compliance Manager with the authority to meet standard requirements.

After interviews with staff on the return visit, it was evident that all staff knew who the PCM and PREA Specialist were. The PCM is present at the weekly management meetings, which was evident in the reviewed meeting minutes and logs. Lastly, the PCM meets weekly with the Superintendent to discuss programs, resolve issues, etc. The changes that were made in between the first and second visit, the progress the facility made, and the culture shift that has begun to take place, add the necessary credence to positive change and authority with the new staff organization and processes.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (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 inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) DOC Policy 490.800, *Prison Rape Elimination Act (PREA) Prevention and Reporting*, states that any new or renewed contracts for the confinement of offenders will include the requirement that the contracted facility comply with federal PREA standards and allow the Department to monitor PREA Compliance.

The facility is in compliance with this provision of the standard.

- (b) DOC Policy 490.800, *Prison Rape Elimination Act (PREA) Prevention and Reporting*, states that any new or renewed contracts for the confinement of offenders will include the requirement that the contracted facility comply with federal PREA standards and allow the Department to monitor PREA Compliance.

Also reviewed to illustrate compliance with these provisions was: Documentation of contract language (template/shell) for applicable facilities; A memo from Secretary regarding violator jail bed contracts not included in WADOC compliance determinations based on payment of per diem and housing for short term only; DOJ ruling regarding Pioneer Human Services residential treatment centers not falling under; Standards and memo that WADOC will monitor population makeup.; contract with American Behavioral Health Systems for housing offenders in a residential treatment center; Memo from Work Release Oversight and compliance Administrator regarding placement of an offender in this facility with the contract; a memo regarding contract negotiations with Clark County Work Release Program Administrator; Contract with the GEO Group for housing of offenders in out of state beds; Interagency agreement with the Rehabilitation Administration for housing youthful offenders; RCW 72.02.410 providing statutory authority for the housing of youthful offenders in an RA Facility; Contract with Yakima County Jail for the housing of overflow offenders; Contract monitoring memo from WADOC PREA Coordinator.

All contract language reviewed by the auditor, as referenced above, included the contracting agencies obligation to adopt and comply with the PREA standards and the obligation of WADOC to monitor the contract and facility to ensure compliance that the contract is complying with the PREA standards.

The WADOC has contracted with Pioneer Human Services to provide residential substance abuse treatment services to offenders on supervision in the community. According to the definition of Community Confinement Facility as per the PREA standards, the facility would appear to fall under the requirement. However, the USDOJ has ruled that such a facility must house a population of 50% offender before the standards will apply. WADOC reports that should the total offender population rise above 50%, the contract will at that time be modified to require the contractor to maintain compliance with the PREA standards and will also include the required monitoring by WADOC.

The facility is in compliance with this provision of the standard.

CORRECTIVE ACTION: An interview with the contract administrator illustrated that the WADOC was aware of this requirement for future contracts and/or contract renewals. In addition, the contract monitoring is now common practice. In addition, WADOC has current monitoring information for all facilities with the exception of Clark County Work Release. The county has not yet received a DOJ PREA audit as required in their contract. As a result, we are in the process of transferring all WADOC offenders out of the facility, which is scheduled to be complete by 12/31/2017. We will suspend the contract until such time as the county achieves

compliance with the standards as demonstrated in the completion of an audit by a DOJ certified auditor.

For the corrective action, the WADOC PREA Coordinator forwarded to the auditor on January 16, 2018 documentation which confirmed the removal of all DOC offenders from the Clark County Jail. A memo, dated December 19, 2017 was sent to the Sheriff of Clark County which details the importance of PREA compliance and outlines a telephone call that occurred between the Sheriff and the WADOC Work Release Supervisor. The Jail intends to and is working towards compliance with PREA and is expected to have an audit completed in late 2018. Until that time, the WADOC will temporarily suspend housing in this facility and will look forward to continued partnership in the future.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? XXX Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? XXX Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? XXX Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? XXX Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? XXX Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? XXX Yes No

- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? XXX Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? XXX Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? XXX Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? XXX Yes No NA
- Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? XXX Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? XXX Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? XXX Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) XXX Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? XXX Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? XXX Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? XXX Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? XXX Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? XXX Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? XXX Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) WADOC Policy 490.200, *Prison Rape Elimination Act Prevention and Reporting*, states that 'Each Superintendant and Work Release Community Corrections Supervision will use the PREA Compliant Staff Plan template maintained on the PREA Audit SharePoint site to develop, maintain and annually review a staffing plan that includes an objective analysis of the facility staff needs and established staffing model'. The template includes all elements of this provision such as Generally accepted detention and correctional practices; Any judicial findings of inadequacy; Any Findings of inadequacy from federal investigative agencies; Any findings of inadequacy from internal or external oversight bodies; All components of the facilities physical plant (including "blind spots" or areas where staff or inmates may be isolated; The composition of the inmate population; The number and placement of supervisory staff; Institution programs occurring on a particular shift; Any applicable state or local laws, regulations or standards; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and Any other relevant factors.

In addition, WADOC Policy 110.100, *Prison Management Expectations*, states that superintendants will compile quarterly reports on the following and submit to their

Deputy Director...compliance with the staffing plan, listing all vacancies open 30 days or more, and actions taken to fill or mitigate to ensure continuity of services.

The facility is in compliance with this provision of the standard.

- (b) WADOC requires that each facility document deviations from their staffing plan including vacancies, program closures, and/or filling of mandatory posts. WADOC policy 110.100 states that Superintendents will compile quarterly reports on the following and submit to their Deputy Director: Major incidents and developments in each department or administrative unit; population data; compliance with the staffing plan, listing all vacancies over 30 days or more, and actions taken to fill or mitigate to ensure continuity of services; assessment of employee morale via personal activities; assessment of offender morale via grievance statistics and major incidents; major problems and plans for solving them; and Government Management Accountability and Performance assignments and status of action plans.

The facility is in compliance with this provision of the standard.

- (c) WADOC Policy 490.200, *Prison Rape Elimination Act Prevention and Reporting*, states that 'Each Superintendant and Work Release Community Corrections Supervision will use the PREA Compliant Staff Plan template maintained on the PREA Audit SharePoint site to develop, maintain and annually review a staffing plan that includes an objective analysis of the facility staff needs and established staffing model'. The template includes all elements of this provision such as Generally accepted detention and correctional practices; Any judicial findings of inadequacy; Any Findings of inadequacy from federal investigative agencies; Any findings of inadequacy from internal or external oversight bodies; All components of the facilities physical plant (including "blind spots" or areas where staff or inmates may be isolated; The composition of the inmate population; The number and placement of supervisory staff; Institution programs occurring on a particular shift; Any applicable state or local laws, regulations or standards; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and Any other relevant factors.

The facility is in compliance with this provision of the standard.

- (d) As outlined in Policy DOC 420.370, *Security Inspections*, the Superintendent will develop a rotation schedule to ensure weekly visits are conducted of all living areas and activity areas to encourage informal contact with personnel and offender and to informally observe living and working conditions. Employees in this rotation should include associate superintendents; captains/senior security managers; correctional program managers; and other designated department heads and managers. In addition, WADOC Policy 110.100 states that superintendents will ensure that each member of the facility executive team make unannounced tours of selected areas of the facility at least weekly. Employees are prohibited from altering one another that these tours are occurring,

except when necessary for the legitimate operational functions of the facility. Lastly, WADOC policy 400.200 states that 'correctional staff will maintain a permanent log, providing a shift report that records routine information, emergency situations, unusual instances, and area visits by executive staff and designated Department heads in the post log.

During the onsite portion of the audit, it was learned that there was staff confusion on the difference between an announced round and announcements for opposite gender staff in housing areas. This was evident during interviews with staff of all level, to include management.

The facility is in compliance with this provision of the standard.

CORRECTIVE ACTION: The facility Superintendent reviewed the process and determined that CBCC needed to be more specific in their documentation. The facility adopted an additional requirement for staff to document walkthroughs in the Unit/Area log book by citing either 'unannounced round' or 'walkthrough'. This process is separate from the requirements of DOC policy 490.800 which requires all persons of opposite gender to announce themselves when entering a housing unit. For CBCC, the process requires an announcement of 'woman on the unit', loud enough and often enough to be reasonably heard by the occupants of the area. The expectation of this policy has been addressed in a clarifying email distributed to all facility staff.

The auditor was provided copies of the email distributed to all staff and examples of log entries noting unannounced rounds or unannounced walk throughs.

In addition a PowerPoint refresher presentation was provided to all staff. Copies of the presentation, as well as rosters showing staff participation and a spreadsheet verifying completion of training by all staff was provided. Staff interviewed, of all level, were aware of the purpose of rounds and the need to document the rounds.

While on-site for the second visit, the audit team reviewed log books in all areas that were visited. In all logs, the auditors were able to locate and view log entries that match the training and directive that was distributed by the Superintendent and trained to the staff.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other

common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) XXX Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) XXX Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) XXX Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) XXX Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) XXX Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) XXX Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) (b) and (c) CBCC has demonstrated compliance with all elements of this standard. Agency wide, this standard would only apply to Washington Corrections Center (WCC) and the Washington Corrections Center for Woman (WCCW). CBCC houses adult male felons and does not house female offenders nor house youthful offenders. If a youthful

offender arrived at CBCC, it would be based on an exigent circumstance and that offender would be placed in an area where safety of the youthful offender was the priority and an immediate transfer to WCC would be made.

WADOC Policy 320.500, *Youthful Offender Program*, states that pending a transfer to a JRA facility, the youthful offender will be assigned a cell separate from adult offenders, within an intensive management or segregation unit or infirmary. The youthful offender would not be housed with or participate in a program or activity with any adult offender. The youthful offender will be under direct supervision by two custody staff whenever he or she leaves their cell. Lastly, the policy states that sight and sound separation with adult offenders will be minimal and brief. In the past twelve months, there have been no (zero) youthful offenders housed at CBCC.

The facility is in compliance with these provisions of the standard.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
XXX Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) XXX Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) XXX Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? XXX Yes No
- Does the facility document all cross-gender pat-down searches of female inmates?
XXX Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? XXX Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? XXX Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? XXX Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? XXX Yes No

115.15 (f)

- 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? XXX Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? XXX Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) WADOC policy 420.310, *Searches of Offenders*, states that staffing will meet the follow

gender requirements, unless waiting for an employee of the designated gender may result in serious bodily injury to the offender, the employee or others:

- a. Strip searches of female offenders will be conducted by female employees.
- b. Strip searches of male offenders require that one of the employees conducting the strip search is male. If the second person conducting the strip search is female, she will position herself to observe the employee doing the strip search, but will not be in direct line of sight with the offender.

The facility indicated that in the previous twelve months, there have not been any cross gender strip searches or cross gender visual body cavity searches conducted at CBCC.

In addition, WADOC Policy 420.312, *Body Cavity Search*, states that all participants in a body cavity search process will be the same gender as the offender.

Lastly, WADOC policy 420.310, *Searches of Offenders*, states that all strip searches will be documented before the search or as soon as possible after the completion of an emergent strip search. The documentation must contain at a minimum: the date of the search; name of the offender; DOC number; reason for search; and names and gender of employees conducting the search.

The facility is in compliance with this provision of the standard.

- (b) This provision of the standards is compliant as CBCC is a facility for adult male felons and does not house female offenders. The facility does and has always exceeded 50 offenders. WADOC Policy 420.310, *Searches of Offenders*, states that pat searches will be conducted by trained employees/contract staff. Pat searches of female offenders will only be conducted by female employees/contract staff, except in emergent circumstances.

The facility is in compliance with this provision of the standard.

- (c) WADOC policy 420.310, *Searches of Offenders*, states that if a strip search is conducted that does not meet the above mentioned gender requirements (in provision a) for staffing, a confidential report will be completed in IMRS and submitted before the end of shift. The distribution of this report will include the PREA Coordinator. In addition, WADOC Policy 420.312, *Body Cavity Search*, states that all participants in a body cavity search process will be the same gender as the offender. The facility indicated that in the previous twelve months, there have not been any cross gender strip searches or cross gender visual body cavity searches conducted at CBCC.

The facility is in compliance with this provision of the standard.

- (d) WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting*, states that Offenders will be provided with the opportunity to shower, perform bodily functions,

and change clothing without non-medical staff of the opposite gender viewing their buttocks, breasts, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This includes viewing via surveillance systems. Policy also indicates that notices will be posted in the living units and infirmaries which indicate that personnel of both genders could be present in the unit. These were also observed during the tour. Lastly, policy states that an announcement will be made indicating 'man on the unit' or 'woman on the unit', loud enough and often enough to reasonably be heard by the occupants of that area.

The WADOC and CBCC follow a directive from the Assistant Secretary Sinclair regarding announcements in offender living areas. WADOC Policy 320.265, *Close Observation Areas*, states that direct observation assignments will be conducted by an officer of the same gender as the offender, except in emergent circumstances. In the event that an opposite gender officer is assigned, a report will be completed by the Shift Commander in the IMRS system before the end of the shift. Distribution of this report will include the PREA Coordinator.

The facility is in compliance with this provision of the standard.

- (e) CBCC does not physically examine transgender or intersex offenders for the sole purpose of determining the offender's genital status. This is outlined in policy WADOC 490.820, and further states that if the offender's genital status is unknown, it will be determined by health care providers during conversations with the offender, by reviewing medical records, or if necessary, as part of a broader medical examination conducted in private by a health care practitioner. The facility indicated to the auditor that in the twelve month preceding the audit, CBCC has housed one transgender offender.

The facility is in compliance with this provision of the standard.

- (f) All staff who may perform pat searches at CBCC has received pat search training. This training was reviewed by the auditor and included information about conducting cross gender pat searches, searches of transgender and intersex inmates, and searches of both male and female offenders. All staff received this training online in February 2014 and all new staff since that time receives this training in the Correctional Worker Core. This training requirement is also outlined in WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting*.

In accordance with the policy of the facility, staff was not completing the strip search logs in accordance with what was outlined for them. During the corrective action period, the facility forwarded copies of these logs to the auditor to illustrate that staff were trained on the policy and they began doing this process correctly. In addition, during the second visit, the audit team randomly selected and spot checked these logs to ensure continued compliance.

During the on-site portion of the audit, it was observed and learned through staff and inmate interviews that the opposite gender announcement of 'female on the floor' was not being completed consistently.

The facility is in compliance with this provision of the standard.

CORRECTIVE ACTION: The Superintendent sent a memorandum to the auditor which stated: During the Department of Justice PREA Audit, it was learned that the Female Announcement or Announcing 'Female on the Unit' has not been done consistently. Per DOC 490.800 and Mr. Sinclair's memo dated December 13, 2016, "An announcement will be made indicating 'man on the unit' or 'woman on the unit' loud enough and often enough to reasonably be heard by the occupants of that area. To address this concern, an email was sent to all staff outlining this policy and facility requirements:

- If you are a female employee/volunteer at the start of your shift and you are working in the living units, you must announce 'female on the unit'
- If you are a female and you don't regularly work in that living unit and you enter you must announce 'female on the unit'
- If you are a female and you enter an area that has an offender restroom or anywhere that they would change clothes, you must announce 'female on the unit'
- When conducting a tour of the facility with female visitors the staff that is conducting the tour will be responsible for making the announcement 'female on the unit'
- Female staff entering a close custody/IMU Rotunda will announce their presence by stating 'female on the unit'
- Close custody/IMU Booth officers will make the same announcement in all three pods
- Female staff entering MSC units will announce their presence by stating 'female in the unit'.
- This directive has been added to a training PowerPoint for all staff
- This directive will be reviewed and discussed at the October Place Safety Musters for all shifts, posts and staff.

The sign in sheets and documents sent to all staff were reviewed. In addition, the sign in sheets for all staff who were re-trained on this topic were provided to the Auditor.

Also, during the interviews, numerous staff indicated that they had not received specific training on pat searching transgender offenders. In response to this, the Superintendent and the management team developed the following process that will immediately retrain all custody staff at CBCC to ensure that they all receive verifiable training on performing these searches.

For the corrective action, the auditor and the facility agreed to the following:

CBCC scheduled, for the end of October, a training for trainer Transgender pat search training with all Shift Lieutenants and Sergeants on all three shifts. After the training, each attendee was to sign a acknowledgment of said training.

Once this aforementioned is completed, each Sergeant and Lieutenant would conduct the training with the staff that they supervise and require them to sign a roster once completed.

The Captain will verify that all this training for all custody staff will be completed and all sheets will be turned into the training manager. The training manager will be responsible to develop and manage a sustainable transgender pat search process for all new custody staff working at CBCC.

A copy of the training and acknowledgment forms was forwarded to the auditor and illustrated that all custody staff were trained and signed acknowledgment forms.

To demonstrate the above, information was sent to all CBCC staff to provide clarification and direction regarding this standard. This information was also provided to all staff in the refresher training, detailed further in standard 115.31 corrective action. Copies of the email distributed to all staff, the curriculum for a refresher training, rosters showing staff participation, and a spreadsheet verifying completion of training by all staff was provided to the auditor. Staffs interviewed during the follow up visit were extremely well versed in all provisions and requirements of this standard.

Lastly, a directive regarding strip search logs expectations was distributed to staff. Expectations of these logs and searches were discussed during Lieutenant and Sergeant meetings. Copies of the training, directive and meeting minutes were forwarded to and reviewed by the audit team on the follow up visit. In addition, logs were reviewed while onsite and illustrated compliance with the directive and the standard.

The facility added doorbells to the units just weeks before the auditors returned. A directive was sent to all staff detailing the use of the door bells. Inmates are educated during intake and the inmate handbook regarding the use of the doorbells and the meaning. In addition, all current inmates were educated regarding the doorbells via the inmate kiosk and inmate memos.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? XXX Yes No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? XXX Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? XXX Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? XXX Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? XXX Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? XXX Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? XXX Yes No
- 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? XXX Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? XXX Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? XXX Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? XXX Yes No

115.16 (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 inmates who are limited English proficient? XXX Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? XXX Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? XXX Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) WADOC Policy 310.000, *Orientation for Offenders*, states that offenders will receive orientation information, both orally and in writing, in a manner that is clearly understood by offenders. This information will, at a minimum include information on the Prison Rape Elimination Act and all subsequent related policies and procedures, applicable state and federal laws and this will include potential criminal penalties; information on the departments zero-tolerance stance; definitions and examples of prohibited and/or illegal behaviors that might constitute sexual misconduct; self-protection strategies; prevention and intervention; examples of conduct, circumstances and behaviors that may be precursors to sexual misconduct; various ways sexual misconduct may be reported; that all allegations of sexual misconduct are taken seriously and investigated thoroughly; confidentiality in cases of sexual misconduct; treatment and counseling; staff requirements to report allegations; protection against retaliation; and disciplinary actions for making false reports. Policy also states that when a literacy or language problem exists, staff will assist the offender in understanding the material per DOC Policy

450.500, *Language Services for Limited English Proficient Offenders*. Spanish speaking offenders will attend a Spanish version of the orientation program. The Spanish orientation will notify offenders of the Spanish translated materials and services that are available.

WADOC Policy 450.500, *Language Services for Limited English Proficient Offenders*, states that the Department will provide interpretation (oral) and translation (written) services through Department and/or Contract services at all Department facilities and Field Offices. The Department will also provide guidelines for interpretation and translation services for LEP offenders under Department jurisdiction.

Lastly, WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting*, states that offenders are not authorized to use interpretation/translation services from other offender, family members or friends for PREA related purposes.

The facility advised the auditor that during the audit review period, twelve months prior to the on-site portion of the audit, there were no accommodation requests related to the provisions of this standard for any offenders who were deaf or hard of hearing, blind or had low vision or those who had any intellectual, psychiatric or speech disabilities. Should an accommodation be requested, the offender with the appropriate resources needed to participate in their orientation. Thirteen contracts were provided to the auditor for sign language interpreter services along with contracts demonstrating continuous access to services. Also reviewed by the auditor was the position description for Deaf Services Coordinator demonstrating agency resources to assist and support of those inmates who may be hard of hearing. Lastly, also provided to the auditor and reviewed were PREA brochures and materials that were developed to meet the needs of offenders with limited intellectual capabilities to ensure availability of applicable information.

The facility is in compliance with this provision of the standard.

- (b) In addition to all of the above referenced policy and procedures relating to this standard and this provision, the facility offers many avenues to utilize the above. Offenders are able to view the PREA Orientation video in English or Spanish. The video is also closed captioned for offenders who may be hard of hearing. Offenders who are visually impaired are able to listen to the video. The audit team was able to review the video and observe all elements of the standard and listed above in section (a) of this standard. If an offender is Spanish speaking only, arrangements will be made with the Classification Counselor responsible for orientation to provide a special viewing of the PREA orientations video in Spanish. The Agency also contracts with a language line that is available to translate PREA materials in languages other than Spanish.

The facility is in compliance with this provision of the standard.

- (c) WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting*, states

that offenders are not authorized to use interpretation/translation services from other offender, family members or friends for PREA related purposes. Staff interpreters or translators will only be used for these purposes in exigent circumstances.

It was discovered while preparing for this audit, that use of resources for all provisions of this standard were not being tracked. The facility began a tracking log to ensure this is completed. In addition, staff of numerous levels, to include management, were unclear on the process of accessing language services for offenders who are limited English proficient.

The facility was utilizing a LEP Coordinator. However, the Auditor was concerned that relying on one single person to utilize and know the system will cause an undue delay when the need may arise if that individual is not working. It was evident during the staff interviews, that staff would merely forward the need to the LEP Coordinator and wait until that person return to work, should they be unavailable.

The facility is in compliance with this provision of the standard.

CORRECTIVE ACTION: The facility will retrain and educate all staff on the process. This will allow for all shifts to be prepared to access the services, should a need arise. The Superintendent issued a memo directive to all staff, which stated: PREA 115.16 requires meaningful access to prevent, detect and respond to PREA concerns. In order to comply with this requirement the following process to obtain telephone interpreting will be adhered to for LEP offenders:

1. Go to the iDOC Application Portal
2. Go to Language and Interpretation
3. Select Offender Language Services
4. Go to the Vendors Portal tab
5. Go to the Telephone Interpreters Section
6. Select your facility or section from the drop down menu
7. Select a vendor – Note your Account number and password for your section or facility
8. Call the vendor and provide your account number and password
9. Submit billing information to you LEP Coordinator.

During the audit corrective action period, the facility forwarded the logs and documentation of that months use of services to the auditor to review and ensure compliance. During the second on-site visit, the auditor reviewed this log and interviewed various staff of all levels, custody and non-custody of the process. All staff interviewed were able to clearly articulate the process and the contact.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? XXX Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? XXX Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? XXX Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? XXX Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? XXX Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? XXX Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? XXX Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? XXX Yes No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? XXX Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? XXX Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? XXX Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? XXX Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? XXX Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? XXX Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? XXX Yes No

115.17 (h)

- 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.) XXX Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting*, states that the Department has established staffing practices as follows: To the extent permitted by law, the Department will not knowingly hire, promote, or enlist the services of anyone who: has engaged in sexual misconduct in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 USC 1997; has engaged in sexual misconduct with an offender on supervision; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse, or; has been civilly or administratively adjudicated to have engaged in the activity described above. All staff (employees, contractors, or volunteers), prospective staff at the time of hire and wherever an employee is considered for promotion are required to complete a Sexual Misconduct Disclosure form and sign an acknowledgment that all answers and statements are true and complete.

The facility is in compliance with this provision of the standard.

- (b) WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting*, states 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 offenders.

The facility is in compliance with this provision of the standard.

- (c) WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting*, states that the Department will obtain information through one or more of the following: Washington Crime Information Center/National Crime Information Center (NCIC) records checks; employment/volunteer applications; reference checks; personnel file review; and contract disclosure statements. Further, WADOC policy 810.015, *Criminal Record Disclosure and Fingerprinting* states that all applicants will be background checked before initial appointment or promotion. 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.

The facility is in compliance with this provision of the standard.

- (d) WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting*, states 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 offenders. This includes contractors or contract staff.

The facility is in compliance with this provision of the standard.

- (e) WADOC policy 810.015, *Criminal Record Disclosure and Fingerprinting* states that the designated unit/employee will establish a process to ensure that criminal background checks are run for all current volunteers, contract staff, and unarmed employees at least every five years. Annual criminal background checks are required for as part of weapons qualification for all armed employee as per DOC 410.235, *Use of Force Training and Qualifications* and DOC 410.930, *Community Corrections Use of Force Training*.

The facility is in compliance with this provision of the standard.

- (f) Staff at WADOC do not complete self evaluations.

- (g) WADOC policy 810.015, *Criminal Record Disclosure and Fingerprinting* states that failure to fully divulge criminal information on the part of an individual subsequently employed, promoted, or authorized to provide services for the Department may be cause for disciplinary action, up to and including dismissal or termination of services.

The facility is in compliance with this provision of the standard.

- (h) WADOC Policy 800.005, *Personnel Files*, states that to the extent possible, institutional employers seeking employment verification will be provided all available information on substantiated allegations of sexual misconduct or harassment. Employment verifications requests from institutional employers will be directed to the Appointing Authority, who will coordinate the review and response.

During the audit, the Auditor interviewed HR staff who exhibited that they were well versed in PREA requirements, as they related to hiring, and the WADOC policy. Random staff files were selected and reviewed, where the auditor verified that background checks were completed, that those staff with prior institutional backgrounds were contacted and documented and that staff sign acknowledgments for various sexual abuse/assault related charges and questions. Reviewed in the random selection of files were files of new hires, existing staff, promotions and transfers in.

The facility is in compliance with this provision of the standard.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
XXX Yes No NA

115.18 (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 agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
XXX Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting* states that the Department will consider possible effects on its ability to protect offenders from sexual misconduct when designing or acquiring a new facility or when planning substantial expansions or modifications of existing facilities. Since the time of the

previous audit, the facility and Agency advised the auditor that there have been several substantial capital projects. Documentation of meetings in which PREA was considered as a factor in design could not be located. While conducting the tour, the Facilities Manager spoke in detail of each of the projects, showed each to the auditor and explained how sexual safety was considered a factor. It was evident to the auditor that the standards and good sound correctional practice, as it relates to PREA and security was considered. The Auditor urged the facility, that moving forward; they document these attempts to consider PREA a factor via emails, meeting minutes, sign in sheets, etc. In addition, the PCM should always be concluded in these upgrades and that these, as well, be thoroughly documented.

The facility is in compliance with this provision of the standard.

- (b) WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting* states that the Department will consider possible effects on its ability to protect offenders from sexual misconduct when installing or updating video monitoring systems, electronic surveillance systems, or other monitoring technology.

The facility is in compliance with this provision of the standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- 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.)
XXX Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) XXX Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly

comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) XXX Yes No NA

115.21 (c)

- 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? XXX Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? XXX Yes No
- 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)? XXX Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? XXX Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? XXX Yes No
- 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? XXX Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? XXX Yes No

115.21 (e)

- 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? XXX Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? XXX Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity 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.) XXX Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- 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 115.21(d) above.] XXX Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) WADOC Policy 490.850, *Prison Rape Elimination Act (PREA) Response*, states that the Department will respond to allegations of sexual misconduct to support and provide assistance to the alleged victim, enhance security, and maximize the ability to obtain evidence to use in investigations and criminal prosecutions where applicable. During the audit review period, there were six offender on offender sexual assault/abuse matters or staff sexual misconduct investigations, one of which required referral to law enforcement. All investigations included a Uniform Evidence Protocol and/or Crimes Scene Containment/Preservation/Processing Checklist. If there was a criminal element in any cases, the Clallam County Sheriff's Office and/or the Washington State Patrol is responsible for the collection of evidence in a criminal investigation.

The facility is in compliance with this provision of the standard.

- (b) WADOC Policy 490.850, *Prison Rape Elimination Act (PREA) Response*, states that the Department will respond to allegations of sexual misconduct to support and provide assistance to the alleged victim, enhance security, and maximize the ability to obtain evidence to use in investigations and criminal prosecutions where applicable. A memorandum was provided and reviewed by the auditor from the Agency PREA

Coordinator which states that the WADOC used the following publications as the basis for developing their sexual misconduct investigation evidence protocols: A National Protocol for Sexual Assault Medical Forensic Examinations Adults I Adolescents, Second Editions, US Department of Justice, Office on Violence Against Woman; April 2013 and Recommendations for Administrators of Prisons, Jails, and Community Confinement Facilities for Adapting the US Department of Justice's A National Protocol for Sexual Assault Medical Forensic Examinations Adults I Adolescents, Second Editions, US Department of Justice, Office on Violence Against Woman; April 2013. These documents were also provided to the auditor.

The facility is in compliance with this provision of the standard.

- (c) WADOC Policy 490.850, *Prison Rape Elimination Act (PREA) Response*, states that forensic exams will be performed by a Sexual Assault Forensics Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE) where possible. If a SAFE/SANE is not available, the examination can be performed by a qualified medical practitioner. CBCC has had one incidence that required a forensic medical exam in the twelve month preceding the audit. Per established procedures and agreements, the offender was transported to the Forks Community Hospital and the forensic medical examination was conducted by a SAFE/SANE Nurse. On June 17, 2017 there was an in person meeting with Forks Community Hospital Staff and PREA Compliance Manager Laura Paul from Clallam Bay Corrections Center. The meeting minutes from the SANE nurses meeting were reviewed to ensure compliance. In addition, a memorandum from the Assistant Secretary of Health Services was provided. In the memo, the Assistant Secretary advised that he has directed the Health Services staff, in coordination with the Shift Commander, to call ahead to the hospital, when SANE is needed. If the hospital states that no SANE is available, the facility can divert to another hospital that has a SANE available or send the patient to that hospital to be seen by a qualified medical practitioner in the ER and document the attempts to obtain a SANE. The documentation must confirm that the ER at the hospital has other qualified medical practitioners able to provide the examination.

The facility is in compliance with this provision of the standard.

- (d) WADOC Policy 490.800, *Prison Rape Elimination Acts Prevention and Reporting*, states that sexual assault support services may be obtained through the Office of Crime Victims Advocacy (OCVA). Offenders may call 1-855-210-2087 toll free Monday through Friday to reach OCVA PREA Support specialist. Call will not be monitored or recorded and an Inmate Personal Identification Number (IPIN) will not be required. Abuse of the toll free phone line will be reported the Superintendent or the Work Release Administrator for action as needed. In person consultations may be available. Lastly, the memo states that CBCC has had one instance that required a forensic medical examination. The specially trained designated victim advocate was contacted by the Shift Commander and met the officer and Transport Officers at the hospital.

OCVA posters and brochures were also provided for the auditor to review and were seen throughout the facility in common areas and in staff offices.

The facility is in compliance with this provision of the standard.

- (e) CBCC has had one instance that required a forensic medical examination conducted in which a community victim advocate was used. If future incidents occur, the designated victim advocate from Forks Abuse Program would be contacted. The facility, through policy 490.850, *Prison Rape Elimination Act Response*, has a detailed and thorough Aggravated Sexual Assault Checklist which is used for sexual acts perpetrated by either staff or an offender that occurred within the previous 120 hours and involves penetration or exchange of body fluids.

The facility is in compliance with this provision of the standard.

- (f) WADOC is responsible for conducting all administrative investigations related to PREA matters. WADOC staff does not have law enforcement/arresting authority or certification, and, as such, are not authorized to conduct any type of criminal investigation. Washington Administrative Code (WAC) requires that all felonies be reported to law enforcement authorities. WAC 139-05-240 outlines the requirements of the basic law enforcement academy and 139-05-250 outlines the basic law enforcement curriculum. All law enforcement agencies are required to provide the appointing authority of the requesting facility with a copy of the investigation report once any criminal investigation has been completed.

The facility is in compliance with this provision of the standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) (b) WADOC is responsible for conducting all administrative investigations related to PREA matters. WADOC staff does not have law enforcement powers or certification, and, as such, are not authorized to conduct any type of criminal investigation. Washington Administrative Code (WAC) requires that all felonies be reported to law enforcement authorities. WAC 139-05-240 outlines the requirements of the basic law enforcement academy and 139-05-250 outlines the basic law enforcement curriculum. All

law enforcement agencies are required to provide the appointing authority of the requesting facility with a copy of the investigation report once any criminal investigation has been completed. CBCC submitted a memorandum to the auditor from the Superintendent that states that they have investigated all allegations referred to the facility by the DOC PREA Unit. WADOC Policy 490.860, *Prison Rape Elimination Act, Investigation* states that the Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department. In the year preceding this audit, there were no cases referred to law enforcement.

The facility is in compliance with this provision of the standard.

(c) The auditor was provided information that is made available on the WADOC website which details how the investigation process and referral process work. In addition, a memo was provided of a meeting with WADOC Director and the Clallam County Sheriff's Office. In the meeting, the Sheriff's Office stated that they are committed to investigating complaints and crimes. The Deputy present discussed expectations for crime scene preservation and evidence collection processes to ensure cooperation.

The facility is in compliance with this provision of the standard.

(d) The Chief of Investigative Operations submitted a memo to the auditor that stated that the WADOC is responsible for conducting all administrative investigations related to PREA. WADOC staff does not have law enforcement powers or certification and, as such, are not authorized to conduct any type of criminal investigation. Washington Administrative Code (WAC) requires that all felonies be reported to law enforcement authorities. WAC 139-05-240 outlines the requirements of the basic law enforcement academy and 139-05-250 outlines the basic law enforcement curriculum. All law enforcement agencies are required to provide the appointing authority of the requesting facility with a copy of the investigation report once any criminal investigation has been completed.

WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting* states that each Superintendent will meet at least annually with applicable law enforcement officials to review investigations requirements detailed in federal PREA standards; to establish procedures for conducting criminal investigations related to PREA allegations; and establish points of contacts and agree upon investigatory update procedures. These will be documented with meeting minutes. In addition, a MOU is in place between WADOC and the Washington State Patrol, which was reviewed by the auditor.

The facility is in compliance with this provision of the standard.

(e) This provision of the standard is not applicable, as currently, no investigations are conducted by any Department of Justice component.

The facility is in compliance with this provision of the standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? XXX Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? XXX Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? XXX Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? XXX Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? XXX Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? XXX Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? XXX Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? XXX Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? XXX Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? XXX Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? XXX Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? XXX Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? XXX Yes No
- 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? XXX Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? XXX Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? XXX Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) & (c) WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting*, states 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 individual will sign a PREA Acknowledgment form, review PREA policies and will complete training at the earliest possible

opportunity. Training will address but will not be limited to:

- a. Reviewing this policy and related operation memorandums
- b. Zero tolerance for sexual misconduct and related retaliation
- c. Preventing and detecting sexual misconduct, including, communicating with LGBTI and/or gender non-conforming offenders; gender specific issues; examples of conduct, circumstances and behaviors that may be precursors to sexual misconduct; avoiding inappropriate relationships with offenders; recognizing signs of possible/threatened sexual misconduct and staff involvement; recognizing predatory behavior and common reactions of sexual misconduct victims
- d. The dynamics of sexual misconduct in confinement
- e. Reporting sexual misconduct (including methods, mandatory reporting for youthful offender and vulnerable adults and disciplinary consequences for staffs failing to report
- f. Responding to sexual misconduct, including first responder duties and
- g. Confidentiality requirements

Training rosters were provided prior to the audit which detailed the training completion date for each staff member at the facility in addition to examples of individual training transcripts.

The facility is in compliance with this provision of the standard.

- (b) The training used at CBCC details information regarding the needs of both male and female offenders. This is done for all initial and in-service training classes, so all staff receive both. Part of this training, which was reviewed, also included information regarding the needs/reactions of both male and female offenders.

The facility is in compliance with this provision of the standard.

(d) According to a memorandum from the Program Administrator for the Training and Development Unit to the Auditor, the WADOC provides general PREA training to employees, contract staff, and volunteers through the Learning Management System. This an electronic, on-line training venue in which participants log into in order to complete required training. The system tracks participation, scores obtained on quizzes, and completion of training requirements. A function within this system requires participants to acknowledge that they understand the PREA training they just completed. If a participant does not confirm their understanding of the material, it is not registered as having been completed. The participant is then directed to obtain additional information through listed resources, contact supervisors, and/or retake the training in order to confirm their understanding.

Any in person training that is conducted, as per WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting*, acknowledgments will be documented by signing the course roster, which will include a statement verifying participant education.

The facility is in compliance with this provision of the standard.

CORRECTIVE ACTION: While documentation was present that all staff received training, related standards illustrated that staff were unclear of various aspects of WADOC policy and the PREA standards. For this reason, this standard was non-compliant after the first facility visit. Numerous staff confided in the auditors that since the majority of training is on-line/electronic, it is difficult to learn, pay attention and ask questions.

On the return visit, the auditors conducted more interviews with random staff of all levels, security and non-security. Areas such as first responder duties, communicating effectively with LGBTI inmates/offenders, language lines and the use of inmate translators and the investigation processes were the focus, as these areas were where staff seemed to have confusion. Of all new interviews, and informal discussions during walk throughs on the second visit, it was evident that staff were all retrained and that the training was purposeful, well executed, and understood by all staff.

Training logs and staff sign in sheets were provided to the auditor to illustrate that each staff member was re-trained, in person, in between the two audit visits (most in January and February, 2019).

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? XXX Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? XXX Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? XXX Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting*, states 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 individual will sign a PREA Acknowledgment form, review PREA policies and will complete training at the earliest possible opportunity. Training will address but will not be limited to:

- a. Reviewing this policy and related operation memorandums
- b. Zero tolerance for sexual misconduct and related retaliation
- c. Preventing and detecting sexual misconduct, including, communicating with LGBTI and/or gender non-conforming offenders; gender specific issues; examples of conduct, circumstances and behaviors that may be precursors to sexual misconduct; avoiding inappropriate relationships with offenders; recognizing signs of possible/threatened sexual misconduct and staff involvement; recognizing predatory behavior and common reactions of sexual misconduct victims
- d. The dynamics of sexual misconduct in confinement
- e. Reporting sexual misconduct (including methods, mandatory reporting for youthful offender and vulnerable adults and disciplinary consequences for staffs failing to report
- f. Responding to sexual misconduct, including first responder duties and
- g. Confidentiality requirements

According to the documentation provided prior to the audit, CBCC currently has 22 contractors. Of those, 21 have completed their annual PREA training as required. The one contractor is currently attending CORE training. In addition, the documentation

states that CBCC currently has 105 volunteers, 103 of which have completed the annual PREA training as required.

The facility is in compliance with this provision of the standard.

- (b) All contractors and volunteers are trained on the same PREA 101 lesson plan that all staff are trained on. Vendors and service providers with limited unescorted contact with offenders are not required to attend PREA training, but must sign a PREA Acknowledgment, as per WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting*. A vendor log was provided to the auditor which also shows that the vendors are offered a PREA Brochure upon arrival at CBCC. This log also identifies which vendors require more than just the brochure.

In addition, as per WADOC policy 530.100, *Volunteer Program*, states that before contact with offenders, occasional individual or group service volunteers must complete the PREA Acknowledgment.

The facility is in compliance with this provision of the standard.

- (c) Samples of the PREA Acknowledgment form were provided to the auditor in advance of the audit to review.

While on-site, the auditor asked the front desk officer, where all contractors and/or volunteers would need to enter through, for a current list. The list provided differed from the list provided by the facility originally and, in addition, was a different number than was stated to the Auditor during the interview with the Volunteer Services Coordinator. The process and list was unclear to many questioned.

The facility is in compliance with this provision of the standard.

CORRECTIVE ACTION: The auditor recommended that the facility develop a process of oversight and review to ensure that the list of approved, current volunteers is maintained in the necessary areas and is current and consistent. In addition, a thorough review of the multiple lists should be completed to ensure that all approved and current volunteers are present and expired ones are removed.

A memo was forwarded to the auditor which detailed reasons why there was inconsistencies in the various lists and updates. A few errors were discovered that involved a lack of updating the form, an inadvertent incorrect date, and the duplication of a particular volunteer, to name some samples. The Volunteer Coordinator rectified and created a new comprehensive list. This will be used for all updates and maintained by

her office, moving forward and distributed accordingly as updates and deletions are made.

As updates occur and as the corrective action period moved on, the facility forwarded to the auditor any new trained volunteers documentation and the updated list.

During the follow up visit, the audit team reviewed the volunteer training tracking log. This log was clearly detailed to include the full name of the person, the date of the most recent LMS PREA Training Completion Date, the Most Recent Disclosure Test Completion, the Last NCIC and the due date of the next NCIC. In addition, the audit team spot checked the front desk/reception to ensure they had the most recent list. The officers at this post, some of whom was working overtime and not regularly scheduled in this area, were able to quickly locate the list and articulate what they would do in the event that someone was trying to gain entry who was not approved or current on this list. Lastly, the volunteer coordinator was interviewed again on the return visit. She was enthusiastic about the new processes and stated that she was excited to be on track moving forward.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? XXX Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? XXX Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? XXX Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? XXX Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? XXX Yes No

115.33 (c)

- Have all inmates received such education? XXX Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
XXX Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? XXX Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? XXX Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? XXX Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? XXX Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? XXX Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?
XXX Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? XXX Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting*, states that offenders will be provided PREA related information on the Departments zero tolerance stance and ways to report sexual misconduct. Information will be presented in a manner allowing offenders to ask questions of the staff member facilitating the orientation. Policy also states that during intake at any prison, offenders will be given an information brochure provided by the PREA Coordinator.

The facility is in compliance with this provision of the standard.

- (b) In addition, WADOC Policy 310.00, *Orientation for Offenders*, states that offenders will receive orientation information, both orally and in writing, in a manner that is clearly understood by offenders. PREA is part of this orientation.

The facility is in compliance with this provision of the standard.

- (c) The Agency PREA Coordinator provided the auditor with a memorandum which detailed the PREA offender orientation. This has been in place with the WADOC since March 10, 2006 when the then Secretary of Corrections issued a directive that all offenders receive PREA orientation. The directive required that:

1. Orientation would begin immediately for all offenders coming through the reception centers at the Washington Corrections Center (males) and the Washington Corrections Center for Woman (females).
2. All offenders transferred between facilities receive PREA training
3. All offenders currently housed in prison facilities be provided with the opportunity to participate in orientation sessions at each facility and
4. All offenders receive the PREA informational brochure

In addition brochures and posters are placed throughout the facility and continue to provide PREA-related information to offenders. As a result of this initiative, offenders within WADOC have consistently been provided with PREA information since early 2006.

The facility is in compliance with this provision of the standard.

- (d) Information provided by the facility is provided in a variety of formats to include: all documents being available in Spanish; Low comprehensive information and a guidebook for staff for those inmates who may have limited reading skills; and a PREA transcription. Closed captioning is available for hearing impaired offenders who are watching the PREA orientation video.

During the twelve months preceding the audit, the Superintendent advised the auditor that they had not had any offenders placed there that required materials to be presented in a different format other than English video and brochures.

WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting*, states that professional interpreter or translation services, including sign language, are available to assist offenders in understanding this policy, reporting allegations, and/or in participating in investigations of sexual misconduct. Offenders are not authorized to use interpretation/translation services from other offenders, family members, or friends for these purposes. Staff interpreters/translators will only be used for these purposes in exigent circumstances.

The facility is in compliance with this provision of the standard.

- (e) (f) The Agency PREA Coordinator provided the auditor with a memorandum which detailed the PREA offender orientation. This has been in place with the WADOC since March 10, 2006 when the then Secretary of Corrections issued a directive that all offenders receive PREA orientation. The directive required that:

1. Orientation would begin immediately for all offenders coming through the reception centers at the Washington Corrections Center (males) and the Washington Corrections Center for Woman (females).
2. All offenders transferred between facilities receive PREA training
3. All offenders currently housed in prison facilities be provided with the opportunity to participate in orientation sessions at each facility and
4. All offenders receive the PREA informational brochure

The facility is in compliance with this provision of the standard.

- (f) In addition brochures and posters are placed throughout the facility and continue to provide PREA-related information to offenders. As a result of this initiative, offenders within WADOC have consistently been provided with PREA information since early 2006. The auditor was provided copies of and reviewed the PREA brochure, posters, videos and handbook.

During the audit, a roster of all inmates and their intake dates were ran to determine if any inmates were at CBCC prior to the implementation of the standards. During said review, it was discovered that some inmates did not receive any PREA comprehensive education. While onsite, the facility immediately educated and provided information to each of these offenders and the matter was addressed.

The facility is in compliance with this provision of the standard.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) XXX Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] XXX Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] XXX Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] XXX Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] XXX Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]
XXX Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) (b) & (c) WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting*, states that PREA Investigators will be trained in:

- a. Crime scene management/investigation, including evidence collection in prisons and work releases
- b. Confidentiality of all investigation information
- c. Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process
- d. Crisis intervention
- e. Investigating sexual misconduct
- f. Techniques for interviewing sexual misconduct victims; and
- g. Criteria and evidence required to substantiate administrative action or prosecution referral.

WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting*, also states that investigators will assigned by the Appointing Authority/Designee and must be trained per DOC 490.800, *Prison Rape Elimination Act Prevention and Reporting*.

Provided to the auditor was the complete PREA and Workplace Investigator Training Curriculum and the PREA investigator Booster Training Curriculum. A list of all staff who have attended this training was also provided which included their completion date.

Lastly, the Agency PREA Coordinator provided the auditor with a memorandum which detailed the process of assigning investigations.

The facility is in compliance with all provisions of the standard.

- (d) The WADOC is responsible for conducting all administrative investigations related to PREA. WADOC staff does not have law enforcement powers or certification and, as such, are not authorized to conduct any type of criminal investigation. Washington Administrative Code (WAC) requires that all felonies be reported to law enforcement authorities. WAC 139-05-240 outlines the requirements of the basic law enforcement academy and 139-05-250 outlines the basic law enforcement curriculum. All law enforcement agencies are required to provide the appointing authority of the requesting facility with a copy of the investigation report once any criminal investigation has been completed.

WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting* states that each Superintendent will meet at least annually with applicable law enforcement officials to review investigations requirements detailed in federal PREA standards; to establish procedures for conducting criminal investigations related to PREA allegations; and establish points of contacts and agree upon investigatory update procedures. These will be documented with meeting minutes.

The facility is in compliance with this provision of the standard.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- 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? Yes No
- 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? Yes No
- 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? Yes No

- 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? XXX Yes No

115.35 (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 medical staff at the facility do not conduct forensic exams.) XXX Yes No NA

115.35 (c)

- 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? XXX Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? XXX Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? XXX Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) (c) & (d) WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting* states that health services employees/contract staff, with the exception of medical records, clerical, pharmacy personnel, the Dietary Services Manager, and the Psychologist assigned exclusively to sex offender treatment programming will be trained in:
 - a. Detecting and assessing signs of sexual misconduct;

- b. Responding effectively and professionally to sexual misconduct victims;
- c. Completing DOC fight/assault activity review
- d. Preserving physical evidence
- e. Reporting sexual misconduct; and
- f. Counseling and monitoring procedures.

All of the medical/mental health staff at CBCC and those staff identified as appropriate in the Therapeutic Community have completed PREA Training for Health Services and PREA annual training as required. All documentation of completion is maintained in the Learning Management System and was reviewed by the auditor. The PREA Training Curriculum was provided to the auditor for review as well as a spreadsheet identifying all staff at CBCC who have completed the PREA training for Health Services and their completion dates.

The facility is in compliance with all provisions of the standard.

- (b) WADOC policy 610.025, *Medical Management of Offenders in Cases of Alleged Sexual Abuse or Assault*, states that if the report is made within 120 hours of the alleged sexual assault and the case involves penetrations and/or exchanges of bodily fluids, the Department will transport the offender to the designated community health care facility. WADOC does not conduct these examinations and therefore, no staff is required, at WADOC, to have said training on this provision of the standard completed.

The facility is in compliance with this provision of the standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? XXX Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? XXX Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
XXX Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
XXX Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? XXX Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? XXX Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? XXX Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
XXX Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
XXX Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? XXX Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? XXX Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? XXX Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? XXX Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? XXX Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? XXX Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? XXX Yes No
- In assessing inmates 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? XXX Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? XXX Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? XXX Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? XXX Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? XXX Yes No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? XXX Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? XXX Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX** **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) & (b) WADOC Policy 490.820, *Prison Rape Elimination Act Risk Assessments and Assignments* states that classification counselors and designated work release employees will complete a PREA Risk Assessment within 72 hours of arrival for all offenders arriving at any Department facility. Facilities will establish procedures to ensure completion within 72 hours, even on weekends and holidays. The facility advised the auditor that during a PREA Risk Assessment that was completed prior to the audit, that 78.5 of the 790 offenders received in the period reviewed, was completed timely.

The Superintendent issued a directive with a review process to ensure compliance. The following month, another review was completed of the 104 offender intakes since that directive, and 92% were completed timely.

The facility is in compliance with these provisions of the standard.

(c) The WADOC uses the PREA Risk Assessment (PRA). The assessment is available and used in the OMNI system, which is the offenders electronic file. Assessments, as per Policy 490.820, *Prison Rape Elimination Act Risk Assessments and Assignment*, must be completed in person with the offender. In the event that an assessment cannot be completed in the offender's electronic file, Classification Counselors and Community Corrections Officers may use the paper form and must update the electronic system as soon as practical.

The facility is in compliance with these provisions of the standard.

(d) & (e) WADOC Policy 490.820, *Prison Rape Elimination Act Risk Assessments and Assignment*, outlines and defines proper procedures for conducting PREA risk assessments and assignments. The screening, paper version and the electronic version,

were both reviewed. The PRA includes the following criteria to assess offenders for risk of victimization: whether the inmate has a mental, physical, or developmental disability; the age of the offender; the physical build of the inmates; whether the inmate has previously been incarcerated; whether the inmates criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or a child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether the inmate has previously experienced sexual victimization; the inmates own perception of vulnerability; and whether the inmate is detained solely for civil immigration purposes.

The screening also considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse in assessing the offenders risk of being sexually abusive.

WADOC Policy 490.820, *Prison Rape Elimination Act Risk Assessments and Assignment* also states that facilities will take into account all available information when completing PRA's to include previous risk assessments, medical/mental health assessment information, etc.

The facility is in compliance with these provisions of the standard.

(f) WADOC Policy 490.820, *Prison Rape Elimination Act Risk Assessments and Assignment*, states that a follow up assessment will be completed between 21 and 30 calendar days after the offenders arrival at the facility.

The facility advised the auditor that during a PREA Risk Assessment that was completed prior to the audit, that 2 of the 448 offenders received in the period reviewed, were not completed. In addition, 26 were late. The Superintendent issued a directive with a review process to ensure compliance. The following month, another review was completed of the 97 offender intakes since that directive, and 100% were completed timely.

The facility is in compliance with this provision of the standard.

(g) WADOC Policy 490.820, *Prison Rape Elimination Act Risk Assessments and Assignment*, states that for Cause assessments will be completed within 10 business days by assigned Classification Counselor when additional information is received suggesting potential for victimization or predation; if the offender self discloses information that could impact assessed risk; when there is a finding of guilt on certain infractions listed in the PREA Risk assessment; when an employee/contract staff observes offender behavior suggesting potential for victimization or predation; or for substantiated allegations of offender on offender sexual abuse/assault or staff sexual misconduct.

The facility is in compliance with this provision of the standard.

- (h) WADOC Policy 490.820, *Prison Rape Elimination Act Risk Assessments and Assignment*, states that offenders are not obligated to answer assessment questions.

The facility is in compliance with this provision of the standard.

- (i) CBCC restricts access in accordance with the OMNI/PREA Access/Security Groups Charts. Access for any other person must be requested through, reviewed and approved by the agency PREA Coordinator.

The facility is in compliance with this provision of the standard.

CORRECTIVE ACTION: Based on the initial disclosure by the facility staff and the random review by the auditors, this corrective action was determined by the auditor to remain open. On a bi-weekly basis, the facility sent to the auditor a list of all new intakes into the facility. The auditor reviewed the inmates screening forms at the 72 hour mark and the follow up thirty day assessment. All that were submitted were timely, as per the policy and the standard. While on-site for the follow up visit, the audit team also asked the facility for a roster of all inmates that arrived since the first visit. The audit team randomly selected inmates and reviewed their intake information, initial screening and follow up assessment. All of those reviewed were timely.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? XXX Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? XXX Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? XXX Yes No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? XXX Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? XXX Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? XXX Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? XXX Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? XXX Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? XXX Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? XXX Yes No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? XXX Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing:

lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? XXX Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? XXX Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? XXX Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) & (b) WADOC Policy 490.820, *Prison Rape Elimination Act Risk Assessments and Assignment*, states that PREA Risk Assessment information will be reviewed when making job and program assignments. Before placing the offender in a multi-person cell/room, staff responsible for making housing assignments will review the PREA Risk Assessment identifier to ensure the compatibility of cell/roommates. Housing compatibility reviews and related PREA housing chrono reviews are not required for offenders being placed in dedicated single person cells. If an offender is transferring between facilities, housing reviews can be completed in advance of the offender's arrival as long as a review is done to ensure the offenders assigned to the designated cell have not changed before the arriving offender is placed in the cell. An offender who scores at potential risk for sexual victimization will not be housed in the same cell/room as an offender who scores at potential risk for predation. In addition, WADOC 300.380, *Classification and Custody Facility Plan Review*, states that for offenders with a documented history of predatory violence or predatory sexual offending, additional mental health and or other employees may be included to provide general input about

areas of potential risk based on history. Any concerns regarding work, treatment, education, offender change programs, or other activities raised after reviewing the offenders PREA Risk Assessment will be documented in the Summary/Statement field in the Other section of the Incoming Transport/Job Screening Checklist, which will include any applicable mitigation strategies. Samples of housing Chronos were reviewed, as provided in advance of the audit and on-site.

The facility is in compliance with these provisions of the standard.

(c) (d) (e) & (f) WADOC Policy 490.820, *Prison Rape Elimination Act Risk Assessments and Assignment*, states that an offender's transgender/intersex status will be maintained as confidential and only disclosed on a need to know basis. Staff who learns an offender identifies as transgender or intersex will report the information confidentially to the Superintendent/CCS. Medical, mental health and substance use disorder practitioners will obtain offender consent using DOC 14-172 Substance Abuse Recovery

Unit Compound Release of Confidential Information before disclosure.

Employees/contract staff will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it will be determined by health care providers during conversations with the offender, by reviewing medical records, or, if necessary, as part of a broader medical examination conducted in private by a health care practitioner. Housing and programming will be reviewed, initially and prior to any transfer, by a local review committee for all offenders who identify as transgender or intersex. Reviews will be documented on DOC 02-384 Protocol for the Housing of Transgender and Intersex Offenders, which will be scanned into a secure site in the electronic imaging system accessible only by the PREA Compliance Manager/Specialist and the Correctional Program Manager/CCS or higher rank. The review committee will be chaired by the PREA Compliance Manager/Specialist and will include, but will not be limited to:

- 1) The Captain at major facilities or Lieutenant at stand-alone minimum security facilities,
- 2) The Correctional Program Manager,
- 3) A representative from medical,
- 4) A representative from mental health,
- 5) The Offenders assigned Classification Counselor.

Final housing decision will be based on recommendations from the local review committee.

Review committees will reassess placement and programming assignments every 6 months using DOC 02-385 Protocol for Housing Review for Transgender and Intersex Offenders to review any threats to the offender's safety.

A Headquarters, Multidisciplinary Team (MDT) will meet to review housing assignments as determined and chaired by the Prisons Command B Deputy Director. The MDT will include the following individuals or their designees:

- a. PREA Coordinator,
- b. Assistant Attorney General,
- c. Chief Medical Officer,
- d. Chief of Psychiatry,
- e. Emergency Operations Corrections Specialist,
- f. Selected stakeholders from the community, and
- g. Others as identified on a case-by-case basis.

Facilities will develop local procedures to allow transgender and intersex offenders the opportunity to shower and dress/undress separately from other offenders. This may include individual shower stalls, separate shower times, or other procedures based on facility design. Transgender or intersex offenders may report housing/showering issues to the Superintendent/CCS/designee. In Prisons, the Superintendent/designee will notify the offender's CUS, Unit Sergeant, and affected Unit Correctional Officers regarding any special shower arrangements.

A memo was provided to the auditor from the Superintendent which stated that during the twelve months preceding the audit, one transgender, intersex or gender non-conforming offender have been housed at CBCC.

The facility is in compliance with these provisions of the standard.

- (g) CBCC does not have a dedicated housing area for the assignment of only lesbian, gay, bisexual, transgender or intersex offenders. During the audit period, two Transgender offenders had been assigned the CBCC. Housing and programming placements for these individuals were made based on the PREA Risk Assessment and programming needs.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? XXX Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? XXX Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? XXX Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? XXX Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? XXX Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? XXX Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? XXX Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? XXX Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? XXX Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? XXX Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? XXX Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? XXX Yes No

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? XXX Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? XXX Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) (b) (c) (d) (e) WADOC Policy 490.820, *Prison Rape Elimination Act Risk Assessments and Assignment*, states that an offender who scores at potential risk for sexual victimization will not be housed in the same cell/room as an offender who scores at potential risk or sexual predation. Facilities with dormitory/open housing will establish procedures for appropriate bed assignments for at risk offenders. In prisons, this separation may include placement in segregation. Placement in Administrative Segregation for more than 24 hours should only occur if not suitable alternative housing exists and will last only until alternative placement can be made. Each alternative considered, along with the reason it was determined unsuitable, will be documented in a PREA Housing Chrono entry. Policy also states that in the rare event that placement lasts more than 30 days, a review will be conducted every 30 days to determine the continued need for the placement. Offender on this type of placement will have access to programming and job assignments to the extent possible. When unavailable, the reason and duration will be documented in the offender's electronic file.

In addition, the Superintendent also advised the audit team that offenders cannot be placed in secured housing at CBCC for more than 14 days with up to a 3 day extension as approved by the Deputy Director. This is also outlined in WADOC Policy 320.260, *Secured Housing Units*. During the audit review period, there was not any offender who

was placed in secured housing solely for separation from abusers. If an offender was at risk from abusers and there was no other alternative, the offender would be placed in secured housing for no longer than 24 hours so that a transfer to a different facility could be facilitated.

WADOC Policy 320.255, *Restrictive Housing* was reviewed by the auditor. The policy details program access due to risk levels, conditions of confinement modifications for instances mentioned above, health services, and placement.

The facility is in compliance with all provisions of the standard.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? XXX Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? XXX Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? XXX Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? XXX Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? XXX Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? XXX Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? XXX Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? XXX Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? XXX Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? XXX Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) Inmates are provided multiple internal methods to report sexual abuse and sexual harassment, retaliation by other staff or inmates for reporting, and staff neglect or violation of responsibilities that may have contributed to such incidents. WADOC Policy 450.100, *Mail for Prison Offenders*, states that offenders have the ability to correspond by means of legal mail. The legal mail process is thoroughly outlined in the policy and letters to any PREA auditors, and/or the PREA Coordinator at Headquarters are treated as legal mail. In addition, WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting* states that Offenders may report allegations in the following ways and may remain anonymous:
- Through the confidential PREA hotline;
 - Verbally to any staff;
 - Through kites;
 - Written notes or letters to staff;
 - Grievances

The facility is in compliance with this provision of the standard.

(b) In addition, WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting* states that Offenders may report allegations in the following ways and may remain anonymous:

- a. Written report to an outside agency. These reports will be made on a DOC form and the offender can remain anonymous by not identifying himself/herself on the form. Forms are available in areas accessible to offenders in Prisons with pre-addressed envelopes attached and on bulletin board in Work Releases. Once received, the outside agency will forward the report to the PREA Coordinator who will respond.

The third party method was reviewed and is in place via an MOU with the State of Colorado Department of Corrections. A test letter was sent to the Colorado Department of Corrections to see the process work and the time it would take for response. The auditor mailed the letter from New Mexico on 09/20/2017. A response was sent through the Agency and was timely. It was reported back on October 3, 2017.

The facility is in compliance with this provision of the standard.

(c) WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting* states that Offenders may report allegations in the following ways and may remain anonymous:

- a. Through the confidential PREA hotline;
- b. Verbally to any staff;
- c. Through kites;
- d. Written notes or letters to staff;
- e. Grievances

The facility is in compliance with this provision of the standard.

(d) WADOC Policy 490.850, *Prison Rape Elimination Act Response* states that employees must immediately report any knowledge, suspicions, or information received including anonymous and third party reports regarding an allegation or incident of sexual misconduct. This also includes retaliation and knowledge of staff actions or neglect that may have contributed to an incident. Policy then continues on to states that staff receiving any information regarding an allegation or incident of sexual abuse misconduct must deliver the information confidentially and immediately per the PREA Reporting Process. Attached to this policy is a flow chart of reporting and this section is detailed for staff as well in the chart.

For all portions of this standard, the information is thoroughly detailed in policy. In addition, the inmate reporting methods are clearly given to the inmates via multiple methods to include the PREA informational video, the inmate handbook, the inmate

PREA brochures and posters. For staff, they are also provided a brochure and are educated annually via their training on these processes, as evidenced by the training PowerPoint provided. However, one of the support auditors reviewed an intake session and process. During this observation or orientation, it was seen that offenders were misinformed on the process of outside agency reporting. DOC Policy 490.850 references the confidential third party reporting process. This process also utilizes DOC form 21-379, which was reviewed and seen made available to offenders, along with pre-addressed envelopes. This was observed by the audit staff in areas around the living units, library and kitchen.

The auditor was provided with a list of inmates who were Limited English Proficient. The auditor randomly selected an offender from this list. A member of the audit team went to interview this inmate and took the flyer for the Language Interpretation line with her. With the assistance of the officer assigned, they were able to utilize the number for interpretations and all signed an acknowledgment that this worked correctly.

The facility is in compliance with this provision of the standard.

CORRECTIVE ACTION. Offenders are instructed during orientation to place the completed form in the provided envelope and place it in the offender grievance box. The forms are retrieved by the Grievance Coordinator who forwards the unopened envelope to the mailroom for processing. The outside agency, upon receipt, forwards the report to the WADOC PREA Coordinator who assigns it for investigation as applicable. This process was detailed and sent out to the entire offender population in the form of an email via CE prisons email system. This process was also sent to all staff and the information was added to PowerPoint training for all staff.

The English and Spanish Form was provided to the auditor, as well as the staff directive and a copy of the email to the inmate population.

In addition, during the staff random and specialty interviews, there was some staff confusion in regards to the process that they needed to follow in reporting confidential and sensitive information. All staff were forwarded an email which provided thorough details on how to confidentially report sensitive information. In addition and attached to this email was a flow chart which thoroughly, easily and in line with policy and the PREA standards, outlines this process.

Lastly, staff and inmates were under the belief that outside agency reporting, through the State of Colorado, also involved the State of Colorado returning to conduct these investigations. Staff and inmates were re-educated on this standard and the correct process.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. XXX Yes No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) XXX Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) XXX Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) XXX Yes No 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.) XXX Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) XXX Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) XXX Yes No NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) XXX Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) XXX Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) XXX Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) XXX Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) XXX Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) XXX Yes No 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.) XXX Yes No 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.) XXX Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) XXX Yes No 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.) XXX Yes No 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.) XXX Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) XXX Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) (b) (c) (d) (e) (f) (g) WADOC Policy 490.820, *Prison Rape Elimination Act Prevention and Reporting* outlines the various ways that offenders may report PREA Allegations and also states that offenders may remain anonymous when reporting. In addition, policy states that offender grievances, including emergency offender grievances, per DOC 550.100 Offender Grievance Program and the Offender Grievance Program Manual. Copies of grievances alleging sexual misconduct will be forwarded immediately to the applicable authority per the PREA reporting process. The offender will be notified via the grievance response that the allegation was forwarded for review for a possible PREA investigation. The PREA Coordinator/designee will notify the appropriate grievance staff of the determination on whether the allegation meets the definition of sexual misconduct. If the allegation does not, the offender may re-file the grievance.

Further, WADOC policy 550.100 states that grievances alleging sexual misconduct will be forwarded to the PREA Coordinator per DOC 490.800 and will not be reviewed through the grievance process.

During the 12 months preceding the audit, four allegations were received through the grievance system. Three allegations were determined not to be PREA and the offenders were notified of the decision. During the audit period, no emergency grievances were received.

The facility is in compliance with all provisions of the standard.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? XXX Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? XXX Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? XXX Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? XXX Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? XXX Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? XXX Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) & (b) WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting* states that sexual assault support services may be obtained through the Office of Crime Victims Advocacy (OCVA). Offenders may call 1-855-210-2087 toll free Monday through Friday 8:00 a.m. through 5:00 p.m. to reach an OCVA PREA Support Specialist. Call will not be monitored or recorded and an IPIN will not be required. Abuse of the toll free phone line will be reported to the Superintendent for action as needed. In person consultations may be available to supplement phone based support for eligible offenders. Communication between the offender and the OCVA PREA Support Specialist is confidential and will not be disclosed unless the offender signs an authorization to release information. CBCC has a partnership with the Forks Abuse Center for continued and/or in person support services. Offenders are told of these mechanisms, as well as all other reporting mechanisms and the extent to which each of these is confidential, monitored or the extent to which reports of abuse will be forwarded to authorities on the offender orientation video. The auditor reviewed the Washington Coalition of Sexual Assault Programs (WCSAP) brochure for offenders, OCVA posters and brochures in both English and Spanish, and the in person advocacy guide.

The facility is in compliance with these provisions of the standard.

(c) The WADOC entered into a partnership agreement with the OCVA to provide support services to all offenders under the jurisdiction of the department. An Interagency Agreement between the WADOC and the Department of Commerce Office of Crime Victims Advocacy was reviewed. It outlines all services provided.

While on site, the audit team viewed numerous copies of the English and Spanish versions of the Office of Crime Victims Advocacy brochures and posters. From various inmate phones the auditors tried to call this number. A very clear message was received in all calls, but no live person answered the phone. The auditor continued to call and was connected to the advocate who was assigned to the number and the offenders in need of advocacy. She was extremely well versed in PREA and stated that she enjoyed the partnership and the cooperation with the WADOC and CBCC. Without revealing any confidential or victim information or names, she spoke in general terms of the types of call and advocacy that she does with the offender population.

The facility is in compliance with this provision of the standard.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? XXX Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? XXX Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has established various methods of reporting by third parties that are available at CBCC. A Family and Friends of Offenders brochure and poster is available to visitors and the public in both English and Spanish. Further, the public website offers PREA information to the public. Visitors, offender family members and associated, 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.

A test email was sent by the auditor on September 18, 2017. The email was responded to by the Agency PREA Coordinator within 3 minutes.

The facility is in compliance with all provisions of the standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? XXX Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? XXX Yes No
- 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? XXX Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? XXX Yes No

115.61 (c)

- 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? XXX Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? XXX Yes No

115.61 (d)

- 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? XXX Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? XXX Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting* states that staff will report all allegations, related retaliation, and knowledge of related staff actions or neglect that may have contributed to an incident. In addition, WDOC Policy 490.850, *Prison Rape Elimination Act Response* states 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. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident.

The facility is in compliance with this provision of the standard.

- (b) Agency policy clearly defines confidentiality restrictions regarding PREA related information. Information related to allegation/incidents of sexual misconduct is confidential and will only be disclosed for related treatment, investigation, and other security and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action, as per Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting*.

The facility is in compliance with this provision of the standard.

- (c) The Medical and Mental Health complex at CBCC has medical PREA posters displayed as well as offender brochures which outline the provisions of this standard which informs inmates of the practitioner's duty to report.

The facility is in compliance with this provision of the standard.

- (d) CBCC has eight vulnerable offenders currently assigned to their facility. None of whom reported any PREA Incidents during the review period. WADOC Policy 350.550, *Reporting Abuse and Neglect/Mandatory Reporting* states that the Department will report suspected child abuse/neglect and incidents of abuse, abandonment, financial exploitations, or neglect involving vulnerable adults to the appropriate authority. The policy then continues to identify the appropriate authorities for the different types of vulnerable populations and the methods to report.

The facility is in compliance with this provision of the standard.

- (e) Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting* states that staff will report all allegations, related retaliation, and knowledge of related staff actions or neglect that may have contributed to an incident. In addition, WDOC Policy 490.850, *Prison Rape Elimination Act Response* states 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. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident.

The facility is in compliance with this provision of the standard.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

When CBCC learns that an offender is subject to substantial risk of imminent sexual abuse, the facility takes immediate actions to protect that offender. During the review period, the facility initiated 7 investigations into PREA related matters. The actions taken to protect the offenders can include reassignments, housing unit changes, or facility transfers as warranted by the allegation and identified needs of the named victim, as outlined by WADOC Policy 490.820, *Prison Rape Elimination Act Risk Assessments and Assignments*.

The facility is in compliance with all provisions of the standard.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? XX Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? XXX Yes No

115.63 (c)

- Does the agency document that it has provided such notification? XXX Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? XXX Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

XXX Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) (b) (c) (d) WDOC Policy 490.850, *Prison Rape Elimination Act Response* states 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 member who reports through another Appointing Authority. CBCC received information on two different incidents during the review period about allegations from other facilities.

The Superintendent states that while preparing for this audit, it was discovered that documentation of notifications made by CBCC to other facilities and jurisdictions was not always maintained. Notifications have historically consisted of telephone calls with no hard copy verification available. The new process initiated required that all notifications will be made via telephone with a confirmation email or directly via email. Documentation will be maintained by the Superintendent/designee.

The facility is in compliance with this provision of the standard.

CORRECTIVE ACTION: During interviews on the first visit, the facility was able to articulate and detail the process and requirements of this standard. There was, however, no log or process for retaining the documentation. The PCM created a log and began documenting all of the notifications both into the facility, as they were received by external facilities/agencies and those that were sent from this Superintendent to other facilities/agencies.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? XXX Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? XXX Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? XXX Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? XXX Yes No

115.64 (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? XXX Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) WADOC Policy 420.375, *Contraband and Evidence Handling* outlines the process of evidence retention. In addition, WADOC Policy 490.850, *Prison Rape Elimination Act Response* states that for all allegations except aggravated sexual assault, the Shift Commander will implement appropriate security procedures and initiate the PREA Response and Containment Checklist. The checklist, Form 490.850, attachment 4,

states that the facility will separate the alleged victim and abuser; preserve and protect the crime scene; request the victim and ensure the abuser do not take any actions that will destroy any possible evidence such as washing, brushing teeth, changing clothes, urinating, smoking, drinking, urinating, defecating or eating.

During the review period, four investigations were opened in response to allegations received by custody staff.

All staff is provided a pocket guide of their first responder duties as well.

The facility is in compliance with this provision of the standard.

- (b) Non-security staff is trained to complete the same first responder duties, as listed above, until a security staff member is notified and will take control of the incident response.

The facility is in compliance with this provision of the standard.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- 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? XXX Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WDOC Policy 490.850, *Prison Rape Elimination Act Response* states that each prison will maintain a PREA Response Plan providing detailed instructions for responding to allegations of sexual misconduct. The PREA Response plan will consist of 4 sections composed of the documents listed in the PREA Response Plan contents. This plan will be maintained by the PCM in the Shift Commanders Office in each prison and with the Emergency Management Plan in each Work Release and Field Office.

The facility is in compliance with all provisions of the standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- 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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? XXX Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) and (b) The CBA between the State of Washington and Teamsters Local Union 117 was reviewed by the Auditor. The version reviewed was effective July 1, 2017 through June

30, 2019. In the CBA, the Discipline process is outlined to include sections on: just cause, forms of discipline, investigation process, work assignment, home assignment, investigatory interview, pre-disciplinary meeting, and the grievance process. All elements in the CBA are in compliance with the provisions of this standard.

The facility is in compliance with all provisions of the standard.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? XXX Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? XXX Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? XXX Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? XXX Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? XXX Yes No
- 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? XXX Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? XXX Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? XXX Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? XXX Yes No
- 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? XXX Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? XXX Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? XXX Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? XXX Yes No

115.67 (e)

- 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? XXX Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) (b) (c) (d) (e) (f) WADOC Policy 490.860, *Prison Rape Elimination Act Investigation* states that staff and offenders who cooperate with an investigation will report all concerns regarding retaliation to the Appointing Authority. When a investigation of offender on offender 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. If another Appointing Authority is assigned to investigate, their designee will notify the applicable Appointing Authority to initiate the monitoring. Indicators of retaliation may include, but are not limited to: disciplinary reports; changes in grievance trends; housing or programming changes and reassignments; and negative performance reviews.

The policy then continues to states that the Appointing Authority of the facility where the alleged victim is housed will notify the following employees, as applicable, when monitoring is required, but will not provide specific details regarding the allegation and investigation. The PREA Compliance Manager at the facility where the report was made will ensure alleged victims and offender reporters are monitored and met with at least monthly. The local Human Resource Manager will monitor employee reporters. The PCM at the facility where the report was made will monitor contract staff and volunteer reporters. Any indication of retaliation found during said monitoring will be forwarded to the Appointing Authority.

Lastly, Policy states that retaliation monitoring will continue for 90 days following notification or longer if the Appointing Authority deems it necessary. Each month, the PCM will complete and submit DOC 03-503 PREA Monthly Retaliation Monitoring Report to the Appointing Authority. If a reporter or alleged victim transfers facilities during the monitoring period, the receiving facility will assume monitoring responsibilities. Monitoring activities will be discontinued if the allegation is determined to be unfounded.

The Superintendent states that when an allegation of offender on offender sexual assault or abuse or staff sexual misconduct is reported and investigated, retaliation monitoring begins for the reporter and the named victim. During this audit period, there were no such cases initiated at CBCC.

The facility is in compliance with all provisions of the standard.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? XXX Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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, *Prison Rape Elimination Act Risk Assessments and Assignments*, states that an offender who scores at potential risk for sexual victimization will not be housed in the same cell/room as an offender who scores at potential risk for sexual predation. In prisons, this separation may include placement in Administrative Segregation. Placement in Administrative Segregation for more than 24 hours should only occur if no suitable alternative housing exists and will last only until alternative placement can be made. Each alternative considered, along with reasons it was determined unsuitable, will be documented in a PREA housing chrono entry. In the rare event that placement lasts more than 30 days, a review will be conducted every 30 days to determine the continued need for the placement.

The Superintendent submitted a memorandum to the auditor stating that during the twelve month preceding this audit, CBCC has not experienced an allegation/situation that required placing an offender in secured housing who is alleged to have suffered abuse and no other option was available to ensure protection of the offender.

During the on-site portion of the audit, two inmates indicated to the audit team that they were in fact housed in segregation due to reporting. The audit team requested to review all documentation as it related to the housing of these individuals and the investigations. The facility immediately produced all documentation. After a thorough review and discussion, it was determined that facility did not erroneously place an offender in segregation for this purpose. In one instance, an offender was placed in a special housing unit for his safety while they were asking for a transfer to another location. The second instance that was reviewed illustrated that the offender was not placed in a segregation unit. This was demonstrated by segregation logs and the inmates housing history.

The facility is in compliance with all provisions of the standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] XXX Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] XXX Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? XXX Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? XXX Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? XXX Yes No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? XXX Yes No

115.71 (d)

- 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? XXX Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? XXX Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? XXX Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? XXX Yes No
- 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? XXX Yes No

115.71 (g)

- 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? XXX Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? XXX Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? XXX Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
XXX Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) XXX Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) WADOC Policy 490.860, *Prison Rape Elimination Act, Investigations* states that the Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department.

The facility is in compliance with this provision of the standard.

- (b) WADOC Policy 490.860, *Prison Rape Elimination Act, Investigations* states that PREA investigators will be trained in: crime scene management investigation, including evidence collections; 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. Policy also states that Investigators will be assigned by the Appointing Authority and must be trained per DOC 490.800, PREA Prevention and Reporting.

The facility is in compliance with this provision of the standard.

- (c) Once an investigation is assigned to a trained investigator, that investigator will gather and preserve evidence (physical or electronic) and interview alleged victims, perpetrators, and witnesses within an established time frame. Upon completion, a review by the Superintendent is conducted. Policy 420.375, *Contraband and Evidence Handling* outlines, in detail, the process for evidence retention, signing over evidence intended for law enforcement, dried and damp/wet evidence, and disposal.

The facility is in compliance with this provision of the standard.

- (d) During the twelve months preceding the audit, there was one cases that appeared to be criminal in nature and therefore, it was referred to law enforcement. WADOC Policy 490.860, *Prison Rape Elimination Act, Investigations* states that the all allegations that appear to be criminal in nature will be referred for law enforcement investigation by the Appointing Authority.

The facility is in compliance with this provision of the standard.

- (e) WADOC policy 400.360, *Polygraph Testing of Offenders*, states that offenders who are alleged victims, reporters, or witnesses in PREA investigations will not be asked or required to submit to a polygraph examination regarding the alleged misconduct under investigation.

The facility is in compliance with this provision of the standard.

- (f) During the investigation review process at CBCC, Appointing Authorities informally review standard elements. If the investigation is addressing offender sexual assault or abuse or staff sexual misconduct and results in a substantiated or unsubstantiated finding, a formal local review process is implemented, and the results of the review are documented. During the twelve months preceding the audit, there were no cases investigated that was determined to be substantiated or unsubstantiated.

The facility is in compliance with this provision of the standard.

- (g) WADOC Policy 490.860, *Prison Rape Elimination Act Investigation* states that when a substantiated allegation is criminal in nature, the Appointing Authority/designee will notify: law enforcement, unless such referral was already made during the course of the investigation, and relevant licensing bodies.

The facility is in compliance with this provision of the standard.

- (h) During the twelve months preceding the audit, there were no cases that appeared to be criminal in nature and therefore, no investigations were referred to law enforcement. WADOC Policy 490.860, *Prison Rape Elimination Act, Investigations* states that the all allegations that appear to be criminal in nature will be referred for law enforcement investigation by the Appointing Authority.

The facility is in compliance with this provision of the standard.

- (i) WADOC Policy 490.860, *Prison Rape Elimination Act, Investigations* states that records associated with allegations of sexual misconduct will be maintained according to the Records Retention Schedule. PREA records may include, but will not be limited to: incident reviews, investigation reports, electronic evidence, investigation findings/dispositions, law enforcement referral, criminal investigation reports, required report forms and documentation of local PREA Review Committees, Data Collection Checklists and On-going investigations.

The facility is in compliance with this provision of the standard.

- (j) WADOC Policy 490.860, *Prison Rape Elimination Act, Investigations* states that investigations will be completed even if the offender is no longer under Department jurisdiction or authority and/or the accused staff is no longer employed by or providing services to the Department.

The facility is in compliance with this provision of the standard.

- (k) WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting* states that each Superintendent will meet with at least annually with applicable law enforcements officials to review investigation requirements detailed in the federal PREA standards, establish procedures for conducting criminal investigations related to PREA allegations and establish points of contact and agree upon investigatory update procedures. Meeting minutes were reviewed detailing this last meeting.

The facility is in compliance with this provision of the standard.

- (l) CBCC will cooperate with any outside agency after referral of any investigation of sexual abuse.

During interviews, numerous offenders expressed that they believe that they kites placed in the duty officer mail box are not reviewed in a timely manner and could potentially delay a response. In an effort to maintain compliance, the CPM sent an email to all staff informing them of the ways in which allegations can be reported. In addition, the email instructs staff that they must report all allegations to the Shift Lieutenant immediately. In addition, the CPM sent an email to all unit supervisors with instructions to review PREA reporting process at the October Place Safety Muster. Copies of these memos and emails were forwarded to the auditor to review.

The facility is in compliance with this provision of the standard.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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, *Prison Rape Elimination Act, Investigations* states that for each allegation in the report, the Appointing Authority will determine whether the allegation is substantiated which means that the allegation was determined to have occurred by a preponderance of the evidence.

In the pre-audit documentation review, and again while on-site the audit team was provided copies of all investigations and reviewed each. While reviewing, it was

illustrated in the reports that the standard of evidence was rightfully utilized, articulated and applied. Detailed descriptions of the case referral, the document review, interviews, physical evidence review, and many other factors were written in the reports.

The facility is in compliance with all provisions of the standard.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? XXX Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) XXX Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? XXX Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? XXX Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? XXX Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? XXX Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
XXX Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
XXX Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? XXX Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) WADOC Policy 490.860, *Prison Rape Elimination Act, Investigations* states that 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 offender is housed will inform the offender of the findings in person, in a confidential manner. If the offender has been released, the Appointing Authority will inform the offender of the findings, in person, in a confidential manner. If the offender has been released, the Appointing Authority will inform the offender of the findings in writing to the offender last known address as documented in the offenders electronic file.

The facility is in compliance with this provision of the standard.

- (b) During the twelve months preceding the audit, there was one case investigated by other investigative bodies, since no matters appeared to be criminal in nature. Whenever based on documentation from the Superintendent, had a case been referred to law enforcement, upon completion of the investigation, a request for the documentation of the criminal investigation would be requested and attached to the final internal investigation. This is also outlined in WADOC Policy 490.860, *Prison Rape Elimination Act, Investigations*.

The facility is in compliance with this provision of the standard.

- (c) WADOC Policy 490.860, *Prison Rape Elimination Act, Investigations* states that the notifications will be provided to alleged victims in a confidential manner through legal mail or by another method determined by the Appointing Authority.

The facility is in compliance with this provision of the standard.

- (d) WADOC Headquarters PREA unit maintains a log of offenders who have been names as the victim and suspect in investigations of offender on offender sexual assault and abuse matters. Should an inmate abuser be indicted on a charge or convicted of a charge, the facility would notify the offender. In the twelve months preceding the audit, there were no instances in which these requirements would be applicable. WADOC Policy 490.860, *Prison Rape Elimination Act, Investigations* states that the Department will make the following notifications, in writing, to alleged victims until they are no longer under Department jurisdiction. This will occur when 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/designee will track all cases and make required notification.

The facility is in compliance with this provision of the standard.

- (e) WADOC Policy 490.860, *Prison Rape Elimination Act, Investigations* states that the Department will make the following notifications, in writing, to alleged victims until they are no longer under Department jurisdiction. This will occur when 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/designee will track all cases and make required notification.

The facility is in compliance with this provision of the standard.

- (f) The systems established to track all post-investigation notifications, related to both staff and offender, have implemented a process whereby once an offender is released from the jurisdiction of the agency, the entry is moved to an inactive portion of the tracking document. The tracking system also documents why the entry was deemed inactive (offender released from incarceration, offender is deceased, staff member is no longer employed by the agency). This process is detailed in WADOC Policy 490.860, *Prison Rape Elimination Act, Investigations*.

The facility is in compliance with this provision of the standard.

Samples were provided to the auditor which illustrated compliance with this standard. The facility demonstrated that all are immediately sent upon conclusion and should any new information become available which would deem it necessary. Samples showed that inmates were advised of case outcomes and, in addition, when staff were no longer working at the facility. Finally, and worthy of note, is that the facility makes attempts to notify the inmate even if he is released from custody.

The facility is in compliance with this provision of the standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- 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 No

115.76 (d)

- 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)? XXX Yes No
- 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? XXX Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) WADOC Policy 450.050, *Prohibited Contact*, outlines the restriction process for staff sexual misconduct/harassment. These sanctions are up to and including terminations for any violations.

The facility is in compliance with this provision of the standard.

- (b) WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting*, states that the Department has a 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.

The facility is in compliance with this provision of the standard.

- (c) WADOC Policy 490.850, *Prison Rape Elimination Act Investigation*, states that the Department may discipline and refer for prosecution, when appropriate, individuals determined to be perpetrators of sexual misconduct. Investigations involving represented employees will be conducted per the provisions of the applicable collective bargaining agreement. WADOC Policy 490.860, *Prison Rape Elimination Act*

Investigation states that when a substantiated allegation is criminal in nature, the Appointing Authority/designee will notify: law enforcement, unless such referral was already made during the course of the investigation, and relevant licensing bodies.

CBCC has not had any staff resign due to violations of agency sexual abuse or sexual harassment policies.

The facility is in compliance with this provision of the standard.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? XXX Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? XXX Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? XXX Yes No

115.77 (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 inmates? XXX Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) and (b) Contract staff and volunteers who are found to have committed staff sexual misconduct will be terminated from service and prohibited from contact with offenders. For any other violations of Department PREA policies, appropriate actions will be taken. During the twelve month preceding the audit, there were no substantiated cases of sexual misconduct involving a contractor or volunteer.

The facility is in compliance with all provisions of the standard.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- 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? XXX Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) XXX Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) (b) and (c) During the audit period, CBCC has had no substantiated offender sexual assault and abuse cases. The Superintendent did submit documentation to the auditor that outlines that if there is a substantiated case of offender sexual abuse and assault, the perpetrator would be subject to the formal hearings process and/or criminal charges. The mental health status and any disabilities of the perpetrator and whether or not that played any part in the sexual assault and abuse would be considered. WADOC Policy 460.00, *Disciplinary Process for Prisons* thoroughly outlines the disciplinary process used to include serious infraction procedures, conduct of hearing, the disciplinary hearing officer decision, and reporting to law enforcement. In addition, WADOC Policy *Prison Rape Elimination Act, Investigation* also provides an overview of Offender Discipline.

The facility is in compliance with these provisions of the standard.

- (d) CBCC does not offer counseling or other similar intervention programs, therefore, this provision of the standard is not applicable.

The facility is in compliance with this provision of the standard.

- (e) 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, according to WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting*.

The facility is in compliance with this provision of the standard.

- (f) WADOC Policy 490.860, *Prison Rape Elimination Act Investigation* prohibits the infracting of any offender who makes a good faith PREA-related report, even if the investigation could not be substantiated with the information provided.

The facility is in compliance with this provision of the standard.

- (g) WADOC Policy 490.860, *Prison Rape Elimination Act Investigation* prohibits sexual behavior amongst offenders. These consensual acts are not considered PREA unless there is determination that coercion has occurred, in which case the allegation would be investigated as offender on offender sexual abuse.

The facility is in compliance with this provision of the standard.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
XXX Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) XXX Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? XXX Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? XXX Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? XXX Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) The Superintendent advised the auditor that while preparing for this audit, it was discovered that CBCC offenders who scored yes on the PREA Risk Assessment were forwarded and/or offered a mental health follow up. A new process was established which included a weekly review report from the PRA system identifying which offenders received the PRA Assessment the previous and which answered yes to one of the questions which requires referral.

The facility is in compliance with this provision of the standard.

- (b) WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting* states that at the time the PREA Risk Assessment is completed, Classification Counselors will complete referrals for mental health services using DOC 13-509 PREA Mental Health Notification if the screening indicates that the offender has perpetrated sexual abuse and/or has experienced prior sexual victimization, whether in an institutional setting or the community. In addition, WADOC Policy 630.500, *Mental Health Services*, states that a mental health employee/contract staff will complete a mental health appraisal within 14 days of screening for offenders identified as needing mental health services. In order for an offender to qualify for outpatient mental health services or admission to a Residential Treatment Unit, DOC 13-376 Mental Health Appraisal must be completed and the offender must have a qualifying condition as defined by the Offender Health Plan.

The facility is in compliance with this provision of the standard.

- (c) This provision only applies to jail inmates, therefore it is not applicable to CBCC.

The facility is in compliance with this provision of the standard.

- (d) WADOC Policy 490.800, *Prison Rape Elimination Act Prevention and Reporting*, 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. Staff who breaches confidentiality may be subject to corrective/disciplinary action.

The facility is in compliance with this provision of the standard.

- (e) During the twelve months preceding the audit, there were no instances where informed consent was required at CBCC. However, should the need ever arise, medical and mental health staff practitioners shall obtain informed consent from offender before reporting information about prior sexual misconduct. According to WADOC Policy 610.025, *Health Services Management of Offenders in Cases of Alleged Sexual Misconduct*, medical and mental health practitioners will obtain informed consent before reporting information about prior victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

Prior to the onsite portion of the audit, as mentioned in section (a) above, the facility identified that this was not occurring. A new process was established on May 12 and in place through September 30, 2017. During this time of the new practice, of the 53

offenders who requested a follow up meeting with Mental health staff, 11 (20.75%) were not seen within 14 days. During this review and reconciliation it was seen that the referral was completed timely, it was that the offender was not seen. The new process for responding to the 13-509 referral form will be that:

- The psychologist will receive the form from the PCM, PC or any other staff via email.
- The psychologist will print and disperse to the psychology associate or MH health staff depending on the coding
- Should incorrect information be placed on the form, the form will be emailed back to the PC and the concern will be clearly noted in the email.
- Each MH primary provider will meet with the identified offender within 14 days of the date listed on the form. They will schedule by email so it is documented.
- An excel spread sheet will be developed to identify that the date on the referral form, and when the inmate was to be seen to ensure compliance with the 14 day period.
- If an offender is a no-show for the appointment, it will be documented on the form.
- On Tuesday and Thursday evenings, the Psychologist will review the spreadsheet. Any discrepancies will be noted and the MH primary will be notified.

The auditor will continue to be forwarded the spreadsheet and the documentation, bi-weekly, to ensure these are becoming common practice at the facility.

The facility is in compliance with this provision of the standard.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
XXX Yes No

115.82 (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 § 115.62? XXX Yes No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? XXX Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? XXX Yes No

115.82 (d)

- 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? XXX Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) WADOC Policy *Prison Rape Elimination Act Response*, states that victims in all cases of reported sexual misconduct, regardless of who the misconduct is reported to, will receive immediate medical and mental health services per DOC 610.025, Medical Management of Offender in Cases of Alleged Sexual Abuse or Assault.

The facility is in compliance with this provision of the standard.

- (b) The Aggravated Sexual Assault Checklist, which is included in policy 490.850, *Prison Rape Elimination Act Responses*, outlines, in detail, the process that security staff first responders shall take in the event of an incident and further, in the event that no qualified medical or mental health practitioner is on duty.

The facility is in compliance with this provision of the standard.

- (c) WADOC Policy 610.025, *Health Services Management of Offenders in Cases of Alleged Sexual Misconduct*, states that if a report of aggravated sexual assault is made within 120 hours of the alleged assault and involves penetration and/or exchange of bodily fluids, the facility will attempt to transport the offender to the designated community health care facility. The health care provider will (in facilities with health care services) give the offender information regarding the need for further medical evaluation to determine the: need for post-exposure prophylaxis for sexually transmitted infections and need for pregnancy prevention, if applicable.

The facility is in compliance with this provision of the standard.

- (d) WADOC Policy 490.850, *Prison Rape Elimination Act Response* states that all medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender while s/he is housed in a Department or contracted facility.

The facility is in compliance with this provision of the standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? XXX Yes No

115.83 (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? XXX Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? XXX Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) XXX Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) XXX Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? XXX Yes No

115.83 (g)

- 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? XXX Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) XXX Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) (b) and (c) WADOC Policy 610.025, *Health Services Management of Offenders in Cases of Alleged Sexual Misconduct* states that when an offender reports that s/he has been a victim of sexual misconduct, s/he will be offered medical and mental health treatment services. The policy, then continues on to explain the process of offered services both if the incident occurred within 120 hours of when the allegation is made and, in addition, how to proceed if the allegation is brought fourth after 120 hours from the alleged

incident. Each time frame includes the offering of medical and mental health services for the offender. In addition, WADOC Policy 630.500, *Mental Health Services* provides an in-depth outline and process for crisis services for offenders in custody. The evaluation and treatment of such victims includes follow up services, treatment plans, and when necessary, referrals for continued care.

While preparing for this audit, it was discovered that there were no Mental Health Transfer Screening or Transfer Release of offender completed. As a result, 4 cases were not sent within the twelve month policy requirement.

The facility is in compliance with these provisions of the standard.

- (e) and (f) WADOC Policy 610.025, *Health Services Management of Offenders in Cases of Alleged Sexual Misconduct*, states that in facilities with health care services employees/contract staff on-site, the offender will be assessed in person by an appropriate health care provider before transport. The health care provider will provide the offender information regarding the need for further medical evaluation to determine the need for post-exposure prophylaxis for sexually transmitted infections and needs for pregnancy prevention, if applicable. In addition, the policy states that follow up appointments with a health care practitioner and mental health professional will be offered to provide any additional evaluation and treatment that is medically necessary, including testing, prophylaxis, and treatment of sexually transmitted infections and offer pregnancy testing and other lawful pregnancy related medical services, as applicable.

The facility is in compliance with this provision of the standard.

- (f) CBCC only houses male offenders, therefore this provision of the standard is not applicable.

- (g) WADOC Policy 600.00, *Health Services Management*, states that medical and mental health services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800, Prison Rape Elimination Act Prevention and Reporting, will be provided at no cost to the offender.

The facility is in compliance with this provision of the standard.

- (h) WADOC Policy 610.025, *Health Services Management of Offenders in Cases of Alleged Sexual Misconduct* states that when an offender reports that s/he has been a victim of sexual misconduct, s/he will be offered medical and mental health treatment services. The policy, the continues on to explain the process of offered services both if the incident occurred within 120 hours of when the allegation is made and, in addition, how to

proceed if the allegation is brought fourth after 120 hours from the alleged incident. Each time frame includes the offering of medical and mental health services for the offender. In addition, WADOC Policy 630.500, *Mental Health Services* provides an in-depth outline and process for crisis services for offenders in custody. The evaluation and treatment of such victims includes follow up services, treatment plans, and when necessary, referrals for continued care.

The facility is in compliance with this provision of the standard.

CORRECTIVE ACTION: During the twelve months preceding the audit there have been no substantiated investigations of offender on offender sexual assault and abuse. However, offenders who reported offender on offender sexual assault or staff sexual misconduct between 120 hours and 12 months were not being referred to medical as required in agency policy. A process was established, to rectify this matter, to ensure referrals are made each time an applicable allegation is received. The PCM will monitor and ensure that all allegations received have the proper referral and documentation.

Each month, since January 2018, this documentation was forwarded to the Auditor to review. In addition, during the second facility visit, the audit reviewed the files and interviewed the medical, mental health, security supervisors and classification staff. All were well versed of the requirements and the process.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- 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? XXX Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? XXX Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? XXX Yes No

115.86 (d)

- 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? XXX Yes No
- 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? XXX Yes No
- 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? XXX Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? XXX Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? XXX Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? XXX Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? XXX Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (b) (c) and (d) At CBCC, a Local Review Committee is scheduled by the PCM as needed in response to completed investigations, within 30 days of findings made by the Superintendent. The Committee is generally made up of the following individuals:

Superintendent, Correctional Program Manager/PCM, Correctional Lieutenant, Psych Associate, Investigator, and Human Resources (when staff is involved). All elements of the standard are documented on the DOC Form 02-383, Investigation Review Checklist. This form is reviewed and signed off on by the Superintendent. Any identified corrective actions will be implemented and tracked as applicable. WADOC Policy 490.860, *Prison Rape Elimination Act Investigation* states that a multidisciplinary committee will meet every 30 days or as needed and outlines the required individuals who must attend, as mentioned above. The committee will review policy compliance, causal factors, and systematic issues using the above referenced form.

The facility is in compliance with all provisions of the standard.

CORRECTIVE ACTION: After review of these reports, the auditor recommended that the PCM ensure corrective action is followed through on and notes and attachments are added to the documentation to ensure that these meetings and reviews are meaningful and result in positive facility change, education and follow up. Prior to the exit on the second visit, the facility conducted two thorough and detailed incident reviews and was able to provide this documentation to the auditor.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- 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? XXX Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? XXX Yes No

115.87 (c)

- 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? XXX Yes No

115.87 (d)

- 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? XXX Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) XXX Yes No NA

115.87 (f)

- 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.) XXX Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) (b) (c) (d) (e) and (f) WADOC publishes all of their Annual reports on their public website at: <http://www.doc.wa.gov/corrections/prea/resources.htm#reports>. WADOC Policy 490.860, *Prison Rape Elimination Act Investigation* states that investigators will submit the investigation report and DOC 02-382 PREA Data Collection Checklist to the Appointing Authority/designee. This report was reviewed and is very detailed and covers data on every aspect of the case.

Policy also states that data will be aggregated at least annually and include available information from investigative reports and incident review committees, as well as from each private facility contracted to confine or house Department offenders. Data will be analyzed to identify factors contributing to sexual misconduct in Department facilities and offices. Lastly, policy states that all data/reports will be provided to the US Department of Justice upon request.

All information in the reports is accurate and uniform data is collected for every allegation of sexual abuse. The incident based data contains all the information necessary to

answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The reports published online and provided to the auditor were extremely thorough and detailed, extremely transparent with the information provided and well written to be clear to a reader. They provide a clear overview of the PREA program, incidents/investigations, corrective actions and improvements made. This report far exceeds the requirement of the standard as it offers information well above the requirement.

The facility is in compliance with this provision of the standard.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? XXX Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? XXX Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? XXX Yes No

115.88 (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 XXX Yes No

115.88 (c)

- 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? XXX Yes No

115.88 (d)

- 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? XXX Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) (b) (c) and (d) WADOC Policy 490.860, *Prison Rape Elimination Act, Investigation* states 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 action at facility and Department levels; and an assessment of the Department progress in addressing sexual misconduct, including a comparison with data and corrective actions from previous years. WADOC publishes all of their Annual reports on their public website at: <http://www.doc.wa.gov/corrections/prea/resources.htm#reports>. Policy also states that data will be aggregated at least annually and include available information from investigative reports and incident review committees, as well as from each private facility contracted to confine or house Department offenders. Data will be analyzed to identify factors contributing to sexual misconduct in Department facilities and offices. Lastly, policy states that all data/reports will be provided to the US Department of Justice upon request. The PREA Coordinator will generate an annual report of findings. The report requires Secretary approval.

The facility is in compliance with all provisions of the standard.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
XXX Yes No

115.89 (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? XXX Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? XXX Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? XXX Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) WADOC Policy 280.310, Information *Technology* states that Department Information technology resources are Department policy and the Department is obligated to protect them. The Department will take physical and technical precautions to prevent misuse, unauthorized use, and accidental damage to IT resources, including equipment and data. IT use and access must follow state law, regulations and Department policies and IT Security Standards. Further, the same policy states that access rights and privileges

to IT resources will require prior authorization. The policy continues on to outline the process of how to gain security clearances for use of IT resources.

In addition, WADOC Policy 280.515, *Electronic Data Classification* states that Category 4 data is restricted information. This is data containing information that may endanger the health or safety of others or that has especially strict handling requirements by law, statute, or regulation. Staff must receive authorization from the data owner prior to accessing category 4 data. Category 4 data requires Appointing Authority approval and a data sharing agreement approved through the Contracts Office to be released outside of the Department.

Policy further states that each staff member is responsible for electronic data in his/her care. Staff must immediately report to the Chief Information Security Officer any unauthorized use of Category 2, 3, or 4 data; lost or stolen computer equipment or media. Violations of this policy may result in disciplinary action up to and including termination.

All PREA Documentation is categorized as level 4.

The facility is in compliance with this provision of the standard.

- (b) WADOC Policy 490.860, *Prison Rape Elimination Act, Investigation* states 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 action at facility and Department levels; and an assessment of the Department progress in addressing sexual misconduct, including a comparison with data and corrective actions from previous years. WADOC publishes all of their Annual reports on their public website at: <http://www.doc.wa.gov/corrections/prea/resources.htm#reports>. Policy also states that data will be aggregated at least annually and include available information from investigative reports and incident review committees, as well as from each private facility contracted to confine or house Department offenders. Data will be analyzed to identify factors contributing to sexual misconduct in Department facilities and offices.

The facility is in compliance with this provision of the standard.

- (c) All personal identifiers have been removed from the above referenced reports on the public website. WADOC Policy 490.860, *Prison Rape Elimination Act Investigation* states that in the PREA Coordinators annual report of findings, information may be redacted from the report when such publication would present a clear and specific threat to facility security, but the report must indicate the nature of the material redacted.

The facility is in compliance with this provision of the standard.

(d) WADOC Policy 490.860, *Prison Rape Elimination Act Investigation* states that the PREA Coordinator will maintain electronic PREA Case records per the Records Retention Schedule.

The facility is in compliance with this provision of the standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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.*) XXX Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes XXX 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.) XXX Yes No NA
- 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 No XXX NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? XXX Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? XXX Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? XXX Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? XXX Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the prior three-year audit period, the agency ensured that each facility was audited at least once. This is the second year of the current audit cycle and the agency ensured that at least one-third of each facility type was audited during the first year of the current audit cycle.

The auditor had access to and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor permitted to conduct private interviews with inmates, residents, and detainees. Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

The facility is in compliance with all provisions of the standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility’s last audit report was published. 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 that there has never been a Final Audit Report issued.) XXX Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- XXX **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has published on its agency website all Final Audit Reports within 30 days of issuance by auditor. The review period is for prior audits completed during the past three years preceding this agency audit.

The facility is in compliance with this provision of the standard.

AUDITOR CERTIFICATION

I certify that:

- XXX 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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Jillian Shane

June 27, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.