

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

Interim Final

Date of Report June 20, 2019

Auditor Information

Name: Robin M. Bruck	Email: robin.bruck@state.nm.us
Company Name: New Mexico Corrections Department	
Mailing Address: P.O. Box 639	City, State, Zip: Las Cruces, New Mexico 88004
Telephone: 1-575-523-3303	Date of Facility Visit: October 15-19, 2018

Agency Information

Name of Agency: Washington State 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 98501-11
Mailing Address: PO Box 41100	City, State, Zip: Olympia, Washington 98504
Telephone: 360-725-8213	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input 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	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: Working together for safe communities

Agency Website with PREA Information: www.doc.wa.gov

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: Beth L. Schubach	Title: WADOC 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 24
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Facility Information

Name of Facility: Coyote Ridge Corrections Center	
Physical Address: 1301 N. Ephrata Ave., Connell, Washington 99326	
Mailing Address (if different than above): P.O. Box 769	
Telephone Number: 509-543-5800	
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 <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison
Facility Mission: Same as agency mission	
Facility Website with PREA Information: www.doc.wa.gov/corrections/prea	
Warden/Superintendent	
Name: Jeffery A. Uttecht	Title: Superintendent
Email: Jauttecht@DOC1.WA.GOV	Telephone: 509-543-5810
Facility PREA Compliance Manager	
Name: Michelle Duncan	Title: Associate Superintendent
Email: miduncan@DOC1.WA.GOV	Telephone: 509-543-5922
Facility Health Service Administrator	
Name: Mary Beth Flygare	Title: Health Services Manager 2
Email: meflygare@DOC1.WA.GOV	Telephone: 509-544-3549
Facility Characteristics	
Designated Facility Capacity: 2528	Current Population of Facility:
Number of inmates admitted to facility during the past 12 months	2109
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	2029
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	2109
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:	21
Age Range of Population:	Youthful Inmates Under 18: 0 Adults: 18-88
Are youthful inmates housed separately from the adult population?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:	0
Average length of stay or time under supervision:	0
Facility security level/inmate custody levels:	MI2/MI3, MED

Number of staff currently employed by the facility who may have contact with inmates:	705
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	67
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	3
Physical Plant	
Number of Buildings: 39	Number of Single Cell Housing Units: 1
Number of Multiple Occupancy Cell Housing Units:	10
Number of Open Bay/Dorm Housing Units:	2
Number of Segregation Cells (Administrative and Disciplinary):	100
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.):	
701 Cameras (27 at MSU and 674 at MSC, all cameras are Analog via coaxial cable and are converted to digital via the encoder, retention is 30 days.	
Medical	
Type of Medical Facility:	Assisted Living, Medical and Mental Health services on an Outpatient bases and dental
Forensic sexual assault medical exams are conducted at:	Kadlec Regional Medical Center, 888 Swift Blvd, Richland, WA 99352
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	212 Volunteers and 56 Contractors
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	11

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) site review of the Coyote Ridge Correctional Center (CRCC) on September 4-7th, 2018. The purpose of the audit was to determine the degree of compliance with the PREA standards. CRCC is operated by the Washington Department of Corrections (WADOC). The audit was conducted with the assistance of (USDOJ) Certified PREA Auditor Robin Bruck, support staff Amy Orlando and Victor Aldaz. The audit team conducted the documentation review, informal and formal interviews with random staff and inmates, interviews with specialized staff and targeted inmates. Due to unforeseen circumstances Ms. Shane was unable to continue completion of this audit; on October 22, 2018, (USDOJ) Certified PREA Auditor Robin Bruck was charged with completion of this audit and authored this report. Ms. Bruck began all phases of the audit, from the beginning and reviewed all documentation received prior to the site review and documentation, interviews, observation notes etc., received during and after the site review. The PREA Management Office granted extensions for submission of the interim and the final audit report. Throughout the report, Ms. Bruck will be referred to as the auditor.

As the reader, continues to read this audit report, please note the following definitions, acronyms and systems currently utilized by facility, as they will be referenced throughout the report.

Learning Management System (LMS)-is an internet-hosted tool that centralizes and automates the learning management process, making administrative of learning and development both effective and efficient.

Offender Management Network Information (OMNI)-The Offender Management Network Information system is the system used by Washington Department Corrections. The system is the effective management of facilities, treatment, sentencing, movement, discipline, PREA Assessments and other important data on offenders.

Revised Code of Washington (RCW) - is the compilation of all permanent laws now in force. It is a collection of Session Laws (enacted by the Legislature, and signed by the Governor, or enacted via the imitative process), arranged by topic, with amendments added and repealed laws removed.

Sexual Assault Nurse Examiner (SANE) is a qualification for forensic nurses who have received special training to conduct sexual assault evidentiary exams for rape victims. Not all, but many SANE programs are coordinated by rape crisis centers rather than hospitals.

Staff- includes Department employees, contract staff and volunteers, and any other person providing services in Department Facilities or offices.

Superintendent- is the head of the facility also known as the Appointing Authority.

Washington Administrative Code (WAC) - Also known as “rules” or “administrative rules.” Agency rules are designed to help the public comply with state laws, processes and other requirements.

Pre-On-site Audit Phase

The PREA audit of Coyote Ridge Corrections Center was originally scheduled to be audited by a different USDOJ certified auditor who works in the same office with Ms. Shane. The original auditor posting was completed on July 9, 2018. On July 14, 2018, the facility sent photographs documenting the posting of the notice. However, due to unavoidable circumstances there was a change with the auditor, and USDOJ certified auditor, Jillian Shane, was deemed the auditor and a new posting was recreated and posted on August 15, 2018. The facility sent documentation of the posting. The auditor notice 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 assessable areas for offenders, visitors and staff, providing each an opportunity to contact the auditor. Since the original posting of July 9, 2018, a total of three (3) inmate letters were received and each inmate was interviewed during the site review. The notice was posted in bright color paper and read as follows:

Notice of PREA Audit

During the following period, this facility will be undergoing an audit for compliance with the U.S. Department of Justice’s National PREA Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) Standards for Prisons and Jails:

SEPTEMBER 4TH-7TH 2018

Any person with information relevant to this compliance audit may confidentially* correspond with the auditor by writing to:

**JILLIAN SHANE
615 First Street NW
Albuquerque, NM 87102**

***CONFIDENTIALITY: All written and verbal correspondence and disclosures provided to the auditor are confidential and will not be disclosed unless required by law. There**

are exceptions when confidentiality must legally be breached. Exceptions include, but are not limited to:

- If the person is in immediate danger to her/himself or others (e.g., suicide, homicide)
- Allegations of suspected child abuse, neglect or mistreatment;
- In legal procedures where information has been subpoenaed by a court of appropriate jurisdiction.

Any correspondence should be clearly identified as “LEGAL MAIL” and handled per DOC 450.100 Mail for Prison Offenders / DOC 450.110 Mail for Work Release Offenders.

cc: Facility Mailroom

WADOC defines “Legal Mail” as follows:

- Any Court or opposing attorney/party, the Washington State Bar Association, the Board, the Washington State Department of Enterprise Services Office of Risk Management, PREA auditors certified by the United States Department of Justice, the Headquarters PREA Coordinator, and/or the Headquarters Ombudsman.
- PREA auditor leads certified by the United States Department of Justice when related to an audit in process at the offender’s facility.

Outgoing Legal Mail is placed into an envelope and sealed in a staff members presence, who will sign or initial over the sealed flap of the envelope and logged as out-going mail in the offender’s presence. The contents are not read by the staff member. The process was verified by the auditor through informal offender and staff interviews.

On July 28, 2018, Ms. Shane 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 site review, Ms. Shane reviewed all submitted documentation. In addition, Ms. Shane 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 received the encrypted flash drive and email exchanges between Ms. Shane and the facility. The auditor reviewed the CRCC PREA Audit report from their first PREA audit and the WADOC 2015, 2016 and 2017 Annual Assessment and 2015 and 2017 Survey of Sexual Victimization.

On-Site Audit Phase

The auditor and the audit team arrived at the Coyote Ridge Corrections Center at approximately 0830 hours on the morning of September 4, 2018. The auditors were lead to a large conference room, which would serve as home base for the auditors during the site review.

An entrance meeting began at approximately 0900 hour. Members of the facility administrative staff, including PREA staff were introduced to the auditors. The auditor and her support staff were present as were the dignitaries from all departments within the facility, to include but not limited to the Superintendent, Assistant Superintendent, PREA Coordinator, PREA Compliance Manager, Human Resource Staff, Safety Officer, Chaplin, Line Staff, Records Staff, Medical and Mental Health Staff, Maintenance Staff and Business Office Staff.

After opening remarks and introductions, the auditor was given an opportunity to discuss the logistics and an overview of the audit process. Timelines and milestones were discussed regarding the completion of the post-audit phase, the interim report and the final report. The auditor briefly discussed the purpose of corrective action and if warranted would enhance the current procedures and create a safer environment for offenders and staff. Each participant was given an opportunity to ask questions regarding the audit.

Site Review

Coyote Ridge Corrections Center's Medium Security Complex (MSC) is a 2600 bed facility that houses offenders with medium and MI3 custody. MSC consists of four (4) minimum custody, level 3 (MI3) units and four (4) Medium custody units. CRCC's Minimum Security Unit (MSU) is a 480 bed facility that houses assisted living that offers educational, vocational, and self-help programs and has Class II, III, and IV Correctional Industries work programs. On the first day of the site review, CRCC's population was two thousand five hundred and forty-nine (2549).

Due to the size of the facility, the audit team was divided up into two separate teams. Each team consisted of one USDOJ Certified PREA auditor and one support staff. Dignitaries and CRCC staff accompanied each team on the site review of the facility. A facility map was used to mark each area that the teams visited to ensure that all areas had been seen, during the site review.

As we entered the housing units, announcements were made that "females" were entering the unit. The announcement was made utilizing a PA system, as well as a staff member with the site review team called it out as we entered the housing unit. Staff members were visible and were monitoring key areas of the facility. Areas where offenders were not allowed to enter, had locked doors and clearly marked off limits. Areas observed that presented a sexual safety concern; "blind spots" were addressed with the staff and were immediately rectified with the placement of mirrors or offender off-limit signs. Issues that could not be immediately corrected were added to a log to monitor the action plan. In areas that were secluded, within the buildings, there were signs that required a 2 for 1 ratio, as well as radio control. This means that there must be two (2) officers present to one (1) offender and the officer must radio the control center when entering the area and when leaving the area.

The audit team noted video camera placement throughout the facility and reviewed the video monitoring setup in the control area, to verify that the cameras were positioned in such a way as to provide adequate coverage of the housing units, yet afford the offenders privacy in the bathroom/shower areas of the facility. No shower or bathroom areas could be seen with the camera placement.

PREA information was abundantly posted throughout the facility, both in English and Spanish. The signs were seen in the housing units, program areas, intake, and the library. The information

included the agency's zero tolerance policy, how to report sexual abuse, sexual harassment and provided the PREA Hotline number. Utilizing the offender phones, the audit team called the PREA Hotline and left messages on the receiving end. Within a few hours, the lead auditor was informed that each message had been received by the PREA Triage.

Along with the PREA posters, OCVA posters were also seen. The OCVA posters were much smaller than the PREA posters, making them difficult to see among all of the items hanging on the bulletin boards. Calls were made utilizing the offender phones to call the number on the posters, from several locations within the facility. A victim advocate answered each call. No calls to the PREA Hotline or the OCVA required the auditor to use an inmate personal identification number (PIN). The auditor observed the "Auditor Notice" hanging in all areas of the facility, to include but not limited administration, housing units, program areas, visitation, hallways and the library.

No cells with the exception of the segregation unit had toilets within the cell. Each housing unit had a bathroom/ shower area on each floor that contained several toilets, urinals and showers. The toilets and shower stalls were single and had doors, providing ample privacy while toileting or showering.

Prior to arriving at the facility the auditor had filled out two (2) emergency PREA grievances. The offender grievance box was located in the housing units and each grievance was placed in the box. The grievances instructed the person who received it to treat it as they would any PREA related grievance that they receive, and to process it the same way. The grievances were placed in the box on Wednesday. They were received on Thursday, however they were not processed until the following Tuesday. This will be further addressed in the standard 115.51.

Interviews

On the first day of the site review the facility provided the following lists, for the auditor use in selecting random offenders and random staff, for interviews.

- Complete Offender Roster
- Offenders with disabilities
- Offenders who are Limited English Proficient (LEP)
- Lesbian, gay, bisexual, transgender, intersex (LGBTI) offenders
- Offenders in segregated housing
- Offenders who reported sexual abuse
- Offender who reported sexual victimization during risk screening
- Complete Staff Roster
- Specialized Staff
- Contractors who have contact with offenders
- Volunteers who have contact with offenders

Offender Interviews

Based upon the offender population of two thousand five hundred and forty-nine (2549) on the first day of the site review, the PREA Auditor Handbook requires a minimum of at least fifty (50)

offender interviews be conducted. This includes a minimum of twenty-five (25) random offender interviews and twenty-five (25) targeted offender interviews. A total of forty-five (45) random offenders were interviewed. There were nineteen (19) targeted offender interviews conducted during the site review. The breakdown is as follows:

Inmate Category	Number of Inmates
Random Inmates	45
Targeted Inmates	18
Total Inmates Interviewed	63
Targeted Inmate Categories	
▪ Youthful Inmates	0
▪ Inmates with a Physical Disability	1
▪ Inmates who are Blind, Deaf, or Hard of Hearing	1
▪ Inmates who are LEP	2
▪ Inmates with a Cognitive Disability	1
▪ Inmate who identify LGBTI	5
▪ Inmates who reported abuse	4
▪ Inmates who reported victimization during risk screening	2
▪ Transgender or Intersex	3

Offenders were randomly selected from the list provided by the facility. The auditors were provided an office within each unit to conduct the interviews with the offenders allowing privacy during the interviews. The offenders were asked specific questions, derived from the PREA Resource Center’s Interview Guide. The questions are designed to determine their knowledge of PREA protections and specifically their knowledge of reporting sexual abuse and sexual harassment. One (1) interview of an LEP offender was conducted utilizing the language line. Everyone interviewed participated willingly in the process and indicated that they had received PREA training at this facility and other facilities. All sixty-three (63) of the offenders interviewed stated that they had received some sort of PREA educational material, such as a pamphlet or they watched the video during transport to the facility. It varied if they received the material as soon as they got off the transport bus or within a few days at orientation. They were very knowledgeable regarding the agency’s zero tolerance policy and how to report an incident. The offenders reported that they felt safe at the facility and stated that they were encouraged to go to any staff member if they ever needed to report an incident of sexual violence.

Staff Interviews

CRCC reported six hundred and ninety-eight (698) staff members are employed at the facility. There are three shifts:

- 1st shift: 10:00 p.m. to 6:00 a.m.
- 2nd shift: 6:00 a.m. to 2:00 p.m.
- 3rd shift: 2:00 p.m. to 10:00 p.m.

While on-site, twenty-five (25) random staff and twenty-three (23) specialized staff were interviewed, for a total of forty-eight (48) staff interviews. The staff members were chosen from all shifts to include both male and female officers, administration staff, classification staff, and education. They are broken down as follows:

Staff Category	Number of Interviews
Random staff (Total)	25
Specialized Staff (Total)	23
Total Staff Interviewed	48
Administration and Agency Leadership Categories	
▪ Agency head or designee	1
▪ Warden/facility director/superintendent	1
▪ PREA coordinator	1
▪ PREA compliance manager	1
Specialized Staff Categories	
▪ Agency contract administrator	1
▪ Investigative Staff	1
▪ Medical staff	2
▪ Mental health staff	2
▪ Volunteer who have contact with inmates	1
▪ Contractor who have contact with inmates	2
▪ Intake staff	1
▪ Staff who perform risk screening	1
▪ Administrative (human resources) staff	2
▪ Incident review team	1
▪ Intermediate or higher-level facility staff	1
▪ First responder (non-security staff)	1
▪ Education and Program staff	1
▪ Segregation Staff	0
▪ Retaliation Monitor	2

All staff interviews were conducted in a private office. The staff members were asked specific questions, derived from the PREA Resource Center’s Interview Guide. The questions are designed to determine their knowledge of the agency’s zero tolerance policy, reporting mechanisms that are available to offenders and their level of understanding of the PREA standards. All random staff was knowledgeable and stated that they understood all of the training they had received.

File Review

The audit team reviewed twenty-one (21) current employee personnel files, which included training documentation, twenty-three (23) newly hired employee personnel files, fifteen (15) contract staff files, twenty-two (22) volunteer files, thirty-five (35) vendor files, ninety-nine (99) offender files and all fifty-five (55) Investigation files. No medical or behavioral health files were reviewed as the documentation required was located in the inmate files. The auditor reviewed the files, utilizing the PREA Resource Employee, Inmate Files/Record and Investigation

Documentation Review forms.

The files were randomly chosen by Ms. Shane, from lists provided to her, prior to arriving at the facility.

Investigations

The auditor reviewed fifty-five (55) investigations that were referred for investigation and completed during the reporting period. At the time of the site review there were nine (9) cases that had not been completed. Please see below.

Case number	Opened	Allegation	Category	Finding
17-17045	8/11/2017	Sexual Abuse	Staff on Inmate	Unsubstantiated
17-17046	8/11/2017	Sexual Abuse	Staff on Inmate	Unfounded
17-17182	10/2/2017	Sexual Harassment	Staff on Inmate	Unsubstantiated
18-17555	2/20/2018	Sexual Harassment	Staff on Inmate	Unfounded
18-17560	2/21/2018	Sexual Harassment	Staff on Inmate	Pending
18-17622	3/20/2018	Sexual Harassment	Staff on Inmate	Pending
17-16669	4/18/2017	Sexual Harassment	Staff on Inmate	Unfounded
17-16762	5/30/2017	Sexual Abuse	Inmate on Inmate	Unsubstantiated
17-16896	7/6/2017	Sexual Harassment	Inmate on Inmate	Unfounded
17-16900	7/6/2017	Sexual Harassment	Inmate on Inmate	Unfounded
17-16909	7/10/2017	Sexual Harassment	Inmate on Inmate	Unsubstantiated
17-16960	7/20/2017	Sexual Harassment	Inmate on Inmate	Unfounded
17-16968	7/25/2017	Sexual Harassment	Inmate on Inmate	Unfounded
17-16972	7/26/2017	Sexual Harassment	Inmate on Inmate	Unfounded
17-16974	7/27/2017	Sexual Harassment	Staff on Inmate	Unfounded
17-17016	8/9/2017	Sexual Harassment	Inmate on Inmate	Unfounded
17-17085	8/28/2017	Sexual Abuse	Inmate on Inmate	Unfounded
17-17093	9/5/2017	Sexual Harassment	Inmate on Inmate	Unsubstantiated
17-17096	9/5/2017	Sexual Abuse	Inmate on Inmate	Unsubstantiated
17-17111	9/7/2017	Sexual Abuse	Inmate on Inmate	Unfounded
17-17126	9/8/2017	Sexual Harassment	Staff on Inmate	Unsubstantiated
17-17142	9/14/2017	Sexual Abuse	Inmate on Inmate	Unsubstantiated
17-17144	9/15/2017	Sexual Abuse	Inmate on Inmate	Unfounded
17-17183	10/2/2017	Sexual Harassment	Staff on Inmate	Unfounded
17-17188	10/2/2017	Sexual Abuse	Staff on Inmate	Unsubstantiated
17-17191	10/3/2017	Sexual Abuse	Inmate on Inmate	Unsubstantiated
17-17192	10/3/2017	Sexual Harassment	Inmate on Inmate	Unfounded
17-17220	10/17/2017	Sexual Harassment	Inmate on Inmate	Unsubstantiated
17-17271	11/1/2017	Sexual Harassment	Inmate on Inmate	Unfounded
17-17277	11/2/2017	Sexual Harassment	Staff on Inmate	Unfounded
17-17279	11/3/2017	Sexual Harassment	Inmate on Inmate	Unfounded
17-17284	11/7/2017	Sexual Harassment	Inmate on Inmate	Unfounded

17-17309	11/14/2017	Sexual Harassment	Inmate on Inmate	Unsubstantiated
17-17326	11/17/2017	Sexual Harassment	Inmate on Inmate	Unfounded
17-17410	12/19/2017	Sexual Abuse	Staff on Inmate	Pending
18-17436	1/3/2018	Sexual Harassment	Staff on Inmate	Unfounded
18-17465	1/11/2018	Sexual Harassment	Inmate on Inmate	Unsubstantiated
18-17467	1/11/2018	Sexual Harassment	Inmate on Inmate	Unfounded
18-17512	2/1/2018	Sexual Harassment	Inmate on Inmate	Unsubstantiated
18-17519	2/2/2018	Sexual Abuse	Inmate on Inmate	Unfounded
18-17521	2/5/2018	Sexual Abuse	Inmate on Inmate	Unsubstantiated
18-17554	2/20/2018	Sexual Harassment	Staff on Inmate	Unfounded
18-17587	3/9/2018	Sexual Harassment	Inmate on Inmate	Unfounded
18-17588	3/9/2018	Sexual Harassment	Inmate on Inmate	Unsubstantiated
18-17627	3/20/2018	Sexual Abuse	Inmate on Inmate	Unsubstantiated
18-17679	4/2/2018	Sexual Harassment	Inmate on Inmate	Unfounded
18-17708	4/11/2018	Sexual Abuse	Inmate on Inmate	Unfounded
18-17709	4/11/2018	Sexual Abuse	Inmate on Inmate	Unsubstantiated
18-17724	4/17/2018	Sexual Abuse	Inmate on Inmate	Unfounded
18-17732	4/18/2018	Sexual Abuse	Inmate on Inmate	Substantiated
18-17750	4/24/2018	Sexual Abuse	Inmate on Inmate	Unsubstantiated
18-17761	4/26/2018	Sexual Harassment	Inmate on Inmate	Unfounded
18-17805	5/2/2018	Sexual Harassment	Inmate on Inmate	Unfounded
18-17846	5/16/2018	Sexual harassment	Inmate on Inmate	Unfounded
18-17873	5/24/2018	Sexual Harassment	Inmate on Inmate	Substantiated
18-17883	5/29/2018	Sexual Harassment	Staff on Inmate	Pending
18-17901	6/4/2018	Sexual Harassment	Inmate on Inmate	Pending
18-17905	6/5/2018	Sexual Harassment	Inmate on Inmate	Unfounded
18-17912	6/6/2018	Sexual Abuse	Inmate on Inmate	Pending
18-17941	6/15/2018	Sexual Harassment	Inmate on Inmate	Pending
18-17952	6/19/2018	Sexual Abuse	Staff on Inmate	Pending
18-17983	6/29/2018	Sexual Harassment	Inmate on Inmate	Pending
17-16782	6/8/2017	Sexual Harassment	Staff on Inmate	Unsubstantiated
17-16825	6/16/2017	Sexual Harassment	Staff on Inmate	Unfounded

Closeout

On September 7, 2018, the audit team conducted an out-brief meeting with key staff of the facility. Along with the audit team, many of the same staff from each department was present that had attended the briefing conducted at the beginning of the site review.

The Superintendent thanked the audit team for coming and appreciated all comments and suggestions the team had made. The audit team thanked the facility for their hospitality during the audit process. The audit team complimented the facility on the cleanliness and how amazing the staff was to each member of the team. Ms. Shane did express that there would be some corrective action and explained that corrective action is not a bad thing. Any processes put into place would be a benefit and would only increase the sexual safety and security of all staff and offenders.

Post On-Site Review

As there was a change in auditors after the site review, the auditor conducted the pre-audit phase after the site review.

The auditor conducted an internet search of the facility and found no relevant articles regard the sexual safety of the offenders. The internet search included a review of the Washington's mandatory reporting laws. The auditor is a mandated reported in the State of Washington regarding any form of abuse on a child or a vulnerable adult. This included a review of Revised Code of Washington 72-02-0410, as it relates to the law regarding a child under the age of eighteen convicted of a felony.

The auditor reviewed the WADOC official website, which included a review of CRCC's previous audit dated January 3, 2017.

As a test for another facility audit within the Washington Department of Corrections, on Friday, September 15, 2018, the auditor filed a report of an allegation, utilizing the "report" function located on the agency website. It was requested that the agency complete the process of the report, as they would for any PREA allegation, received via the website. This was completed as a test to determine if the reports of an allegation are received and appropriate steps are taken in a timely manner. Within two (2) days the auditor received confirmation that the report had been received by the DOC PREA Triage.

WADOC has an agreement in place with the Colorado Department of Corrections as an external reporting agency. To test the system during an audit for another facility, the auditor sent a letter utilizing the form attached to the MOU, to the Colorado Department of Corrections, on September 15, 2018. On September 18, 2018, the auditor received an email from the WADOC PREA Coordinator, stating that WADOC recently learned that the form attached to the MOU did not reflect the correct address. The letter sent by the auditor had been returned "undeliverable" When Colorado had an address change the MOU was not amended, however all forms on the agency's internal website and all forms provided to the residents along with pre-addressed stamped envelopes were updated and contain the current address. A second letter was sent to the current address and on September 24, 2018, the auditor received notification that the letter had been received by the WADOC PREA triage.

Just Detention International (JDI) is a health and human rights organization that seeks to end sexual abuse in all forms of detention. Founded in 1980, JDI is the only organization in the world dedicated exclusively to ending sexual abuse behind bars. On October 29, 2018, the auditor sent an email to JDI inquiring about any/all reports that had been received from CRCC. A response was received on October 30, 2018, indicating that a search had been completed on the JDI database and no correspondence had been received regarding the facility during the reporting period.

Office of Crime Victim Advocacy (OCVA) serves as a voice within government for the needs of crime victims in Washington State. Established in 1990, OCVA serves the state by advocating on behalf of victims obtaining needed services and resources. On October 9, 2018, during the pre-audit phase of another facility, the auditor spoke to an advocate with OCVA. Contact was made utilizing the same number that is provided in the brochures to offenders at the facility. The

advocate stated that there is an interagency agreement in place with the WADOC to provide a hotline for offenders to obtain advocacy services.

On December 18, 2018, a conference call was held with the facility administration, to include the PREA Compliance Manager and the WADOC PREA Coordinator. The purpose of the call was to discuss issues of non-compliance and to develop a plan of corrective action, in order to bring the facility into compliance with all of the standards. On December 27, 2018, the auditor issued the facility Interim Report, which outlined seventeen (17) standards in corrective action. Over the course of the following months, CRCC was very cooperative and completed each milestone set in place by the corrective action plan and has satisfactorily met the auditor's requirements to demonstrate proof of practice. There were no barriers in completing this audit.

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.

Facility Type:

CRCC occupies approximately 278 acres. CRCC is within the city limits of Connell. Offenders housed at CRCC have a sentence that typically ranges between five (5) years to life. Coyote Ridge Corrections Center is a 2,600 bed facility that houses offenders with Medium and MI3 Custody.

CRCC's Medium Security Complex (MSC) is made up of four (4) Minimum custody level 3 (MI3) housing units, with one thousand and twenty-four (1024) beds and four (4) Medium custody housing units, with one thousand and twenty-four (1024) beds. The MSC also holds one hundred (100) beds in the Segregation Housing unit.



Coyote Ridge Correctional Center

CRCC's Minimum Security Unit (MSU) is a 480 bed facility that houses assisted living and MI2 Custody offenders. MSU consists of two (2) housing units. This is a work/program facility that offers educational, vocational and self-help programs and has Class II, III and IV Correctional Industries work programs.

Medical/Mental Health

The facility has assisted living, medical and mental health services on an outpatient basis. In the event of emergencies and/or forensic sexual assault medical exams are conducted at the Kadlec Regional Medical Center in Richland, Washington.

Intensive Outpatient Program (IOP): Highly structured intervention delivered in a day treatment environment. IOP is offered in various lengths of stay to meet the sentence, supervision and treatment needs of individual offenders. This program is provided by American Behavioral Health Systems (ABHS).

Intensive Day Treatment (IDT): Highly structures intervention delivered in a day treatment environment. IDT is offered in various lengths of stay to meet the sentence, supervision and treatment needs of individual offenders. This program is provided by American Behavioral Health Systems. This program is 4 hours a day, 4 days a week.

FACILITY STAFFING

Custody Staff

Captains	2
Lieutenants	7
Sergeants	47
Correctional Officers	329 and 10 on call

Classification Services

Correction Program Managers	2
Correctional Supervisors	11
Classification Counselors	43

Administrative Services

Superintendent	1
Associate Superintendents	3
Administrative Assistants	10
Business Office	19
Clerical Staff (OA3, Sec)	27
Human Resource	5
Maintenance	27
Information Technology	5
Intelligence	3
Corrections Specialists	16
Safety	1
PREA Compliance Manager	1
PREA Coordinator	1

Support Services

Correctional Industries	36
Health Services	77
Records	11
Recreation	2
Religious	2
Mailroom	6

PROGRAMS

Walla Walla Community College (WWCC) provides a General Education or High School 21+ diploma as well as a One Year State Vocational Certificate in Carpentry, Bookkeeping, Digital Design, Welding, Auto Repair or Heating Ventilation Air- Condition and Refrigeration (HVAC-R) in order to assist offenders to earn a living wage upon release. WWCC also offers degree opportunities which include an Associate of Applied Science-Transfer (AAS-T) in Human and Social Services, Associate in Business (DTA), Associate in Applied Science in Welding, and an Associate in Applied Science in HVAC-R.

Basic Skills: The Adult Basic Education Classes are designed to upgrade basic skills in reading, writing and math to the 9th grade level. Students are able to complete their General Education Diploma (GED) or if approved may participate in the High School 21 program which expands the high school completion option for adults 21-years and older by offering a comprehensive, competency-based approach tailored to adult learning styles.

Bookkeeping: A vocational class designed to develop an understanding of basic business and accounting functions. Prepares students to compute, classify, record, and verify numerical data in order to develop and maintain financial and inventory records.

Carpentry: A vocational class designed to develop different construction skills including how to construct, erect, install, and repair structures, fixtures made from wood and other materials. Students in the Carpentry program will gain knowledge and experience necessary to begin employment in the construction industry.

Digital Design: Helps students tap into their creativity and prepare students for entry-level employment in the website programming and digital design industry. The program covers basic layout and design knowledge as well as application techniques and operation of industry standard software including Photoshop, Illustrator, JavaScript and CSS. Students will learn website development and design as well as build a portfolio to use when seeking employment.

HVAC-R: Prepares students for entry-level employment in the heating, ventilation and cooling industry. Students learn the principles of energy as they relate to electricity, refrigeration and air conditioning. The first year of the program emphasizes theories, principles and basics of energy. The HVAC program provides students with trouble-shooting and mechanical skills necessary to service, repair, and install commercial and residential heating, cooling and refrigeration equipment. Students have the opportunity to obtain certification in refrigerant handling.

Welding Technology: Provide students with the principles and practices of the welding industry. Students train and learn to meet the current certification requirements of manufacturing and construction industries and experience many career alternatives related to the welding industry. The program's technical training complies with American Welding Society (AWS) standards, increases the student understanding of welding, meets employer's expectations, and increases the student's ability to compete in the employment marketplace. Training includes oxyacetylene cutting and welding, brazing, soldering, SMAW, GMAW, FCAW, GTAW, blueprint/layout standards and methods, welding procedures specifications, testing methods, quality control, metallurgy, and safe work practices.

Auto Mechanics: Prepares students for entry-level employment in the automotive repair industry through a combination of classroom instruction and hands-on application. The program is certified by the National Automotive Technicians Education Foundation (NATEF) and is led by Automotive Service Excellence (ASE) master certified instructors. The Automotive Repair Technology curriculum is reviewed by an advisory board composed of local and regional industry members annually.

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: 0

Number of Standards Met: 43

- 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 offenders
- 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 technology
- 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
- 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 service
- 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
- 115.68 Post-allegation protective custody
- 115.67 Agency protection against retaliation
- 115.71 Criminal and administrative agency investigations
- 115.72 Evidentiary standard for administrative investigation
- 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
- 115.89 Data storage, publication and destruction

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Issues determined during the site review.

- 1) Kitchen-there is a cooler within a cooler that has a large blind spot, the cameras do not cover this area.

Corrections made- a sign was placed on the door noting there is no unsupervised access; the door is to remain locked.

- 2) Dry Storage- There is a blind spot within the room.

Corrections made- On November 5, 2018, photographs were taken as documentation that a mirror was added to the room to eliminate the blind spots.

- 3) Parenting Room- there was blinds covering visual into the room from being able to see into the room.

Corrections made- Blinds were removed from the windows.

- 4) Carpentry Room- an inmate was observed alone in the room with no staff around. Items were blocking the window, so a person could not see in the room.

Corrections made-Items were removed from blocking view through the windows. Restricted access placed on the door.

- 5) Maintenance Bathroom- there was a large mirror placed in an area that staff could see the offender while using the bathroom.

Corrections made- the mirror was removed and placed on a different wall.

- 6) HVAC- there was an isle of items being stored blocking the view into the room

Corrections made- On November 5, 2018, the auditor received an email, with photograph documentation that a mirror was added and the stored items were moved to create visibility into the room.

- 7) Car Shop- there was an unlabeled bathroom, no one could tell the auditor if it was a staff bathroom or an offender bathroom. It was unlocked.

Corrections made- a label was placed on the door, and a slide label occupied/not occupied sign for the door has been added.

- 8) State Issue Area- Many blind spots are created with the shelving of items in the middle. At the time of the audit, there was one offender working and one female staff. The facility shall implement a procedure for the protection of offender and the staff, that no one on one should be allowed.

Correction made- mirrors were placed up to alleviate the blind spots. On October On December 27, 2018, the facility sent an email to the auditor, with photographs as documentation that all shelves have been removed from the middle of the room and are now along the wall, making clear visibility into the room.

- 9) Mud Room- Staff bathroom should be labeled and the slide lock removed. The door was propped open, during the site review.

Corrections made- the door has been labeled, staff was addressed about leaving the door opened. Slide lock has been removed.

- 10) CI Tool Room- blind spot

Corrections made- On November 5, 2018, the auditor received an email with photograph documentation that the mirror had been added to this area.

- 11) Hallway leaving the gym- the offender bathroom door was propped open during the site review. With the door opened the first urinal and toilet are in full view of anyone passing by.

Corrections Action- the toilet was urinal/toilet was removed. Photographs sent to the auditor for documentation.

12) Gym Supply Room – there was visibility into this room. No windows on the outside no window in the door.

Corrections made- the room has been identified as out of bounds to offenders. The door has been labeled with restricted access.

13) Hobby Craft Room – blind spot in the room

Corrections made – a mirror has been added to eliminate the blind spot

14) Medical-Blinds are in multiple areas; recommend privacy screens when exams are taking place which an offender would be in state of undress.

Corrections made- an email was sent to all medical staff, that stated the blinds could only be used and closed when it was necessary for patient privacy and when two staff members are present in the room. Signs stating the same were also put in the rooms as a reminder. Photographs were sent to the auditor for documentation.

15) Library- there were no PREA Posters or external reporting forms

Corrections made- PREA Posters and the outside reporting forms have been added.

16) Sage Unit Porter Closet- the room is L shaped and needs a mirror to cover the blind spot.

Corrections made- a mirror was added eliminating the blind spot.

17) CI Food Factory bathroom- the partitions separating the stalls and allowing privacy were not long enough, allowing visual of the offender while using the restroom.

Corrections made- the partitions were extended to an appropriate length, allowing for offender privacy. Photographs of the area were sent to the auditor for documentation.

Corrective Action per Standard

115.13

(a) Corrective Action- The staffing plan will be reviewed, ensuring all required elements identified in the standard are included. The facility shall provide documentation to the auditor on the development of the staffing plan.

(d) Corrective Action: The rotation of the facility leadership should be updated to include visits that incorporate all shifts. Training will be provided for Intermediate high-level staff on how to document the rounds, the purpose of the unannounced rounds, and the importance of performing the unannounced rounds during all shifts.

115.15

(a) Corrective Action: Areas, in which strip searches are being conducted, can be seen on camera. The facility shall instruct staff, strip searches will not be conducted in the hearing room holding cells. Cameras within the holding cells will be limited to restricted staff from the intelligence unit.

(c) Corrective Action: Strip search logs in visitation were not completed correctly. The facility shall provide the auditor with thirty (30) days of the strip logs in this area.

(d) Corrective Action: The corrective action in this area would require a policy adjustment. Staff shall be instructed that all staff of the opposite gender shall announce when entering the housing unit. If a female officer is assigned to the unit and leaves the units she must re-announce upon her return. All staff of the opposite gender must announce when entering the housing units, including medical and mental health staff- this may require a policy adjustment.

(f) Corrective Action: Training for staff on pat searches for transgender offenders and how to speak effectively to transgender offenders.

115.17

(e) Corrective Action: Develop a process, to ensure that all employee backgrounds are completed every five (5) years. The facility must develop a process to maintain documentation in order to show compliance, such as maintaining the NCIC Request cover sheet in the staff file.

(h) Corrective Action: develop a process such as a log to document such inquiries, as simply stating that the facility is in compliance with this standard, is not enough to document compliance.

115.32

(a)(b) Corrective Action: The facility shall develop a process to track and ensure that all contractors and volunteers complete the initial training and training every year after.

115.33

(b) Corrective Action: The facility shall develop a process to ensure that all offenders have orientation and receive all applicable PREA education offered by the facility in a timely manner.

115.35

(a) Corrective Action: The facility shall develop a process to track and ensure that all medical staff receives the required training in this provision and the 115.31. Limiting the staff to escorted access only, does not make the facility compliant with this standard.

115.41

(f) Corrective Action: The facility shall develop a process to ensure that the thirty (30) day assessment is completed to early and yet is timely. Assessments that are completed in less than that fifteen (15) does not allow for the offender to be comfortable with being at the facility and therefore more responsive on questions being asked.

(c)(d) Corrective Action: a directive was sent to all facilities in WADOC's control, from Assistant Secretary. The memo acknowledged that the assessment did not state "bisexual." All staff completing the assessments is to ask the offender all questions including if they perceive themselves to be bisexual. The directive is to remain in effect until the OMNI system could be revised.

115.51

(d) Corrective Action: Staff is unaware that they can privately report an allegation. Train staff on the policy for reporting.

115.53

(a)(b)(c) Corrective Action: Suggestion to put red stickers on the phone with the victim advocate services.

115.61

(d) Corrective Action: The facility shall develop a process, to ensure that all notifications to Child Protective Services and Adult Protect Services are made, and the notifications are documented. All staff responsible for ensuring notifications are made, shall be trained on the new process that is developed.

115.63

Corrective Action: the facility will develop a process to ensure that all notifications are made timely to another facility when an allegation is received.

115.64

(a)(b) Corrective Action: the agency's Aggravated Sexual Assault Checklist should be updated to include the responder will "request" the victim not to take any action that could destroy evidence and "ensure" the alleged abuser does not take actions that could destroy evidence. The facility should educate non-security staff members on steps they should take should they be the one to encounter a sexual assault taking place.

115.67

Corrective Action: The facility shall develop a process to ensure that retaliation monitoring is being conducted for at least 90 days or an unfounded finding. The facility shall provide training to all staff charged with retaliation monitoring, to ensure that the staff member not only meets with the

offender but looks at the disciplinary record, housing changes or programming changes that might have occurred. The facility will ensure that the retaliation monitoring and all areas reviewed are documented.

115.71

(c) Corrective Action: The facility will develop training in evidence management and ensure all staff receives the training.

115.73

(a) Correction Action: The facility shall develop a process, to ensure that the victim is notified at the conclusion of each investigation.

(b) Corrective Action: The facility shall develop a process, in which to collect all relevant information for all investigative entities, when an investigation is conduct by another.

115.81

(a)(b) Corrective Action: the facility will develop a process to ensure that offenders wishing to see behavioral are scheduled within 14 days.

115.83

(a) Corrective Action: The facility shall develop a process to ensure that medical examination evaluations and treatment for all inmates who have been victimized by sexual abuse.

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*)
- 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.

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to Auditor
- 3) Policy:
 - a. Washington Department of Corrections (WADOC) 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
 - b. WADOC 490.850 *Prison Rape Elimination Act Response* (11 pages)
 - c. WADOC 490.860 *Prison Rape Elimination Act Investigation* (14 pages)
- 4) WADOC Organizational Chart
- 5) CRCC Organizational Chart
- 6) Position Description for the Agency PREA Coordinator
- 7) Interviews with the following:
 - a. PREA Coordinator
 - b. PREA Compliance Manager

Findings (by Subsection):

Subsection (a): In review CRCC's Pre-Audit Questionnaire, the facility reported it has a written policy that contains the following: mandates zero tolerance towards all forms of sexual abuse and sexual harassment; outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment; includes the definitions of prohibited behaviors regarding sexual abuse and sexual harassment; includes sanctions for those found to have participated in prohibited behaviors; and includes a description of the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of all inmates.

WADOC 490.800, *Prison Rape Elimination Act (PREA) Prevention and Report*, Section 1 (A), (p. 2) 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"

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Report Attachment 1, Prison Rape Elimination Act (PREA) Definitions* of the policy includes all the definitions of sexual misconduct as well as the definitions described in §115.6 of the PREA Standards. The policy outlines how it will implement the agency's approach to prevent and detect sexual abuse and sexual harassment. Prevention is evident in the following ways:

- Appointing a department wide PREA Coordinator

- Appointing PREA Compliance Managers for all facilities
- Background checks on all staff and contracted staff prior to employment
- Employee, contractor and volunteer education
- Offender education, to include those with disabilities
- Reviewing all incidents of sexual abuse to determine ways to prevent in the future.

Detection is evident in the following ways:

- Supervision of Staff and Offenders
- Screening offenders for risk of sexual victimization and abusiveness
- Providing multiple ways for offenders to report

WADOC 190.850, *Prison Rape Elimination Act (PREA) Response*, outlines the agency's approach to reporting and responding to all allegations. This is evident in the following ways:

- The facility's Coordinated Response Plan
- Staff, Contractor and Volunteers duty to report
- Prohibition of Retaliation
- Referrals to Law Enforcement when there is a criminal nexus.
- Contract with Victim Advocacy

WADOC policy does include the all of the prohibited behaviors regarding sexual abuse and sexual harassment that are located in standard §115.6 and the sanctions for those found to have participated in the prohibited behavior. The policies are readily available on the department's external and internal website, and can be accessed by all staff and the general public. Policies can be accessed by offenders in the legal library. In addition, PREA posters can be seen around the facility stating "Washington State Department of Corrections has a zero tolerance policy regarding prison, rape, sexual misconduct and victimization."

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

Subsection (b): WADOC employs a full time upper-level agency-wide PREA Coordinator. In review of the position description and the agency's organizational chart, the PREA Coordinator position reports directly to a Deputy Director of Prisons. It is evident that the PREA Coordinator position falls into the upper level hierarchy within the Department and has the authority to develop, implement and oversee the agency's efforts to comply with the PREA standards at all of its facilities. The responsibilities of the PREA Coordinator can be found listed in WADOC 490.800, *Prison Rape Elimination Act (PREA) Prevention and Reporting*, (p. 3 and 4). During an interview with the PREA Coordinator she confirmed she has the authority and time to oversee the agency's efforts to comply with the PREA standards. She stated that in 2012, Washington State put in place a statewide implementation team, made up of all participants from all facilities. The team is charged with implementing the standards and having an impact on the culture in all facilities. Although she reports to the Deputy Director of Prisons, she can approach the Secretary of Corrections for any issues she may have and he is very responsive.

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

Subsection (c): At CRCC, the Associate Superintendent (AS) has been appointed as the PREA Compliance Manager. This position falls in the second line of command on the facility

organizational chart, reporting directly to the Superintendent. It is evident that the PREA Compliance Manager has the authority to develop, implement and oversee the facility's efforts to comply with the PREA standards. All responsibilities of the PREA Compliance Manager can be found listed in WADOC 490.800, *Prison Rape Elimination Act (PREA) Prevention and Reporting*, (p. 4 and 5).

During an interview with the PREA Compliance Manager, she stated that she felt that she had enough time to perform all her responsibilities. She did discuss that this task has been made easier with the addition of a fulltime PREA Compliance Specialist. She coordinates all efforts to be in compliance with the PREA Specialist and they work as a team. She has direct access to the Superintendent if the need arises.

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

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.) X 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".) X Yes No NA

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to Auditor
- 3) WADOC 409.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
- 4) Contract shell for all applicable facilities demonstrating the language included in all applicable contracts
- 5) Email regarding the DOJ Ruling regarding Pioneer Human Services Residential Treatment Centers not falling under the standards
- 6) Revised Code of Washington (RCW) 72.02.410 providing statutory authority for the housing of youthful offenders
- 7) Contracts with the following:
 - a. American Behavioral Health System Contract K8254- Amendment #12- effective August 1, 2013.
 - b. Clark County Contract K8583-Amendment #3-effective July 1, 2013.
 - c. Yakima County Contract K10470-Amendment #1-effective February 1, 2014
 - d. Department of Social Health Services Contract K10491-effective January 26, 2015
 - e. GEO Group Contract K10825-effective May 1, 2015
 - f. Department of Social and Health Services- effective 1-29-2015
 - g. Memo from the PREA Coordinator-documentation of DOJ PREA Audits for each contract
- 8) Interview with the Contract Administrator

Findings (by Subsection):

Subsection (a): In review CRCC's Pre-Audit Questionnaire, the facility reported that the agency has entered into or renewed a contract for the confinement of inmates on or after August 20, 2012. The agency reported that the agency currently has five (5) contracts for the confinement of inmates.

WADOC 409.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting*, (page 9), states "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."

In a memo to the auditor, CRCC stated WADOC currently has contracts with multiple agencies for the housing of offenders. All contracts include the requirement to comply with PREA Standards along with the ability of WADOC to monitor for compliance.

The agency reported that there have not been any new contracts for confinement of inmates since August 20, 2012. However the agency does contract with the below five (5) agencies:

1. American Behavior Health Systems

- The Organization operates three (3) facilities for residential substance abuse treatment. Offenders in the community can be sanctioned to participate in this program and failure to complete the program will result in field supervision violation with possible incarceration as a sanction for the violation.
- The current contract expires June 2019.
- Information about PREA is included in the organization's public website at <https://www.americanbehaviorhealth.net/prea>. The information includes background, reporting, investigation, annual report and audit report information.
- The organization has completed DOJ audits in all three facilities. Final reports document 100% compliance has been received and is posted to the organizational public website.
 - Chehalis Facility- last audit January 2018 with a final report issued July 18, 2018.
 - Mission Facility-last audit September 2015 with a final report issued November 1, 2015. (Audit scheduled for fall of 2018)
 - Cozza Facility-last audit January 2016 with a final report issued February 21, 2016. (Audit scheduled in Spring of 2019)
- Regular visits to the facility by the WADOC Contract Administrator along with discussion to collaboratively address any PREA-related issues continue.

2) Clark County Department of Corrections

- The agency operates a work release center and contracts with WADOC for placement of offenders transitioning out of prison into some of these beds.
- The agency completed a self-assessment and WADOC worked with the agency to bring it into compliance with the PREA Standards. However the facility failed to secure an audit. As a result, all WADOC offenders were removed from the facility (effective December 31, 2017) and suspended all contract related placement until such time as the facility has completed a successful DOJ PREA audit. WADOC will continue assisting and advising Clark County staff on PREA compliance and development of a program, if requested. WADOC's hope is to resume operations with the Clark County Jail Work Center once the scheduled audit is completed and the Clark County Work Release is certified as compliant.

3) GEO Group

- WADOC had a contract with GEO Group that expired August 2018. The contract is to house residents in and out of state facilities privately operated by GEO Group. During the life of the contract, no residents from WADOC were placed in beds within GEO Group facilities. The contract specified placement in the North Lake Correctional Facility in Michigan, which was scheduled for a formal PREA audit in 2017, but the facility was closed

prior to that time period and has been and is still closed. No audit will be scheduled until the facility reopens.

- The GEO Group has achieved PREA certification through audits in 57 corrections and detention facilities, 46 residential reentry facilities, and 8 of the youth facilities. All audit reports demonstrating 100% compliance.
- WADOC is currently exploring options for emergency capacity in the event a critical incident or significant event requires offenders to be housed in secure facilities outside the jurisdiction, including out of state.

4) Rehabilitation Administration

- The state agency operates multiple facilities for housing juveniles who have been adjudicated as delinquent. The agency also houses those offenders under the age of 18 who have been sentenced as adults under an interagency agreement with WADOC that currently has no expiration date. Additionally housing of these youthful offenders is driven by the Revised Code of Washington (RCW) 72.01.410 *Children under eighteen convicted of crime amounting to felony*.
- These youthful offenders may be housed in any facility operated by or contracted for operation by the Rehabilitation Administration.
- The agency maintains PREA-related information on their public website, to include agency policy, data review, reporting procedures, contact information, and audit reports. <https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance>
- The agency has completed audits by DOJ certified PREA auditors in all of its facilities.
 - Camp Outlook- final report issued May 26, 2015, facility closed in May 2015.
 - Canyon View Community Facility- final report issued January 21, 2018
 - Echo Glen Children’s Center- final report issued July 12, 2017
 - Green Hill School- final report issued August 31, 2016
 - The facility was found to be non-compliant on one (1) standard. An appeal was submitted to DOJ. The WADOC PREA Coordinated conducted several on-site visits and the facility remained in non-compliance. A new process was implemented and a new tracking document established. A new audit was conducted in August 2018, and following corrective action the facility was found to remain in non-compliance, an appeal was submitted to the DOJ.
 - Naselle Youth Camp- final report issued August 12, 2018
The facility was found to be in non-compliance of several standards. WADOC currently has one (1) youthful offender housed at this facility. Due to state law, WADOC has no authority regarding the placement until his 21st birthday. An informal agreement with the agencies has been made, and there will be no placements at this facility for the next 90 days, until a plan can be made moving forward.
 - Oakridge Community Facility- final report issued July 12, 2017
 - Park Creek Community Facility- final report issued August 27, 2016
 - Pioneer Reentry Skills Center- final report issued November 5, 2015
 - Ridgeview Community Facility- final report issued July 12, 2017
 - Sunrise Community Facility- final report issued January 21, 2018
 - Touchstone Community Facility – final report issued January 21, 2018
 - Twin Rivers Community Facility- final report issued July 6, 2016

- o Woodinville Community Facility- final report issued November 30, 2015

5) Yakima County Jail

- The agency currently houses female offenders transferred from the Washington Corrections Center for Women in an overflow bed capacity. The contract expired in June 2018, but has since been amended to continue through December 2018.
- The agency maintains PREA-related information on their public website, to include reporting contact information, and the 2015 final audit report; <http://yakimacounty.us/1141/Prison-Rape-Elimination-Act> .
- The agency recently had a DOJ audit and is currently in corrective action on several standards. It is anticipated that the agency will be brought into full compliance during the corrective action period. WADOC has been provided with information upon request regarding this plan.
- Regular visits to the facilities along with discussion to collaboratively address a PREA-related allegation continue.

WADOC contracts with Pioneer Human Services to provide residential substance treatment services to offenders on supervision in the community. Pioneer Center North is a one hundred and thirty-four (134) bed residential substance treatment program and which includes thirteen (13) WADOC contract beds. Pioneer Center East is a forty-four (44) bed residential substance treatment program that includes seven (7) WADOC contract beds. Previous inquiries made to the Department of Justice stated that such a facility must house a population of more than 50% percent before the standard applies. WADOC monitors the population and is aware that if the population rises above 50%, the contract will need to be modified to require Pioneer Human Services be compliant with the PREA standards.

The auditor reviewed all contracts and verified that they contain language that requires the contractors to adopt and comply with the federal PREA standards.

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

Subsection (b): WADOC 409.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting*, (page 9), states “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.”

During an interview with the Contract Administrator, she stated that there have been no new contracts and all of the contracts currently in place contain the required PREA language. The contract facilities are required to adhere to all PREA standards. If non-compliance is determined the Contract Administrator will complete on-site visits until compliance has been achieved. If the facility were to remain in non-compliance status, the state offenders would be immediately removed from the facility. The auditor did confirm that all state offenders were removed from the Clark County Work Release until they have become PREA compliant.

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

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? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X 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.) X 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? X 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? X 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? X 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? X Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? X 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? X Yes No

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to Auditor
- 3) WADOC Policy
 - a. WADOC 110.110 *Work Release Management Expectations* (5 pages)
 - b. WADOC 300.500 *Work Release Screening* (6 pages)
 - c. WADOC 400.210 *Custody Roster Management* (7 pages)
 - d. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
 - e. WADOC 110.100 *Prison Management Expectations* (5 pages)
 - f. WADOC 400.200 *Post Orders/Operations Manuals and Post Logs* (7 pages)
 - g. WADOC 420.370 *Security Inspections* (6 pages)
- 4) Staffing Plan
- 5) CRCC List of non-relievable posts
- 6) DOC Custody Staffing Model
- 7) DOC Non-Custody Staffing Model
- 8) Memo from WADOC Secretary (Hiring Freeze)
- 9) Documentation showing mandatory posts being filled with overtime
- 10) Documentation of closing down program area due to lack of non-custody staff
- 11) Memo from All Assistant Secretaries to all Correction Department Supervisors-Regarding unannounced rounds

- 12) Samples of Superintendent/Duty Officer "Walkabouts"
- 13) Samples of unit log entries showing visits by executive /middle management staff
- 14) Memo from Superintendent to all Staff
- 15) Interviews Conducted
 - a. Superintendent
 - b. PREA Compliance Manager
 - c. Intermediate-level or- Higher level staff

Additional Documents Reviewed:

1. CRCC 2019 Staffing Plan
2. Monthly logs demonstrating unannounced rounds
3. Directive to relevant staff regarding supervisory unannounced rounds
4. Memo to Staff from Superintendant regarding unannounced rounds and Gender Announcing

Findings (by Subsection):

Subsection (a): CRCC reported in the PAQ that WADOC requires each facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan. In the past twelve (12) months the average daily number of offender was two thousand and twenty-nine (2029).

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting*, (page 7) states "Each Superintendent and Work Release Community Corrections Supervisor (CCS) will use the PREA Compliant Staffing Plan template maintained on the PREA Audit SharePoint site to develop, maintain, and annually review a staffing plan that includes an objective analysis of the facility's staffing needs and established staffing model." The policy also states that the annual review of the Staffing Plan should be in conjunction with the post audit conducted in WADOC 400.210 Custody Roster Management.

In a memo to the auditor, CRCC stated WADOC maintains staffing models for both custody and non-custody. The Washington Legislature approves the staffing model for all the prison facilities. The custody staffing model was approved by the Legislature following an extensive review of national correctional practice. It details staffing levels based on facility design, and the make-up of the offender population housed at the facility. It has been in place since 1988. Revisions were made in 2013 that added a second shift unit officer at the medium custody facilities and a first shift control officer at stand alone minimum security facilities. The staffing model has consistently proven effective in prison operations. The plan does have an exception process with review and approval elements for use as needed for the prison facility management. Although the non-custody staffing model is not legislatively mandated, it is implemented in a similar manner.

On an annual basis, quality assurance audits are conducted to ensure custody staff is deployed in accordance with the model and to ensure no modifications or exceptions to the model are indicated.

WADOC requires each facility to develop a staffing plan that addresses the element of this standard. Staffing Plans are reviewed annually and the information is submitted to the agency PREA Coordinator for review. A component of this plan is a facility vulnerability assessment, completed to identify and address areas of processes creating risk.

During an interview with the Superintendent, he stated that the staffing plan is formally reviewed once a year and it is monitored regularly. He is able to close areas that are not mandatory posts, if needed. Currently the facility has a zero vacancy rate, as intermittent employees are used to fill positions when staff is on extended leave. Cameras are not used supplement staff. All deviations from the staffing plan are documented with Roster management.

During an interview with the PREA Compliance Manager, she stated that when accessing and updating the staffing plan, the vulnerability assessment, vulnerable areas and the duties of the officers are looked at. The vulnerability assessment is developed with input from all departments; however, there were no meetings or discussions that were documented during the assessment of the staffing plan.

The auditor reviewed the facility Staffing Plan, which contained all the elements required for this standard, to include:

- 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 facility's 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;
- Any other relevant factors.

However, best practice for a staffing plan should:

- Be a written document
- Be facility specific
- Contain a narrative reflecting development of the plan and strategic considerations
- Contain a narrative describing whether or not each enumerated element is applicable, how are the elements reflected in the plan
- Contains diagrams of staff positions and where needed to provide adequate coverage
- Includes post orders or other descriptions of the supervisory duties for each post position
- Days and operation of each post
- Provide contingencies when a post would otherwise not be met.
- Provide samples staff schedules by shift
- Provide a list of staff positions

- Include consideration of relief factors, such as an expected level of absenteeism, unexpected transports etc.
- Indicates who was involved in the development of the staffing plan

In order for the auditor to determine compliance with this provision, a review of written evidence that an informed analysis of all required elements was conducted, written evidence that an annual review of the staffing plan takes place and that relevant parties are involved in the review. The facility has not provided the auditor with any documentation regarding the development of the staffing plan.

Corrective Action- The staffing plan will be reviewed, ensuring all required elements identified in the standard are included. The facility shall provide documentation to the auditor on the development of the staffing plan.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision and agreed upon a plan with assigned dates for completion. On April 15, 2019, the facility provided the auditor with the facility's 2019 Staffing Plan. The Staffing Plan includes the development process, as the facility executive leadership held weekly meetings to discuss the staffing needs of the facility, and a discussion of each of the elements required by the standard. The Staffing Plan is in compliance. The facility has effectively demonstrated compliance during the corrective action with supporting documentation.

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

Subsection (b): In review of the CRCC's PAQ states that there have been deviations from the staffing plan during this reporting period.

In review of documentation provided to the auditor, CRCC has had deviations to the staffing plan. There have been times when the facility has closed down programs due to staff shortage. The facility also provided staff rosters depicting mandatory posts that had been covered by overtime. These instances of deviation from the staffing plan are documented. In an interview with the Superintendent he confirmed all instances of deviation from the staffing plan are documented.

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

Subsection (c): WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 7) states "Each Superintendent and Work Release Community Corrections Supervisor (CCS) will use the PREA Compliant Staffing Plan template maintained on the PREA Audit SharePoint site to develop, maintain and annually review a staffing plan that includes an objective analysis of the facility's staffing needs and established staffing model. (2) Reviews will document consultation with the PREA Coordinator, who will be provided a copy of the completed PREA Compliant Staffing Plan."

The agency PREA Coordinator stated that she is included in a formal review process of the staffing plan.

The auditor reviewed the facility's 2017 staffing plan.

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

Subsection (d): WADOC 110.100 *Prison Management Expectations* (page 5) states “Superintendents will ensure that each member of the facility executive management team make unannounced tours of selected areas of the facility at least weekly. (1) Employees are prohibited from alerting one another that these tours are occurring, except when necessary for the legitimate operational functions of the facility. (3) Facility Executive management team members will routinely modify their work schedules to conduct tours and interact with employees on all shifts. The policy does not require that these rounds be documented.

WADOC 400200 *Post Orders/Operations Manual and Post Logs* (page 5) states “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.”

WADOC 420.370 *Security Inspections* (page 3) states “The Superintendent will develop a rotation schedule to ensure weekly visits are conducted of all living units and activity areas (e.g., recreation, education, etc.) to encourage informal contact with personnel and offenders and to informally observe living and working conditions. Employees in the rotation schedule should include:

1. Associate Superintendents, if applicable
2. Captains/Senior Security Managers
3. Correctional Program Managers, and
4. Other designated department heads and managers.

In a memo to the auditor, CRCC stated the Superintendent, Associate Superintendent, Correctional Program Manager, Captain, Lieutenant and the Duty Officers conduct weekly unannounced area visits throughout the facility. Staff is aware of and follows the policy requirement that prohibits alerting other staff members that a walkabout and or area visit is being conducted.

The auditor reviewed sample “walk-about” reports, as well as log book entries, provided by the facility. The audit team did review random log books during the site review. Although the facility has developed a rotation schedule to ensure weekly visits of all living units and activity area, all reports and log book entries suggests that all weekly visits are being completed during 2nd and 3rd shift. The auditor did not find any entries to suggest the rounds are completed during the 1st shift, what can be referred to as the graveyard shift.

During an interview with an intermediate higher-level staff member, he stated that he is required to log the round into the log book with a red pen. He stated that he does not come in on weekends or during the 1st shift. The auditor inquired what the reason for unannounced rounds is, and it was stated that he looks for cleanliness of the facility, talks to offenders and staff, mainly to show they are available. He stated that it is hard to do an unannounced round, as officers will go with code words and let everyone know that you are coming.

During staff interview, many were confused on unannounced rounds versus the requirement to make an announcement when the opposite gender enters the housing unit.

Corrective Action: The rotation of the facility leadership should be updated to include visits that incorporate all shifts. Training will be provided for Intermediate high-level staff on how to document the rounds, the purpose of the unannounced rounds, and the importance of performing the unannounced rounds during all shifts. The facility shall send an email to all staff outlining the difference between unannounced rounds and gender announcing. A reminder will also be sent to all staff regarding the policy requirement that staff are not to announce to other staff when a supervisor is making his/her rounds.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision and agreed upon a plan with assigned dates for completion. On January 24, 2019, the Superintendent sent an email out to all staff. The email outlined the difference between unannounced rounds and gender announcing rounds. In addition, staff was reminded that alerting one another when an unannounced round is being conducted is strictly prohibited. On February 14, 2019, the Superintendent sent a directive out to the relevant staff with the process for completing the unannounced rounds. The directive included the assigned duty officer, being required to complete an unannounced round on the 1st shift at least once during the week. The directive addressed how to document the unannounced round in the log book and steps to take regarding the areas that do not have a log book. During the corrective action period, the facility provided the auditor with documentation of sample logs, on a monthly basis. The logs included notations of unannounced rounds being completed within the facility. In review of the logs, the auditor determined that the unannounced rounds are being completed on all shifts and at random dates and times. The facility has effectively demonstrated compliance with this provision of the standard.

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

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].) 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].) 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].) 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].) 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].) 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].) 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.

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) RCW 72.01.410 *Child under eighteen convicted of a crime amounting to felony-Placement*
- 4) Interagency Agreement WADOC and Department of Social and Health Services
- 5) WADOC 320.500 *Youthful Offender Program*
- 6) Screenshot of CRCC's website depicting an adult male facility

Findings (by Subsection):

Subsection (a) (b) (c): CRCC reported on the PAQ the facility only houses adult male offenders and does not house youthful offenders.

RCW 72.01410 *Child under eighteen convicted of a crime amounting to felony – placement* (page 1) states “Whenever any child under the age of eighteen is convicted as an adult in the courts of this state of a crime amounting to a felon, and is committed for a term of confinement, that child shall be initially placed in a facility operated by the department of corrections to determine the child’s earned release date.

WADOC 320.500 *Youthful Offender Program* (page 1) states “A youthful offender is any person under the age of 18 who is tried, convicted and sentenced as an adult. Youthful offenders under the Department jurisdiction will be housed at a Department of Social and Health Services’ Juvenile Rehabilitation Administration (JRA) facility to ensure their medical, mental health and developmental needs are addressed, and they are provided a safe and secure environment.”

WADOC 320.500 *Youthful Offender Program* (page 1) states “Youthful Offenders sentenced to the Department will be received at the Washington Corrections Center (WCC) or Washington Corrections Center for Women (WCCW) Reception Diagnostic Center.

In a memo to the auditor, CRCC stated Coyote Ridge Corrections Center houses adult felons and does not house youthful offenders. If a youthful offender arrived at the facility, it would be based on exigent circumstances and the offender would be placed where safety of the offender would be maintained and a transfer to the appropriate reception center immediately requested.

The above procedure was confirmed during an interview with the agency PREA Coordinator. WADOC does have policies in place should the need ever rise for the facility to house a youthful offender.

The facility is in compliance with this provision 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?
X 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.) X 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.)
X Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? X Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? X 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? X Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? X 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? X 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? X 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? X 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? X 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.

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
 - a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
 - b. WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (12 pages)
 - c. WADOC 420.310 *Searches of Offenders* (page 5)
 - d. WADOC 420.312 *Body Cavity Search* (6 pages)
 - e. WADOC 420.325 *Searches and Contraband for Work Release* (4 pages)
 - f. WADOC 320.265 *Close Observation Areas* (7 pages)
- 4) Memo from Assistant Secretary regarding Strip log, dated 8-16-2016
- 5) Examples of Strip Logs
- 6) Samples of strip logs for 30 days from the visitation area
- 7) Memo from Lt.
- 8) CRCC process for strip search logs
- 9) Photographs of signage in Living Units
- 10) Pat Search Training Curriculum
- 11) Facility Training Compliance Log
- 12) Site Review Observations
- 13) Interviews with the following:
 - a. Random Inmate

b. Random Staff

Additional Documents Reviewed

1. WADOC 490.800 updated policy
2. Memo to all Medical and Mental Health Staff regarding the gender announcement
3. Directive regarding Strip Searches occurring in the hearing rooms
4. LGBTI Pat Search training curriculum
5. Log of all custody staff depicting the date of training
6. Class Rosters

Findings (by Subsection):

Subsection (a): CRCC reported in the PAQ that the facility does not conduct cross-gender strip searches of offenders. There have not been any cross-gender strip searches or cross-gender visual body cavity searches in the past twelve (12) months.

WADOC 420.310 *Searches of Offender* (page 4-5) states “A strip search must be conducted by 2 trained employees. Staffing will meet the following 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 search be male. If the second person conducting the strip search is female, she will position herself to observe the employee during the strip search, but will not be in direct line of sight of the offender.

WADOC 420.312 *Body Cavity Search* (page 3) states “All participants in a body cavity search will be the same gender as the offender.”

In a memo to the auditor, CRCC stated the gender of the search officer is noted on the strip search log.

The auditor reviewed a sample of strip logs from all areas of the facility. There were no cross gender strip searches or visual body cavity searches conducted or logged. In informal interviews with female staff, it was confirmed that they do not conduct cross gender strip searches or visual body cavity searches.

During formal interviews, with offenders in the Segregation Unit, it was reported that the facility will conduct strip searches of the offenders in the hearing rooms located in segregation. These hearing rooms are equipped with cameras. The offenders felt everyone could watch them during the strip search.

During the site review, the auditor did observe the cameras located in the hearing rooms. The auditor informally interviewed several segregation staff and it was reported that strip searches are conducted in the three (3) hearing rooms.

Corrective Action: Areas, in which strip searches are being conducted, can be seen on camera. The facility shall instruct staff, strip searches will not be conducted in the hearing room holding cells. Cameras within the holding cells will be limited to restricted staff from the intelligence unit.

Prior to the issuance of the Interim Audit Report, a discussion was had with the PREA Compliance Manager, the cameras were immediately disabled. On September 7, 2018, a directive was sent out to all staff, that no strip searches will take place in the hearing rooms. The cameras were turned back on with only viewing capabilities given to the Intelligence and Investigative Unit. The facility provided the auditor with the memo as documentation of completion.

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

Subsection (b): This provision of the standard is not applicable to CRCC as only adult male offenders are housed in the facility and the facility exceeds fifty (50) offenders. However the auditor would recommend that as the agency develops a policy specific to transgender, intersex or gender non-conforming, the agency should consider including asking the transgender offenders to identify the gender of the staff with which they would feel most comfortable conducting a pat down search.

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

Subsection (c): WADOC 420.310 *Searches of Offender* (page 4-5) states “A strip search must be conducted by 2 trained employees. Staffing will meet the following 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 search be male. If the second person conducting the strip search is female, she will position herself to observe the employee during the strip search, but will not be in direct line of sight of the offender.

WADOC 420.310 *Searches of Offender* (page 4) “All Strip Searches will be documented before the search, or as soon as possible after the completion of an emergent strip search. This documentation must contain, at a minimum: date of search, name of offender, DOC number, reasons for search, and names and genders of the employees conducting the search.”

The auditor reviewed a directive issued in August 2016, to all WADOC staff to modify logs, adding that each entry must contain the gender and the role of each officer conducting the strip search.

The auditor reviewed strip search logs from all areas within the facility. The logs indicate that all strip searches were conducted by a male officer. There were several entries made that indicated that a female was the observer. The strip logs in the visitation area were not completed correctly.

During informal interviews, female officers stated that if they participate in a strip search they must stand with their back to the offender, keeping only the officer performing the strip search within her view.

Corrective Action: Strip search logs in the visitation area were not being completed correctly. The auditor will monitor for a thirty (30) day period.

Prior to the Issuance of the Interim Audit Report, the auditor and the facility discussed corrective action regarding this provision of the standard. The facility sent the auditor the strip logs from the visitation area for a period of thirty (30) days. The facility has effectively demonstrated compliance with the policy regarding strip search logs and this provision of the standard.

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

Subsection (d): WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 8) states “Offenders will be provided the opportunity to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such view is incidental to routine checks. This includes viewing via surveillance systems.”

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 8) states “An announcement will be made indicating “man on the unit or “woman on the unit”, by anyone who does not identify with the facility’s gender designation, loud enough and often enough to reasonable be heard by the occupants of a housing unit, including the living area (e.g., where incarcerated individuals sleep), or any common area designated for offenders to disrobe or change their clothing (e.g., bathrooms, showers).

- At a minimum, announcements will be made as follows:
 - Staff assigned to the unit is required to announce when entering the living area of the unit for the first time during a shift. Repeat announcements are not required if the individual moves in and out of the living unit during the course of the shift.

In a memo to the auditor, CRCC stated staff of the opposite gender of the offender may be assigned to work in the security booth in an Intensive Management Unit (IMU) or Segregation Unit, where officers are required to monitor surveillance camera monitors. These cameras are able to monitor offenders housing in these maximum security cells. However, the surveillance system only allows these cameras to come on when the door is opened, prohibiting the booth officer from viewing offender in an unclothed state or while using the toilet. Only during an emergent extraction would the offender be in an unclothed state when these surveillance systems are activated. Whenever possible, the offender may be placed in the close observation cell without any form of clothing. The agency considers these to be exigent circumstances and therefore in compliance with agency policy and this standard.

The facility reported that during the documentation period, there were no exigent circumstances in which an offender did not have the opportunity to perform bodily functions without being viewed by staff members of the opposite gender. As such, there is no related documentation for auditor review.

During the site review the auditor observed signs within the housing units that stated “Attention Offender’s” “be advised that personnel of both gender may be present in this area.” As the site review team entered each housing unit, staff utilized the PA system to announce that females were on the floor, as well as “females on the floor” was verbally called out by a member leading the site review.

The auditor reviewed a directive issued by WADOC Secretary on December 13, 2016 regarding the announcements in prison living areas with the following terms:

- Living area: those areas within the Unit where incarcerated individuals live (pod, wings, bays, etc)
 - Staff assigned to the unit: when each person of the opposite gender of those housed in the unit enters the living area of the unit for the first time, an announcement must be made. Repeat announcements are not required if the individual(s) who has already announced moves in and out of the living area during the course of the shift.
 - Staff not assigned to the unit: when each person of the opposite gender of those housed in the unit enters the living area of the unit an announcement is required. Repeat announcements are only required if the individual exits and reenters the unit.
 - In-Patient Infirmaries: In-patient infirmaries are considered a living area and staff is required to announce per statements in 1 and 2. Announcements are not required by medical and mental health practitioners.

During random offender interviews, forty-one (41) offenders stated that the announcement is made when female staff member begins their shift, three (3) inmates reported that only female officers announce, others like medical or non-custody staff do not and one (1) offender stated there is never an announcement made. During informal interviews it was reported that cross-gender announcements were being made at 0600 for the day, regardless who entered the unit.

During random staff interviews, it was reported that an announcement is made utilizing the PA system. A female officer stated that she is only required to announce at the beginning of her shift. There were (3) staff members that stated they thought announcing every time makes it difficult for the female officers to perform their duties, as offenders always know when they are coming.

The Department of Justice has determined that posting a notice on the housing unit informing the inmates that they may be subject to cross-gender supervision is NOT sufficient to comply with this provision of the standard.

The Department of Justice has determined that making a single announcement at the beginning of a shift indicating that an opposite gender staff is assigned to the unit for that particular shift is NOT sufficient to comply with this standard.

Corrective Action: Staff shall be instructed that all staff of the opposite gender shall announce when entering the housing unit, including medical and mental health staff. A policy adjustment will be made.

Prior to the issuance of the Interim Audit Report, the Superintendent sent out a reminder to all staff of the announcement requirement.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision and agreed upon a plan with assigned dates for completion. In regards to medical and mental health staff performing the cross gender announcement, on January 9, 2019, an email was sent to all medical staff reminding them that they must announce themselves every time they enter the housing unit, this does not include the

inpatient infirmary housing unit. In addition, the agency updated WADOC 490.800 policy, which states “(a) Staff assigned to the unit is required to announce when entering the living area of the unit for the first time during a shift. Repeat announcements are not required if the individual moves in and out of the living unit during the course of the shift. (b) Staff not assigned to the unit, including facility visitors are required to announce whenever entering the living area of the unit. Repeat announcements are only required if the individual exits and reenters the unit. (c) Inpatient infirmaries are considered living areas, and staff is required to announce. Announcements are not required by medical and mental health practitioners.” With the update to the policy and the directive to all staff, the facility has effectively demonstrated compliance during the corrective action with supporting documentation.

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

Subsection (e): WADOC 490820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 8) states Employees/contact 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 review medical records or, if necessary, as part of a broader medical examination conducted in private by a health care practitioner.

In a memo to the auditor, CRCC stated that the facility does not physically examine a transgender or intersex offender for the sole purpose of determining the offender’s genital status. Generally, the offender’s disclosure of status is the determining factor which would then imitate a housing review protocol as outline in standard 115.42. However, this is only when the information is shared with non-medical staff. Policy requires that all medical, mental health and substance use disorder practitioners obtain the offender’s consent before disclosing an offender’s transgender status.

During random staff interviews all twenty-five (25) reported it was in policy and knew they could not search a transgender offender to determine genitalia status.

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

Subsection (f): WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting*, (page 11) states “Employees/contract staff who may conduct pat searches will be trained in cross-gender searches and searches of transgender and intersex offenders.”

In a memo to the auditor, CRCC reported that all staff who performs searches at the Coyote Ridge Corrections Center has received pat search training, which includes information about conducting cross-gender pat-searches, searches of transgender and intersex offenders, and searches of both male and female offenders. The training was provided to all staff via the on-line training system in February 2014, all new staff receive the training in Correctional Worker CORE or applicable academy classes. In July 2018, the in-class curriculum was updated.

The pat-search training curriculum was provided and reviewed by the auditor. The training contained a statement “All pat searches should be conducted professional and thoroughly”. The curriculum does cover information regarding conducting cross gender pat searches, searches of transgender and intersex inmates and searches of both male and female offenders.

The auditor reviewed a tracking list of all staff and the date they completed the training. It was also confirmed during the review of the employee files that the training was depicted on the training transcript indicating that the staff member had completed the pat-search training. During random staff interviews the staff indicated that they had received and understood the training.

During an informal interview with the PREA Compliance Manager she stated that she was not aware that there was a training regarding transgender offender pat-down search.

During interviews with transgender inmates, one (1) reported that she had never even been searched by staff, since coming to the facility. Another stated that she had been told by officers that if you don't want to be raped, don't act like a woman.

Corrective Action: Training for staff on pat searches for transgender offenders and how to speak effectively to transgender offenders.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision and agreed upon a plan with assigned dates for completion. On June 17, 2019, the facility provided the auditor LGBTI Pat Search training curriculum. In addition, a log of all custody staff and class rosters were provided which included the date that each staff member attended the training. The facility has effectively demonstrated compliance during the corrective action period and has provided supporting documentation.

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

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? X 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? X 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? X 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? X 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? X 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)? X Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? X 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? X 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? X 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? X 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? X 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? X Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? X 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?
X Yes No

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
 - a. WADOC 310.000 *Orientation for Offenders* (8 pages)
 - b. WADOC 450.500 *Language Services for Limited English Proficient (LEP) Offenders* (7 pages)
 - c. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 Pages)
 - d. WADOC 690.400 *Offenders with Disabilities* (8 pages)
 - e. WADOC 310.000 *Orientation for Offenders* (8 pages)
 - f. WADOC 450.500 *Language Services for Limited English Proficient (LEP) Offenders* (7 pages)
 - g. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
- 4) List of DOC Sign Language Contract Interpreters
- 5) Position Description for Deaf Services Coordinator
- 6) PREA Informational posters and brochures in Spanish
- 7) Memo from Assistant Secretaries regarding access to interpreters
- 8) Memo regarding use of Interpreters
- 9) ADA PowerPoint Training
- 10) Facilitator Guide (limited intellectual capabilities)
- 11) Interviews with the following:

- a. Agency Head
- b. Inmates with Disabilities
- c. Random Staff

Findings (by Subsection):

Subsection (a): CRCC reported in the PAQ that the agency has established procedures to provide disabled inmates an equal opportunity to participate in or benefit from all aspects of the agency's effort to prevent, detect, and respond to sexual abuse and sexual harassment.

WADOC 310.000 *Orientation for Offenders* (page 3-4) states "Offenders will receive orientation information, both orally and in writing, in a manner that is clearly understood by offenders. The orientation will, at a minimum, include:..... (5) Information on the Prison Rape Elimination Act (PREA), including (a) DOC 490.800 Prevention and Reporting of Sexual Misconduct, DOC 490.850 Response to Investigation of Sexual Misconduct, related operational memorandums, the Prison Rape Elimination Act of 2003, and other applicable state or federal laws, including potential criminal penalties (b) Department zero tolerance (c) Definitions and examples of prohibited and/or illegal behaviors that might constitute sexual misconduct (d) Self protections strategies (e) Prevention and intervention (f) Offender sexual misconduct (g) Examples of conduct, circumstances, and behaviors that may be precursors to sexual misconduct (h) Various ways sexual misconduct may be reported (i) That all allegations of sexual misconduct are taken seriously and investigated thoroughly (j) Confidentiality in cases of sexual misconduct (k) Treatment and counseling (l) Staff requirement to report allegations (m) Protection against retaliation and (n) Disciplinary actions for making false allegations"

WADOC 310.000 *Orientation for Offenders* (page 4-5) (F) states "When a literacy or language problem exist. Staff will assist the offender in understanding the material per DOC 450.500 Language Services for Limited Proficient (LEP) Offenders. (G) 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. (H) Each facility will develop processes for non-Spanish speaking Limited English Proficiency offenders, including those requiring sign language interpretations, to receive orientation in a language they understand per DOC 450.000 Language Services for Limited English Proficient (LEP) Offenders. This orientation will include information on: (5) PREA."

WADOC 690.400 *Offenders with Disabilities* (page 2) states "Offenders with disabilities will be provided reasonable accommodations that allow participation in services, programs, and activities, which include (1) Modifying policies, practices, or procedures, when reasonable (2) removing barriers to access, and (3) Providing auxiliary aids and services."

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 5) states "Professional interpreter or translation services, including sign language, are available to assist offenders in understanding this policy, reporting allegations, and/or participating in investigations of sexual misconduct per DOC 450.500 Language Services for Limited English Proficient (LEP) Offenders.

WADOC 450.500 *Language Services for Limited English Proficient (LEP) Offenders* (page 2) states “The Department will provide interpretation (i.e., oral) and translation (i.e., written) services through Department and/or contract services at all Department facilities and Field Office. The Department will also provide guidelines for interpretation and translation services for Limited English Proficiency (LEP) offenders under Department jurisdiction.

(page 3) states “Services will only be provided through Department certified interpreters/translators and/or available state contracted vendors listed under the Translation/Interpretation on the Inside DOC. LEP Coordinators will document all services on DOC 16-340 Limited English Proficiency (LEP) Coordinator Monthly Report.”

In a memo to the auditor, CRCC stated at Coyote Ridge Corrections Center, we work with offenders on intake and during risk assessments to identify those offenders with special needs that would impact orientation, reporting and investigatory processes. The PREA Compliance Manager and/or PREA Compliance Specialist are notified to ensure appropriate resources are provided to the offenders. During the documentation period there were no special needs identified or requests received.

During an interview with the WADOC Secretary he stated that the agency provides all the PREA brochures and PREA posters in both English and Spanish and has several contracts in place for service to interpret for offenders with limited English skills.

The audit team conducted an interview with an offender who could not speak English. His native language was Thai. The interview was conducted with the assistance of staff, utilizing the language line. The staff was aware of the language line, how to access and use it. Utilizing the language line was a little difficult as the offender stated that he had trouble understanding the interpreter on the line. There may have been a difference in the Thai spoken. The offender did state that he knew where and how to report any issues that he may have. He also stated that the facility has used the language line on several occasions to speak with him.

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

Subsection (b): WADOC has two separate contracts with the Washington Department of Enterprise Systems that is utilized by state agencies to provide language interpreting services.

- Contract 10306- provides offenders that are limited English proficient with access to in-person language interpretation conducted by the court certified and non-court certified interpreters.
- Contract 03508- provides offenders with access to telephone based services on an “as needed” basis.

In a memo the auditor, CRCC stated offenders are able to view the PREA orientation video, which is available in English and Spanish. The video is also closed captioned for offenders who are hard of hearing. Offenders who are visually impaired are able to listen to the video.

WADOC has two separate contracts with the Washington Department of Enterprise Systems that are utilized by state agencies to provide language interpreting services. Contract #10306 provides WADOC offenders that are limited English proficient with access to in-person language

interpretation conducted by court certified and on-court certified interpreters. The second contract #03508 provides WADOC offenders with access to telephone based services on an “as needed” basis for limited English proficient clients. These services are available for use by any staff member to assist limited English proficient offenders in reporting allegations and participating in the investigator process. No in-person contractors were used during this audit documentation period.

The audit team did use the language line service to speak with an offender who had limited English skills.

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

Subsection (c): WADOC 490.800 *Prison Rape Elimination Act (PREA) Preventing and Reporting*, (page 5) states “Professional interpreter or translation services, including sign language, are available to assist the offender in understand this policy, reporting allegations, and/or participating in investigations of sexual misconduct per DOC 450.500 Language Services for Limited English Proficient (LEP) Offenders. (1) Offenders are not authorized to use interpretation/translation services from other offenders, family members, or friends for these purposes.”

In a memo to the auditor, CRCC stated agency policy 490.800 specifically prohibits the use of offenders, family members, and friends as interpreters or translators. Staff can be used as interpreters/translators for PREA-related issues only in exigent circumstances. No such instances occurred during this audit documentation period.

During random staff interviews, twenty-two (22) staff members reported they would not use an offender to interpret. They were aware of the language line and a list of staff interpreters that could be used. There were three (3) staff members that did not know the facility had a language line but were aware that there was a list of staff interpreters that could be used if necessary.

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

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)? X 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? X 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? X 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)?
X 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? X 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? X 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? X Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? X 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? X 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? X 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?
X 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? X 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? X Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? X Yes No

115.17 (g)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to Auditor
- 3) Policy:
 - a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 Pages)
 - b. WADOC 810.015 *Criminal Record Disclosure and Fingerprinting* (5 pages)
 - c. WADOC 810.800 *Recruitment, Selection and Promotion* (8 Pages)
 - d. WADOC 400.320 *Terrorism Activity* (4 Pages)
- 4) Spreadsheet with all employees hired or promoted within the audit documentation period
- 5) Samples of Sexual Misconduct and Institutional Employment
- 6) Samples of New Employee Background Check
- 7) Contract Shell Language
- 8) Master Interpreter List – Contractor
- 9) Sign Language Interpreter (depicts training, background check and sexual Misconduct Disclosure)
- 10) List of Contractors
- 11) Contract with Community College
- 12) Contract with Treatment Services
- 13) Clark College Background Check Requests-Volunteer
- 14) Pages from E-Learning – Sexual Misconduct Disclosure
- 15) List of all facility employees with dates of last NCIC
- 16) List of all Contractors with dates of last NCIC
- 17) Interview with the following: Administrative (Human Resources)

Additional Documentation Reviewed:

1. Memo to all CRCC Executive Management Staff from the Superintendent
2. Documentation of all NCIC's completed on all staff for 2019

Findings (by Subsection):

Subsection (a)(b): WADOC 490800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 6) states "(A) The Department has established staffing practices as follows: (1) to the extent permitted by law, the Department will not knowingly hire, promote, or enlist the services of anyone who: (a) has engaged in sexual misconduct in a Prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 U.S. C. 1997 (b) has engaged in sexual misconduct with an offender on supervision (c) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or (d) has been civilly or administratively adjudicated to have engaged in the activity described above.

WADOC 810.015 *Criminal Record Disclosure and Fingerprinting* (page 4) states “Failure to fully divulge criminal information on the part of an individual subsequently employed, promoted, or authorized to provide services for the Department may be cause for disciplinary action, up to and including dismissal or termination of services.

WADOC 490800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 6) states (B) 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.”

In a memo to the auditor, CRCC stated WADOC requires that each individual who is hired or promoted and each contractor who may have contact with offenders complete form DOC 03-506, *Sexual Misconduct and Institution Employment /Service Disclosure* before an appointment can be made. As a general rule, all applicants scheduled for an interview are required to complete this form prior to or at the time of an interview. In addition, the PREA database maintained with the Offender management Network Information (OMNI) system is reviewed before an individual is hired or promoted to ensure there are no investigations or allegations requiring renewal.

WADOC incorporated the self-disclosure questions of this provision into its annual PREA Training which is administered to all employees via the electronic Learning Management System. By incorporating the questions into the training, WADOC has the ability to ensure a higher participation and compliance rate and more reliable information.

The auditor reviewed the DOC 03-506 form. The form contained the following questions:

- Have you ever engaged in sexual abuse in a prison, jail lockup, community confinement facility, juvenile facility, or instructional setting?
- Have you ever been civilly or administratively adjudicated (there was formal finding and a judgment or decision was rendered in a civil or administrative proceeding) or otherwise found to have engaged or attempted to engage in sexual abuse/assault in any setting?
- Have you ever been accused of or investigated for sexual harassment or sexual involvement of any type in any place you have worked or volunteered?
- Have you been the subject of substantiated allegations of sexual abuse or sexual harassment or resigned during a pending investigation or alleged sexual abuse or sexual harassment?
- Have you ever engaged in any other incident of sexual harassment or sexual misconduct not already addressed above?

The auditor randomly selected twenty-one (21) newly hired employee files. All employees completed the form 03-506 during the application process. The auditor also reviewed fifteen (15) randomly selected contractor (education and medical) files, all contractors had completed the form 03-506 prior to being hired. CRCC requires staff, contractors and volunteers to answer the questions every year during training.

In a memo to the auditor, CRCC stated in preparation for this audit, it was learned that contractors for Interpreter Services were not asked about prior sexual misconduct via the completion of the form 03-506 *Sexual Misconduct and Institution Employment/Service Disclosure*. As a result, the form was forwarded to all contractors with the requirement to submit the required information no

later than July 31, 2008. Any individual who fails to provide this information will be suspended from service until complete. There were two (2) individuals that did not complete the form timely and were ultimately suspended until the form was received.

The auditor reviewed four (4) employee files that had been promoted during the documentation period. Each employee had completed the form 03-506 prior to being promoted.

During an interview with a human resource staff, she stated that the form 03-506 is included in the facility's hiring packet. Each prospective employee must answer the questions prior to being hired with the agency.

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

Subsection (c)(d): CRCC stated in the PAQ that sixty-one (61) employees have been hired in the past twelve (12) months.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 6) states "The Department will obtain information through one or more of the following: 1) Washington Crime Information Center (WACIC)/National Crime Information Center (NCIC) records checks 2) Employment/volunteer application 3) reference checks 4) Personnel file review 5) Contract disclosure statements

WADOC 810.800 *Recruitment, Selection, and Promotion* (page 5) states "The Appointing Authority will ensure the following is conducted on the preferred candidate before appointment (2) Completion of DOC 03-506 Sexual Misconduct and Institutional Employment/Services Disclosure (a) to the extent possible for external candidates, including former employees/contract staff/volunteers, all previous institutional employers will be contacted for information on substantiated allegations of sexual misconduct or any resignation pending investigation of alleged sexual misconduct.

In a memo to the auditor, CRCC stated that Human Resource Personnel ensure a complete background investigation is completed and make their best efforts, to contact all prior institutional employers before the hiring process is complete.

The facility provided the auditor with a list of newly hired staff there are sixty-one (61) employees on the list. The list includes forty-three (43) newly hired staff and eighteen (18) promotions. The auditor randomly chose twenty (20) employee files. A background check was completed on all employees prior to the date of hire or on the date of hire.

CRCC had difficulty providing the auditor with a list of contractors and documentation to show compliance with regard to the background checks. CRCC stated that CRCC does not complete the hiring process for contractors. This is completed either by Walla Walla Community College or Headquarters for our Substance abuse and Religious contractors and therefore was unable to track the contractors.

The facility did provide the auditor with a list of contractors. The auditor selected thirteen (13) contractor files to review. Each file did contain documentation that a criminal background check had been completed on each of the contractors.

During an interview with human resource staff, she stated that a background check is completed on all employees, contractors, volunteers and vendors before entering the facility. However background checks are not maintained in the files.

WADOC 810.800 *Recruitment, Selection, and Promotion* (page 5) states “The Appointing Authority will ensure the following is conducted on the preferred candidate before appointment (2) Completion of DOC 03-506 Sexual Misconduct and Institutional Employment/Services Disclosure (a) to the extent possible for external candidates, including former employees/contract staff/volunteers, all previous institutional employers will be contracted for information on substantiated allegations of sexual misconduct or any resignation pending investigation of alleged sexual misconduct.

During the audit period there were no new facility level contracts for agency or individual providers who may have contact with offenders. However following contracts were amended.

- Contract K11580 Community College Contract was amended in December 2017 and May 2018. The required PREA language is located on page 18 of the original contract.
- Contract K11391 was amended in November 2017, December 2017 and July 2018. The required PREA language is located on page 4.

The auditor reviewed both of the current contracts. Contractor requirements include but are not limited to:

- Zero Tolerance toward all forms of sexual abuse and sexual harassment
- Familiarization and compliance with PREA law, relevant Washington State Laws and DOC policies regarding PREA and sexual misconduct.
- Ensuring that anyone who may have contact with DOC offenders complete DOC PREA/Sexual Misconduct training and comply with all PREA standards.
- Require all personnel with access to DOC offenders under this agreement certify the three provisions in standard 115.17 (a).

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

Subsection (e): WADOC 810.015 *Criminal Record Disclosure and Fingerprinting* (page 3) states “The designation 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 5 years.

In a memo to the auditor, CRCC stated, while preparing for this audit, it was discovered that logs for employees and contractor criminal background checks were not being maintained in a central location and therefore unable to provide the required documentation.

The auditor reviewed forty-one (41) personal files of employees that had been employed at the facility for five (5) or more years. All background checks were completed within the month of August or September 2018, just prior to the site review of this audit. The background checks were completed due to the self discovery that the logs were not being maintained in a central location.

Corrective Action: Develop a process, to ensure that all employee backgrounds are completed every five (5) years. The facility must develop a process to maintain documentation in order to show compliance, such as maintaining the NCIC Request cover sheet in the staff file.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision and agreed upon a plan with assigned dates for completion. On March 9, 2019, the Superintendent sent a directive to all CRCC Executive Management Staff outlining the process and who is responsible to ensure that the facility completes a criminal history check on all employees, every five (5) years. CRCC completed a criminal background check on all employees, contract staff and volunteers in April 2019. The auditor was sent documentation regarding the background checks. The facility has effectively demonstrated compliance during the corrective action period and has provided the auditor with supporting documentation.

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

Subsection (f)(g): WADOC 810.15 *Criminal Record Disclosure and Fingerprinting* (page 4) states "Failure to fully divulge criminal information on the part of an individual subsequently employed, promoted, or authorized to provide services for the Department may be cause for disciplinary action, up to and including dismissal or termination of services.

WADOC 03-0506 form which asks the employees the questions defined in this provision of the standard was added to the annual PREA Training which is administered to all employees via the electronic Learning Management System (LMS). An excerpt from this system was reviewed. The first question states "I acknowledge and understand that I have a continuing affirmative duty to disclose and immediately report to my Appointing Authority my involvement in any form of sexual misconduct. Therefore, I confirm the following:

- I have not engaged in sexual abuse in a prison, jail lockup, community confinement facility, juvenile facility, or instructional setting.
- I have never been convicted of or otherwise (civilly or administratively) to have engaged in sexual abuse/assault in any setting.
- I have not engaged in any incident of sexual harassment or sexual misconduct not addressed above.
- All answers and statements are true and complete to the best of my knowledge. I understand that untruthful answers or deliberate omissions may be cause for disciplinary action (for employees) or termination of services (for contractors and volunteers)

The auditor reviewed forty-one (41) employee training files. All employees answer the questions during their annual training. All completed the required self disclosure form.

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

Subsection (h): WADOC 800.005 *Personnel Files* (page 4) states "To the extent possible, institutional employers seeking employment verification will be provided all available information on substantiated allegations of sexual misconduct or harassment. (1) Employment verification

requests from institutional employers will be directed to the Appointing Authority, who will coordinate the review and response.

In a memo to the auditor, CRCC stated that WADOC provides, upon request, all available information regarding substantiated allegations of sexual misconduct or harassment to institutional employers seeking employment verification upon receipt of a release from the former employee. Generally, this information is provided verbally in response to telephone inquiries from potential employers. Neither agency policy nor protocols require the maintenance of logs documenting responses that are provided.

It was confirmed during an interview with the human resource staff member that if the outside facility has a release from the former employee it was stated that the information is provided. However the telephone inquiry is not documented.

Although not required by the standard, the auditor would recommend the facility develop a process and maintain documentation of compliance with this standard.

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.) X 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.) X 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.

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to Auditor
- 3) Policy: 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
- 4) Interviews with the following:
 - a. Agency Head
 - b. Plant Manager
 - c. Superintendent

Findings (by Subsection):

Subsection (a)(b): WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 7) states "The Department will consider possible effects on its ability to protect offenders from sexual misconduct when: (1) Designing or acquiring a new facility (2) Planning substantial expansions or modification of existing facilities, and (3) installing or updating video monitoring systems, electronic surveillance systems, or other monitoring technology.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 7) states "The Department will consider possible effects on its ability to protect offenders from sexual misconduct when: (1) Designing or acquiring a new facility (2) Planning substantial expansions or modification of existing facilities, and (3) installing or updating video monitoring systems, electronic surveillance systems, or other monitoring technology.

In a memo to the auditor, CRCC stated since the last Department of Justice PREA audit, conducted August 1, 2016 with a final report issued January 3, 2017, there have been no acquisitions, expansions, and/or modifications to this facility. The agency did not acquire any new

facilities since the last DOC PREA audit and CRCC is therefore compliant with this provision of the standard. In addition, there were no installations and/or updates to the monitoring system.

This was confirmed during an interview with the Superintendent and during an informal interview with the Plant Manager.

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? X 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? X Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? X 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? X Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? X 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.) X 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.] X Yes No NA

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to Auditor
- 3) Policy:
 - a. WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
 - b. WADOC 490.850 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
 - c. WADOC 600.000 *Health Services Management* (10 pages)
 - d. WADOC 600.025 *Health Care Co-Payment* (3 pages)
 - e. WADOC 610.025 *Health Services Management of Offenders in Cases of Alleged Sexual Misconduct* (8 pages)
- 4) Facility Case Datasheet of all investigations during reporting period
- 5) Excerpt from *National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents*
- 6) Excerpt from *Recommendations for Administrative Prisons, Jails and Community Confinement Facilities for Adapting the U.S. Department of Justice National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents*
- 7) Sexual Assault Evidence Collection: Uniform Evidence Protocol
- 8) Forensic Medical Exam Procedure for DOC Health Care Staff
- 9) Forensic Medical Exam Procedures-Transport Staff
- 10) List of Hospitals and designated advocate partnered with the facility
- 11) Meeting minutes that detail responsibilities of outside medical and mental health practitioners

- 12) Memo from Health Services Assistant Secretary, date 2/3/2017 providing direction to all Health Services staff regarding documentation of attempts to secure SAFE/SANE when needed
- 13) Interagency agreement with the Department of Commerce, Office of Victim Advocacy detailing advocacy access for offenders
- 14) Brochure and Posters detailing offender access to community victim advocacy
- 15) In-Person victim advocacy services guide
- 16) Document detailing pre-assignment and ongoing training requirements for community based victim advocates
- 17) Document detailing selection criteria for Community Sexual Assault Programs partnered with the WADOC
- 18) Course curriculum for training provided to designated PREA victim advocates
- 19) Facility Protocol for legal advocacy
- 20) Agreement with the Washington State Patrol
- 21) Interviews with the following:
 - a. Director of Sexual Assault Program
 - b. Superintendent
 - c. PREA Compliance Manager
 - d. Radom Staff

Findings (by Subsection):

Subsection (a)(b): In the PAQ, CRCC reported that the facility investigates all administrative investigations; criminal investigations are referred to local law enforcement. During the reporting period, CRCC had one (1) case that resulted in a criminal investigation.

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 1), states “The Department will respond to allegations of sexual misconduct to support and provide assistance to the allege victim, enhance security and maximize the ability to obtain evidence to use in investigations and criminal prosecutions where applicable.”

In a memo to the auditor, CRCC stated the agencies to which criminal allegations are referred are based on the location of the facility. The Connell Police Department is the first law enforcement agency contacted for all criminal investigations and related evidence collections. If the agency declines the case, the facility can make a referral to the Franklin County Sheriff’s Office and then to the Washington State Patrol.

CRCC is responsible for conducting administrative investigations. Local law enforcement would be called for any allegation with a criminal nexus. The auditor reviewed the Uniform Evidence Protocol that was developed for the officers in the event that there is a sexual assault. The protocol is comprehensive and appropriate for youth. The protocol contains sufficient technical detail to aid responders in obtaining usable evidence if the need should arise.

During random staff interviews, the staff stated that they understood the agency's protocol for obtaining usable evidence in a sexual abuse. The staff stated that they would obtain the PREA kit, which contains most of the items needed to obtain evidence.

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

Subsection (c)(d)(e): WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 6) states "Forensic exams will be performed only at designated health care facilities in the community by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. If SAFE/SANE is not available, the examination can be performed by a qualified medical practitioner."

The statewide Offender Handbook states "Offenders will not be charged for any immediate or ongoing medical and mental health care related to a PREA allegation. Medical care will address any injuries that happened as a result of abuse or assault and may also include emergency contraception and tests for and/or treatment of sexually transmitted infections. Mental Health providers will help you address trauma, stress, and any other issues you may have experienced as a result of sexual misconduct."

In a memo to the auditor CRCC stated that WADOC has developed partnerships with identified community health care facilities and sexual assault programs for the provision of designated services and support. Administrators from Coyote Ridge have meet with the community hospital administrators to develop procedures and agreement in advance of the need for any forensic medical examination. WADOC has also issued directives to Health Service staff regarding actions to be taken in the event SAFE/SANE isn't available at the designated facility.

WADOC has established an Interagency Agreement with the Department of Commerce Office of Crime Victims Advocacy. The purpose of this agreement is to provide advocacy services in furtherance of the DOC's compliance with the Prison Rape Elimination Act (PREA). The services provided include crisis intervention, assessment of needs, referrals to additional resources, medical advocacy and legal advocacy. Medical advocacy includes accompaniment to medical forensic exam, explanation of the exam proceeding, presence and support for incarcerated individuals who have undergone a sexual assault forensic medical exam during investigatory interviews, depositions and other legal proceedings.

The auditor did review the Interagency Agreement between WADOC and Department of Commerce Office of Crime Victims Advocacy.

During an interview with the Director of Support, Advocacy and Resource Center (SARC) she stated there is an agreement between SARC and CRCC for advocacy services. The services include but are not limited to providing emotional support through a SANE exam, investigative interviews, court appearances, phone advocacy and in-person advocacy. The Director stated that she believed that the facility has had one (1) incident that required a SANE exam.

CRCC reported that there was one (1) forensic medical exam conducted during the reporting period. The exam was conducted by SANE/SAFE personnel at the local hospital. The auditor reviewed documentation regarding the bill for the exam. The offender was not charged for this

visit to the hospital. The offender was offered advocate support and he declined to have an advocate present during the exam.

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

Subsection (f)(g): In a memo to the auditor, CRCC is responsible for conducting administrative investigations. CRCC staff does not have law enforcement/arresting authority or certification and are not authorized to investigate cases involving criminal activity. Any cases with a criminal aspect will be referred for investigation to the Connell Police Department. If the agency declines to investigate, the Corrections Department has a Mutual Aid Agreement with the Washington State Patrol. There is a memorandum of understanding with Washington State Patrol for conducting investigations in general. This agreement was reviewed by the auditor.

WADOC 490.850 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 5), states "Meetings with Local Law Enforcement" A. Each Superintendent and the Work Release Administrator will meet at least annually with applicable law enforcement officials to: 1) Review investigation requirements detailed in Federal PREA standards 2) Establish procedures for conducting criminal investigations related to PREA allegations and 3) Establish points of contact and agree upon investigatory update procedures.

CRCC reports that there have been no Department of Justice entity has conducted PREA investigations with WADOC.

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

Subsection (h): CRCC has indicated that they would utilize the services of the Kadlec Hospital who meet the qualifications to serve in this role.

The auditor reviewed the PREA Advocate qualifications for those employed with the OCVA, which states "Advocates providing sexual assault support services follow the Washington Sexual Assault Service Standards, which include services definitions, activities, and advocate qualifications. Qualified advocates are required to have thirty hours of initial sexual assault/abuse training and twelve hours of ongoing training annually. Advocated providing sexual assault support services to inmates are specifically identified with the organization as PREA Advocates and receive additional specialized training on supporting incarcerated survivors of sexual assault."

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? X 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? X 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? X Yes No
- Does the agency document all such referrals? X 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).]
X 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*)
- X **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.

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
 - a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 Pages)
 - b. WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
 - c. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
- 4) Agreement with the Washington State Patrol
- 5) WAC 137-28-190 Referral to Law Enforcement
- 6) Screen Prints from the Agency's external website
- 7) Facility Log of allegations received
- 8) Documentation of annual meeting with law enforcement
- 9) Form 03-505 Referral to Law Enforcement
- 10) Interviews with the following:
 - a. Agency Head
 - b. Investigator

Findings (by Subsection):

Subsection (a): CRCC reported in the PAQ that the facility ensures that administrative investigations are completed for all allegations of sexual abuse and sexual harassment. In the past twelve (12) months, CRCC reported one hundred and ninety-one (191) allegations were received, with one hundred and nine (109) investigations; one (1) resulted in a criminal investigation.

WADOC 490.850 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 2) states "The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department."

WADOC official website states "All allegations naming as victims any inmate under the jurisdiction of the DOC in an Institutional setting or the community are thoroughly investigated"

In a memo to the auditor, CRCC stated WADOC has established a process whereby all allegations are triaged by the Headquarters PREA Unit to determine if the allegation falls within the established PREA Definitions. Allegations resulting in the initiation of an investigation are returned to the applicable Appointing Authority for investigation. CRCC has investigated all allegations referred.

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. The local police department is the primary investigator for a crime committed within a facility.

During an interview the WADOC Secretary, he confirmed the process in which cases are referred to the PREA Unit. The Headquarters PREA Unit is an agency unit. All calls made to the PREA Hotline, are received by this unit. All reported allegations from the facilities within the Corrections Department are referred to this unit. The allegation is triaged by the PREA Unit. If the allegation meets the PREA definition and has not already been reported, the PREA Unit will send notification to the Appointing Authority, who is the facility head, i.e. Superintendent, Warden, or Director of the facility. The Appointing Authority will assign the allegation to a trained investigator to conduct an administrative investigation. The facility investigators do not have law enforcement authority and therefore cannot conduct criminal investigations. Any case with a criminal nexus is immediately referred to law enforcement by the Appointing Authority.

The auditor reviewed the CRCC Offender Complaint Log. The facility received one hundred and ninety-one (191) allegations, sixty-five (65) were not PREA related allegations, sixty (60) were added to existing investigations and sixty-four (64) were sent to the facility for investigations. All PREA allegations received by CRCC were investigated. If there is a criminal aspect to the allegation, the Appointing Authority will make decision to request law enforcement out to the facility. The auditor reviewed and confirmed there was one (1) case that was considered sexual abuse under the definitions defined in standard 115.06. A referral was made to law enforcement.

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

Subsection (b): WADOC 490.850 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 5 and 6) states “Meeting with Local Law enforcement A. Each Superintendent and the Work Release Administrator will meet at least annually with applicable law enforcement officials to: 1) Review investigation and requirements detailed in federal PREA Standards, 2) Establish procedures for conducting criminal investigations related to PREA allegations and 3) Establish points of contact and agree upon investigatory update procedures. B. Meetings with law enforcement will be documented in meeting minutes.”

WADOC 490.850 *Prison Rape Elimination Act (PREA) Investigations* (page 3) states “All allegations that appear to be criminal in nature will be referred to law enforcement for investigation by the Appointing Authority/designee. Referrals may be made using the DOC 03-505 Law Enforcement Referral of PREA Allegation.

Both policies listed about can be found on the agency public website at <http://www.doc.wa.gov/corrections/prea/resources.htm#policies>. Any person (general public or staff) can access the policies. Offenders can access the policies in the legal library.

WAC 137.28.190 Referral to Law Enforcement (1) The Superintendent should report any felony under state or federal law committed in a facility to law enforcement.....”

CRCC stated that the Superintendent meets with the law enforcement officials annually to discuss investigation processes and review procedures. Additionally the CRCC Chief Investigator meets monthly with the administrators from the City of Connell and the Chief of Police regularly participates in those meetings.

The auditor reviewed a memo to the Connell Chief of Police regarding a Memo of Understanding, PREA Criminal Investigations. The memo documented a meeting that was held on January 1, 2018.

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

Subsection (c): In a memo to the auditor, CRCC stated WADOC is responsible for conducting all administrative investigation 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. The local Sheriff’s Office is the primary investigator for a crime committed within a facility. If the local agency refuses to investigate, the Washington State Patrol could conduct a criminal investigation at the request of the facility.

WADOC website, details how the investigation process and referral process work. The frequently asked questions (FAQ), both administrative investigations and criminal investigations are described. “Criminal Investigations-when the quality of evidence appears to support criminal activity, the Department will conduct compelled interview only after consulting with law enforcement. All sexual abuse cases will be referred for investigation by a Washington State certified law enforcement officer as defined in WAC 139.05-210 and RCW 9.46.210. Law enforcement agencies will document their findings in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attach copies of all documentary evidence where feasible. Law enforcement agencies will refer all applicable investigation to the Prosecutor’s Office for review.

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

Subsection (d): The agency has a policy WADOC 490.850 *Prison Rape Elimination Act (PREA) Investigation* which governs the conduct of all PREA related investigation.

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

Subsection (e): The provision of the standard is not applicable, as currently, no investigations have been conducted by a Department of Justice entity.

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? X 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? X 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 X 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? X 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? X 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? X 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? X Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? X 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? X 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? X Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? X 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? X Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? X 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? X 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? X Yes No

115.31 (d)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy: WADOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (17 pages)
- 4) Curriculum PREA 101
- 5) Curriculum PREA 102
- 6) Volunteer Training Schedule
- 7) PREA training tracker
- 8) Interview with the following: Random Staff

Findings (by Subsection):

Subsection (a): CRCC reported in the PAQ that the agency trains all employees, who may have contact with offenders in the elements of this standard.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 9) states “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 DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity”

The curriculum for PREA 101 was reviewed by the auditor. All ten (10) elements of this provision are covered to include but not limited to:

- the agency’s zero tolerance policy
- how to fulfill their responsibilities in preventing, detection, reporting and response to sexual abuse
- the inmates right to be free from sexual abuse
- free from retaliation for reporting sexual abuse
- the dynamics of sexual abuse
- the common reactions of sexual abuse victims
- how to detect and respond to signs of threatened and actual sexual abuse
- how to avoid inappropriate behavior
- how to communicate effectively and professionally with all inmates including LGBTI inmates
- how to comply with relevant laws.

The auditor reviewed fifty-six (56) employee files. All employees had received training. The employees receive training on a yearly basis.

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

Subsection (b): CRCC houses only male offenders, however WADOC initial and annual training curriculum includes information applicable to both male and female offenders, eliminating the need for additional training should a staff member be reassigned to a facility that houses female offenders.

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

Subsection (c)(d): CRCC reports that after the PREA Policies were published, on May 9, 2006, PREA training for all employees, contract staff and volunteers was deployed. The policy requires each employee receive refresher training on a one-year timeline thereafter. This eliminates the requirement that the facility provide refresher information, in between the two year timeline imposed by the PREA standard.

The Learning Management Systems (LMS) tracks employee participation, scores obtained on all quizzes and completion of the training requirement. A function of the system requires participants to acknowledge that they understand the PREA training that they have completed. If they do not confirm understanding the system will not register the training as being completed, requiring the employee to retake the training. The auditor did review and confirm this in the LMS system.

In a memo to the auditor, CRCC states there are six hundred and ninety-eight (698) employees assigned to the facility. Of the employees assigned at the facility, six hundred and ninety-three

(693) have received annual PREA training. The five (5) employees that have not received the training are on long term leave e.g., medical or military leave. Training will be completed once they have resumed their job duties.

During the site review the auditor, randomly chose fifty-one (51) employee training files. All employees had received training every year. Most of the training was documented back to 2013.

During random staff interviews, all staff reported having had PREA training within the last year.

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

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? X 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)? X Yes No

115.32 (c)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
 - a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
 - b. WADOC 530.100 *Volunteer Program* (10 pages)
 - c. WADOC 700.400 *Class IV Off-Site Work Crew* (7 pages)
- 4) Contract Shells
- 5) Volunteer Spreadsheet
- 6) Contractor/Volunteer Training Schedule
- 7) Vendor Tracking Process
- 8) Memo Regarding Language Interpreters
- 9) Sign Language Interpreters
- 10) Current Contract with Community College
- 11) Current Contract with Treatment Services
- 12) Contract Staff Training Tracker
- 13) Contract Staff Training Transcripts
- 14) Staff Brochure 2016
- 15) Vendor PREA Acknowledgment Forms
- 16) Interview with the following: Volunteer or Contractor with Inmate Contact

Additional Documentation Reviewed:

1. Log of all contractors with required training completion dates
2. Sample training rosters

Findings (by Subsection):

Subsection (a): CRCC reported on the PAQ that all volunteers and contractors, who may have contact with offenders have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and harassment prevention, detection and response. CRCC reported that there are currently fifty-five (55) volunteers and contractors.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 9) states “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 DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity”

WADOC 530.100 *Volunteer Program* (page 5) states “All training requires approval from the Headquarters Correctional Program Administrator and will be provided by authorized employees or volunteers trained in the curriculum. Training will include: 1) Prison Rape Elimination Act (PREA).....”

WADOC 700.400 *Class IV Off-Site Work Crew* (page 6 and 7) states “Approved contract agency staff will receive initial and annual training that includes, at a minimum:(6) Prison Rape Elimination Act (PREA) training, which must be completed before having any contact with offenders.”

WADOC requires that all contractors with regular contact with offenders complete the same general training provided to employees.

In a memo to the auditor, CRCC reported that while preparing for the audit, it was discovered that CRCC was not in compliance with this provision. The facility reported fifty-five (55) contractors working at the facility, thirty-seven (37) had received training, eighteen (18) had not received the training. The auditor randomly chose fifteen (15) contractor training files. All had received training within the past year. During interviews with contractors and the volunteers, it was stated that they are required to attend training once a year.

The auditor reviewed an email that was sent out on June 28, 2018, to all volunteers that had not completed PREA Training. The volunteers were given two (2) days to complete the online training or their badges would be deactivated and they would not be allowed into the facility, until training was completed. The auditor reviewed the training records of fifteen (15) randomly chosen volunteers. All had the required training.

Corrective Action: The facility shall develop a process to track and ensure that all contractors complete the initial training and training every year after.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision of the standard and agreed upon a plan with assigned dates for completion. On June 5, 2019, the facility sent the auditor documentation that all contract staff had received the required training. In addition, the facility included training rosters of randomly selected contractors. The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation.

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

Subsection (b): WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* requires all staff, contractors and volunteers receive the same initial training and annual refresher training. The training includes the agency's zero tolerance policy and how to report any allegations of sexual abuse.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 10) states “Vendors and service providers with limited unescorted contact with offenders are not required to attend PREA training, but must sign DOC 03-478 PREA Acknowledgment.”

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision of the standard and agreed upon a plan with assigned dates for completion. On June 5, 2019, the facility sent the auditor documentation that all contract staff had received the required training. In addition, the facility included training rosters of randomly selected contractors. The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation.

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

Subsection (c): All training is completed utilizing LMS which tracks participation, scores obtained on quizzes and completion of training. A function of the system requires the participant to acknowledge that they understand the training they just completed. If a participant does not confirm understanding, the course is not registered as complete. While conducting the site review, the auditor did review the LMS system and confirmed the participant must complete the training and acknowledge they understand the training before it register as completed.

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

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? X Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? X 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? X 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? X 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? X Yes No

115.33 (c)

- Have all inmates received such education? X 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? X Yes No

115.33 (d)

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

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? X 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? X 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.

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
 - a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
 - b. WADOC 310.000 *Orientation for Offenders* (8 pages)
- 4) Statewide Offender Handbook
- 5) English and Spanish PREA Brochure
- 6) Photographs of the Intake Posters (Zero Tolerance)
- 7) Orientation Packet
- 8) Orientation Tracker
- 9) Orientation Examples
- 10) PREA Video
- 11) PREA Orientation Script (English and Spanish)
- 12) End of Silence Facilitator Guide
- 13) Observations during site review
- 14) Interviews with the following:
 - a. Intake staff
 - b. Random Inmates

Additional Documents Reviewed:

1. Offender Orientation Tracker, for January 2019
2. Offender Orientation Tracker for February 2019
3. Randomly selected Orientation Checklist

Findings (by Subsection):

Subsection (a): CRCC reported on the PAQ that during the documentation period two thousand one hundred and nine (2109) offenders were received at the facility. There were one thousand nine hundred and sixty-five (1965) offenders whose length of stay were over thirty (30) days and received comprehensive training.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 12) states "Offenders will be provided PREA related information, which will include information on the Department's zero tolerance stance and ways to report sexual misconduct. Information will be presented in a manner allowing offenders to ask questions of the staff member facilitating the orientation."

In a memo to the auditor CRCC stated during the audit period, two thousand one hundred and nine (2109) offenders were received at Coyote Ridge Corrections Center. All offenders were provided information on arrival in the form of a brochure. PREA reporting information as well as information regard victim advocacy support is provided in the form of poster in the intake area.

Offenders transferring between facilities within the WADOC are provided PREA orientation via a video either while in transit or within a short period of time of arrival. Of the two thousand one hundred and nine (2109) offenders received during the documentation period, fifty-eight (58) left before thirty (30) days. At the time of writing the memo an additional six (6) offenders remained at the facility but had not yet reached the thirty (30) days. Out of the two thousand forty-five (2045) offenders, eight (8) were completed late, for ninety six percent completed timely.

During the site review, the audit team did observe a transport bus of offenders arrive at the facility. As the offenders got off the bus they were handed the brochure and led into the intake area, where all were given seats to wait as they were processed in. The audit team informally talked to a few inmates. Each stated that they were transported from Shelton and had watched the PREA video several times on the way to the facility. When asked if the video was played in Spanish, one offender stated that they asked if anybody spoke Spanish and wanted to see the Spanish version. Nobody requested the Spanish version.

The auditor did observe PREA Posters and OCVA Posters in the intake area for the offenders to read as they waited for processing. The intake officer did inform the offenders of the zero tolerance policy and asked if anyone had questions. No offenders asked questions. The auditor did ask the intake officer, if an offender wanted to ask questions in private, could he and the intake officer stated that yes, during the offenders turn for processing in, he could ask questions at that time.

During a formal interview with intake staff, it was stated that offenders are shown the video on the transport bus, given the brochure and sign for the inmate handbook on the 1st day of arrival at the facility.

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

Subsection (b): WADOC 310.000 *Orientation for Offenders* (page 3) states "All offenders arriving at or transferred to a Prison will receive: 1) A facility specific orientation packet on the date of

arrival, and 2) An orientation to the new facility within one week of arrival, except when medical, mental health, or behavioral issues preclude completion of this process.”

and

“Offenders will receive orientation information, both orally and in writing, in a manner that is clearly understood by offenders. The orientation will, at a minimum, include:.....5) Information on the Prison Rape Elimination Act (PREA), including (a) DOC 490.800 Prevention and Reporting of Sexual Misconduct, DOC 490.850 Response to an Investigation of Sexual Misconduct, related operation memorandums, the Prison Rape Elimination Act of 2003 and other applicable state or federal laws, including potential criminal penalties, (b) Department zero tolerance stance.

During orientation the offenders are given an orientation packet. The packet includes:

- Offender orientation checklist, in which the offender initials and signs that he has seen the PREA video and has received an offender handbook
- CRCC Offender Orientation Acknowledgment, the offender signs the acknowledging receipt of orientation.
- Notice of Rights for Offenders with Disabilities, explains how to access services at the facility if you are deaf and hard of hearing, how to request reasonable accommodations, how to file a grievance.
- A brochure regarding the Prison Sustainability Programs
- Specialty Job Form

The comprehensive training is documented on the Offender Orientation checklist. The offender initials and signs that he has watched the video and had a discussion regarding the following:

- DOC 490.800 Prevention and Reporting of Sexual Misconduct
- DOC 490.850 Response to and Investigation of Sexual Misconduct
- PREA related Operation Memorandums
- Prison Rape Elimination Act of 2003
- Applicable State and federal laws including potential criminal penalties
- Department’s zero tolerance
- Definitions and examples of prohibited behavior and/or illegal behaviors that might constitute sexual misconduct
- Self protection strategies
- Prevention and intervention
- Offender sexual harassment
- Examples of conduct, circumstances and behaviors that may be precursors to sexual misconduct
- Various ways sexual misconduct may be reported
- All allegations are taken seriously and investigated thoroughly
- Confidentiality in cases of sexual misconduct
- Treatment and counseling, staff requirement to report all allegations
- Protection against retaliation
- Disciplinary sanctions for making false allegations

Offenders attend orientation within seven (7) days of arriving at the facility. The auditor reviewed ninety-nine (99) offender files. There were nine (9) offenders that did not have the orientation checklist documenting that they received the PREA information and the handbook.

CRCC provided the auditor an Offender Orientation Tracker, which is a list of offenders, with the date of arrival, date the comprehensive training is due and the date that orientation had been completed. In review of the list there are forty-one (41) offenders that did not have orientation, thirteen (13) offenders had a late orientation and eighteen (18) offenders were transferred from the facility; however the date of the transfer was after the date that the orientation was due.

Corrective Action: The facility shall develop a process to ensure that all offenders have orientation and receive all applicable PREA education offered by the facility in a timely manner.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended correction action for this provision and agreed upon a plan with assigned dates for completion. Based on the facility having an overall compliance rate of 97.4 percent, the auditor and the facility agreed to monitor the offender education for a period of two (2) months. On February 21, 2019, the facility provided the auditor with the Offender Orientation Tracker for all incoming offenders for the month January. Twenty-three (23) offenders were selected from the list and the facility provided documentation in the form of the Offender Orientation Checklist, which is signed and dated by the offender, once orientation training has been completed. On March 23, 2019, the auditor received the Offender Orientation Tracker for all incoming offenders during the month of February. Eighteen (18) offenders were selected from the list and documentation was provided that each offender had attended orientation training. The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation.

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

Subsection (c): In a memo to the auditor CRCC states “on March 10, 2006, the former Washington Department of Corrections Secretary issued a directive that all offenders receive PREA orientation. The directive required: orientation to begin immediately for all offenders coming through the reception centers at the Washington Corrections Center (male) and the Washington Corrections Center for Women (females), all offenders transferred between facilities receive PREA orientation, all offenders currently housed in prison facilities be provided with the opportunity to participate in orientation sessions at each facility and all offenders receive the PREA informational brochure.

In addition brochures and posters have and continue to provide PREA related information to offenders in all facilities. As a result of this initiative, offenders in the WADOC have consistently been provided with PREA information since 2006.

CRCC provided the auditor a list of offenders that had been housed in CRCC prior to August of 2012. There were twenty-two (22) offenders. In December 2017, seventeen (17) offenders were given the PREA Orientation, one (1) offender was no longer in custody, and three (3) offenders received the orientation in January 2018.

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

Subsection (d): In a memo to the auditor, CRCC stated all offenders transferring between facilities within the WADOC are provided PREA Orientation via a video either while in transit or within a short period of time after arrival. This video is closed captioned for offenders who are deaf or hearing impaired. The video is available in Spanish and is also closed captioned in Spanish. The script of the video is also maintained in both English and Spanish for use as needed (e.g., forwarding to a translator for offenders speaking languages other than English and Spanish, etc.).

Offenders arriving at the facility are reviewed to determine if additional venues are needed in order to provide orientation. These include use of the language line for languages other than English or Spanish. It also includes the use of materials developed by the “*End of Silence-The Project on Addressing Prison Rape, September 2013*” for one-on-one use with offenders with low comprehension offenders. Classification Counselors work with offenders on intake and during risk assessments to identify those offenders with special needs that would impact completion of orientation.

WADOC has two separate contracts with the Washington Department of Enterprise Systems that is utilized by state agencies to provide language interpreting services. 1) Provides offenders that are limited English proficient with access to in-person language interpretation conducted by the court certified and non-court certified interpreters. 2) Provides offenders with access to telephone based services on an “as needed” basis. The services are available to all staff to assist limited English offenders in reporting allegations and participating in the investigatory process. These services can be accessed through the Interpretation Vendors Portal. The agency contracts with Sign Language Interpreters, as well as having a Deaf Services Coordinator on Staff. There are PREA signs posted throughout the facility both in English and in Spanish. Offenders are able to view the PREA Orientation Video in English, Spanish and has closed caption for the offenders hard of hearing. Any Inmates visually impaired are able to listen to the video.

CRCC provided the auditor with eight (8) samples of offenders that completed orientation with the assistance of certified interpreters. The auditor verified that the PREA video is in both English with closed caption and Spanish with closed caption.

The auditor conducted an interview with an offender that spoke very little English, utilizing the language line. His native language was Thai. The offender stated that he received the information on sexual abuse and how to report it. The offender also stated that the facility has used the language line on several occasion to communicate with him.

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

Subsection (e): WADOC 450.500 *Language Services for Limited English Proficient (LEP) Offenders* (page 2) states “The Department will provide interpretation (i.e., oral) and translation (i.e., written) services through Department and/or contract services at all Department facilities and Field Office. The Department will also provide guidelines for interpretation and translation services for Limited English Proficiency (LEP) offenders under Department jurisdiction.

(page 3) states “Services will only be provided through Department certified interpreters/translators and/or available state contracted vendors listed under the

Translation/Interpretation on the Inside DOC (the department internal website). LEP Coordinators will document all services on DOC 16-340 Limited English Proficiency (LEP) Coordinator Monthly Report.”

CRCC utilizes the *End of Silence, A facilitators Guide*, to educate those offenders that have limited reading skills.

CRCC reported that resources are made available to the offenders who require them. During the documentation period there were no offenders that have utilized the resources available.

The auditor verified that when the orientation is completed utilizing an interpreter; the offender participation is documented in the OMNI System. The auditor reviewed eight (8) samples of the entry in the system. In addition, the auditor utilized the language line to complete an interview with an offender. The auditor requested the logs documenting the use of the language line to include the date of the auditor’s interview with the offender. The log was received and the interview conducted by the auditor was documented on the log.

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

Subsection (f): WADOC 490800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* page 4 states, “A PREA Compliance Manager will be identified by the Superintendent for each Prison, and the Work Release Administrator will assign a PREA Compliance Manager for each Work Release. The PREA Compliance Manager will be an employee outside of any Intelligence and Investigation Unit, who will coordinate local PREA Compliance and:

- Coordinate monthly checks to verify:
 - The PREA hotline telephone number is posted on or near all offender telephones.
 - Posters and brochures provided by the PREA Coordinator are posted in areas accessible to offenders and the public, including Health Services areas and Classification Counselor/Community Corrections Officer (CCO) offices.

In a memo to the auditor, CRCC stated WADOC requires that the PREA posters and brochures be available at all times throughout the facility. Policy also requires that monthly checks are conducted to ensure posters and brochures provided by the PREA Coordinator are posted in areas accessible to offenders and the public, including Health Services and the office of the Classification Counselors/Community Corrections Officer.

During the site review, the PREA Posters could be seen in areas to include but not limited to the housing units, intake and education. The information could also be found in the offender handbook.

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).) X 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).] X 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).] X 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).] X 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).] X 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).] X 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*)
- 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.

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to Auditor
- 3) Policy:
 - a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Preventing and Report* (17 pages)
 - b. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigations* (14 pages)
 - c. WADOC 880.100 *Corrections Training and Development* (9 pages)
- 4) Washington Administrative Code 139-25
- 5) House Bill 1109
- 6) Investigator specialized training curriculum
- 7) Roster of Investigator who attended training
- 8) Investigator Transcripts
- 9) Interview with the following: Investigator

Findings (by Subsection):

Subsection (a): In review CRCC's Pre-Audit Questionnaire, the facility reported the agency policy requires that the investigators are trained in conducting sexual abuse investigations in a confinement setting. The facility reported that there forty-seven (47) investigators currently employed at the facility.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 11) states "PREA investigators will be trained in: 1) Crime Scene management/investigations, including evidence collection in Prisons and Work Releases 2) Confidentiality of all investigation information 3) Miranda and Garrity warnings, compelled interviews, and the law enforcement referral process 4) Crisis intervention 5) Investigating Sexual Misconduct 6) techniques for interview sexual

misconduct victims and 7) Criteria and evidence required to substantiate administrative action or prosecution referral.”

In a memo to the auditor, CRCC stated WADOC has established specialized investigator training that provides information regarding the conduct of all PREA-related investigations. This includes, but not limited to; how to conduct an investigation in confined setting, techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity Warnings, and evidence collection.

WADOC initiated PREA investigator training in 2011 when a formal specialized course was launched. When the final PREA Standards were released, it was determined that the course content needed to be updated to ensure compliance with the standards and the updated course was launched in November 2013. In order to ensure all prior participants had been provided with the elements that were included in the training update, a PREA Booster Training course was launched. Existing investigators were provided with new information and additional practice in interviewing and report writing. This booster training was only available for a limited period of time and was intended only for those individuals who had completed Investigator training prior to the November 2013 update. In order to be a qualified PREA Investigator after November 2013, a person must have completed the updated course or the previous version of the training and the PREA Booster”

During a formal interview with an investigator, it was stated that he is required to attend annual in service training and specialized training for investigators. He stated that he has attended both trainings.

CRCC reported that there are forty-seven (47) investigators at the facility. The auditor reviewed fifty-six (56) investigations. During the review of the investigations the auditor requested and reviewed the training curriculum and the transcripts of all eighteen (18) investigators, who completed the investigative reports. All had received the specialized training as well as the required annual training.

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

Subsection (b): The auditor reviewed the training curriculum for the investigator training. The class is designed to be a fourteen (14) hour class. The training is consists of five (5) modules. Below is a brief description of the material each module covers but is not limited to only that material. In addition WADOC has an Investigator Booster Training as well. The specialized training provided to all investigators includes all of the elements for this provision. The curriculum contains:

- *Introduction to Investigations* -This material covers the different types of documents for an investigation, case management system, types of PREA investigations, including PREA Staff misconduct and PREA offender misconduct.
- *Investigative Planning* – The material covers evidence/evidence protocols, investigative steps, incident scenes, medical exams, interview planning conducting the investigation and the law enforcement referral process.
- *Investigative Interviews*- The material covers Miranda, Garrity, Weingarten, Confidentiality, Recording Interviews, telephone interviews, interviewing techniques, Complexity of

Investigating PREA in a Confinement, effective PREA investigations, sexual assault victims, code of silence and why interviews fail.

- *Investigative Report Writing*-the material covers how to analyze the evidence and write a report.
- *After the Report*-material covers the appointing authority review and PREA investigations local review committee.

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

Subsection (c): CRCC utilizes the Learning Management System (LMS), which documents and provides a transcript of all classes that an employee was enrolled in and completed. All transcripts for the investigators were reviewed by the auditor. Each had attended the specialized training as well as the in-service training.

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

Subsection (d): WAC 139.250 *Basic Law Enforcement Curriculum* states “The basic curriculum of the commission may include, but is not limited to, the following core subject areas with common threads of communications, community policing, and professional ethics throughout: 1) Orientation and history of policing 2) Criminal Law 3) Criminal Procedures 4) Patrol Procedures 5) Crisis Intervention 6) Emergency Vehicle Operation Course 7) Report Writing 8) Traffic Laws 9) Firearms 10) Defensive Tactics and 11) Criminal Investigations.

The facility has no control over the training that law enforcement receives. However, the Superintendent meets with law enforcement agencies on a yearly basis and discusses PREA requirements with them. The auditor verified this, through meeting minutes from the law enforcement meeting held this past year.

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? X 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? X 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? X 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? X 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.) X 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? X 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? X 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? X Yes No

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
 - a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
 - b. WADOC 610.0025 *Health Services Management of Offenders in cases of Alleged Sexual Misconduct* (8 pages)
 - c. WADOC 880.100 *Corrections Training and Development* (9 pages)
- 4) Health Care Training Curriculum
- 5) Health Services Staff Training Tracker
- 6) Health Services Staff Transcripts
- 7) Interviews with the following: Medical and Mental Health Staff

Findings (by Subsection):

Subsection (a): In review of CRCC's Pre-Audit Questionnaire, the facility reported eighty-three (83) medical and mental health care practitioners work at the facility; eighty-one (81) have received training.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 11) states "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: 1) detecting and assessing signs of sexual misconduct 2) responding effectively and professionally to sexual misconduct victims 3) Completing DOC 02-348 Fight/Assault Activity Review 4) Preserving Physical evidence 5) Reporting sexual misconduct and 6) Counseling and monitoring procedures."

WADOC 610.025 *health Services Management of Offenders in Cases of Alleged Sexual Abuse or Assault* (page 2) states "Any offender in partial or total confinement alleging sexual assault, sexual abuse, and/or staff sexual misconduct will be referred to a health care provider to evaluate any injury and provide treatment and follow-up care. The offender will be offered medical and mental health treatment services that are clinically indicated based upon the evaluation. All forensic medical examinations will be provided at a health care facility in the community."

The training is conducted through the online Learning Management System, called DOC PREA for Health Services. The auditor reviewed the training curriculum which included:

- Identify DOC policies and protocols that define best practices for responding to sexual misconduct victims in the correctional environment.
- Discuss how and to whom to report sexual Misconduct.
- Explain the role of medical and mental health staff when responding to incidents of sexual misconduct.

- Describe how to detect and assess signs of sexual misconduct.
- Describe the necessary steps to take to preserve forensic evidence.
- Discuss after care counseling and monitoring procedures.

All elements of this provision are included in the specialized medical/mental health training.

In a memo to the auditor, two (2) individuals had not yet completed the required PREA training. As a result they will not be allowed unescorted patient contact until training has been completed. The auditor verified that both staff members have completed the specialized training.

The auditor reviewed a memo from the Health Services Manager which stated that (2) staff contract providers will not be allowed unescorted into the facility until they have completed annual PREA training, one (1) contract provider will not be allowed unescorted into the facility until he has completed annual PREA training and Health Services PREA course, two (2) staff members did not complete the Health Services PREA course and will complete on their next shift, and one (1) on – call staff member will not be allowed unescorted into the facility until he has completed the Health Services PREA Course.

During formal interviews, the auditor interviewed two (2) medical staff members and one (1) mental health staff members, all stated that they are required to attend PREA training during the annual in-service training and they are required to complete the Health Services PREA Training.

The auditor randomly chose and reviewed twenty (20) medical/mental health staff files. All twenty (20) had received the specialized training as well as the annual in-service PREA training.

Corrective Action: the facility shall develop a process to track and ensure that all medical staff receives the required training in this provision and 115.31. Limiting the staff to escorted access only, does not make the facility compliant with this standard.

Prior to the issuance of the Interim Audit Report, the facility provided the auditor with the training transcripts for each medical staff members indicating that they had received the training prior to the onsite review, however the auditor missed it while going through the documentation. Corrective action should not have been noted in the Interim Audit Report. The facility self identified the issue and immediately corrected it.

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

Subsection (b): In review of CRCC's Pre-Audit Questionnaire, the facility reported that the facility medical staff does not conduct forensic medical exams.

WADOC 610.025 *Medical Management of Offender in Cases of Alleged Sexual Abuse or Assault* (page 2) states "...All forensic medical examinations will be provided at a health care facility in the community."

During formal interviews with medical staff, it was stated that the medical staff at CRCC do not conduct forensic medical exams. If a forensic medical exam is needed the offender would be transported to the Kadlec Medical Facility.

During the reporting period, the facility did have one (1) offender that received a SANE/SAFE exam. The offender was taken to Kadlec Medical Facility, where the exam was performed.

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

Subsection (c)(d): WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 17) states “All new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training.....”

In a memo to the auditor, CRCC stated WADOC utilizes the Learning Management System (LMS) to document and track official department training for employees and contractors. Facility training managers enter official department training for their facility into the LMS. The Training and Development Unit, oversees and manages the LMS for the state.

The auditor randomly chose and reviewed twenty (20) medical/mental health employee files. All have received the required specialized training in addition to the annual training required for all employees. Training is documented through the LMS System.

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? 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? Yes No

115.41 (b)

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

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 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? X 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? X 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? X 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? X 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? X 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? X 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 nonconforming or otherwise may be perceived to be LGBTI)? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? X Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? X Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? X 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? X 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? X 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?

X Yes No

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
 - a. WADOC 490800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
 - b. WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignments* (12 pages)
 - c. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigations* (14 pages)
 - d. WADOC 280.310 *Information Technology Security* (7 pages)
 - e. WADOC 280515 *Electronic Data Classification* (5 pages)
- 4) Operational Memorandum CRCC 490-820
- 5) Memo from Secretary of Corrections, dated October 28, 2015
- 6) Samples of Offender PREA Risk Assessment (PRA) and movement
- 7) Screen Shot of the PRA inside Offender Management Network Information System (OMNI)
- 8) PREA Risk Assessment Form
- 9) OMNI PREA Risk Assessment User Guide
- 10) LMS Training Curriculum for PREA Risk Assessment for Assessors and Reviewer
- 11) Memo to Classification Staff from Deputy Secretary dated March 11, 2015 regarding Affirmative Inquire Offender LCBTI Status
- 12) Standardized PRA Tracker
- 13) Risk Assessment Tracker
- 14) Follow up PRA with Movement

- 15) OMNI PREA Access Security Groups
- 16) Sample PRA Access Approval
- 17) Interviews with the following:
 - a. PREA Coordinator
 - b. PREA Compliance Manager
 - c. Staff responsible for Risk Screening
 - d. Random Inmates

Additional Evidence Reviewed

1. January 2019 PREA Risk Assessment Tracker
2. February 2019 PREA Risk Assessment Tracker
3. March 2019 PREA Risk Assessment Tracker
4. April 2019 PREA Risk Assessment Tracker
5. May 2019 PREA Risk Assessment Tracker
6. Email documentation confirming all questions were asked during the assessment

Findings (by Subsection):

Subsection (a) and (b): CRCC's PAQ states that the agency does have a policy that requires screening for risk of sexual abuse victimization or risk of sexual abusiveness toward other inmates. The policy further requires that the screening be completed within 72 hours of their intake.

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 3) states "Classification Counselors and designated Work Release employees will complete a PRA within 72 hours of arrival for all offenders arriving at any Department facility. This includes offenders returning to a facility for out-to-court status...."

OMNI PREA Risk Assessment Guide states "Initial Assessment- Within 72 hours of arrival a Reception Diagnostic Center (RDC), an initial PREA will be completed. "Transfer Assessment- Classification Counsel or Work Release Community Corrections Officer (CCOs) at the receiving facility complete a Transfer PRA within 30 days of the offender's arrival as part of the offender's Intake Plan development"

In October of 2015, former WADOC Secretary issued a memo to all Classification Staff. The memo stated the National PREA Resource Center made a determination that WADOC policy 490.820 was not in compliance with the intent of the standards regarding the screening of offenders. The policy was interpreted as the initial PREA Risk Assessment (PRA), was at specialized reception centers (i.e. Washington Corrections Center or the Washington Corrections Center for Women) with a "Follow up" being completed within 30 days. The Department of Justice defined "intake" as any time an offender is received at any facility, as a result the memo was issued with the following directive: Each offender will receive a face-to-face Inmate PRA with 72 hours of arrival at every facility. Revisions were made to the policy.

The LMS Training Curriculum for PREA Risk Assessment for Assessors and Reviewer states “Within 72 of arrival at a Reception Diagnostic Center (RDC), initial will be completed...for each new term of incarceration, the first PRA completed will always be an Initial PRA, regardless of the circumstances” “Transfer Assessment –Classification Counselors or Work Release Community Corrections Officer (CCOs) at the receiving facility complete a transfer PRA within 30 calendar days of the offender’s arrival as part of the Offender’s Intake Plan Development.”

In a discussion with the PREA Coordinator she stated “the version of the assessors guide posted to our internal website has the Secretary’s memo attached so staff has the information about the change. We also had extensive meetings with staff about the change. The OMNI system has not yet been updated as we have had some critical IT projects that took precedence. However, the developer is in the process of a massive update that will address this issue as well as provide additional system improvements and enhanced report capabilities”

During specialized staff interviews, two (2) persons who perform screenings stated that the screenings are done within seventy-two hours and again within thirty (30) days. All questions on the screen assessment are asked.

In a memo to the auditor, CRCC stated all offenders assigned to WADOC are required to be screened with 72 hours of arrival or transfer between facilities. The following is a breakdown of the PREA Risk Assessments completed within the established time frames.

July 1, 2017 – June 30, 2018		
Number of offenders received	2109	
Number of offenders who did not remain at the facility 72 hours	0	
Number of offenders who were at the facility 72 hours or more	2109	
Number of offenders whose initial/intake PRA was completed within 72 hours	2023	96%

The auditor reviewed the PREA Risk Assessment tracker provided by the facility. The document indicates that two thousand one hundred and sixty-four offenders (2164) were received at the facility. The log indicates that seventy-two (72) initial risk assessments were not completed within the 72 hours, and fifteen (15) were not completed at all.

During formal interviews with random offenders, seventeen (17) offenders stated that all the questions were asked within a few days of arriving at the facility, six (6) offenders stated they were not asked the questions, eight (8) stated the questions were asked at Shelton but not at this facility, six (6) offenders could not remember and nine (9) offenders stated that they were only asked about prior sexual abuse but no other questions.

The auditor reviewed ninety-nine (99) offender files; five (5) files indicated that initial risk assessment was not completed timely.

During discussions with the facility concerning corrective action, the auditor misstated non-compliance with this provision of the standard; therefore a corrective action plan was developed. Although the facility has had a few late assessments, the facility is at a ninety-six 96% average in completing the initial assessments, which is in compliance. During formal interviews with the offenders many stated they were either not asked the questions, only asked some of the questions or were asked at another facility. During the corrective action period, two offenders from each incoming chain were identified and interviewed by the CUS to ensure that all questions were asked during the assessment. The facility provided documentation confirming that all questions had been asked. The facility has effectively demonstrated compliance with this provision.

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

Subsection (c) and (d): WADOC utilizes an objective screening tool within the OMNI system to screen all offenders for risk of victimization and abusiveness. A review of the screening tool indicates that nine (9) questions are asked with each question given a point value. Offenders scoring eleven (11) or above are considered high risk for victimization. The following point scale is used.

- First incarceration (2 points)
- Age less than 25 years or over 65 years (1 point)
- Male size and stature: Less than 5'8 and/or 130 lbs (1 point)
- Convictions for sexual offenses/crimes with sexual motivation in which the victim was between 14 and 65 years old and/or convictions for a violent offense (no age limit) (3 points)
- Mental Impairment-Developmentally or Intellectually Disable, Mentally Ill or Physical Disability (8 points)
- History of Sexual Abuse-Victimization (8 points)
- Victim of Sexual Assault in Confinement (11 points)
- Behavior Characteristics or display of Sexual Orientation in a way that projects vulnerability (is or is perceived to be gay, lesbian, transgender, intersex or gender non-conforming) (6 points)
- Criminal History is Exclusively Non-Violent (1 point)
- Offender perceives themselves as Vulnerable (1 point)

It should be noted that the screening assessment as to the question regarding behavior Characteristics does not include bisexual, as the provision requires in (8) if the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming.

On October 5, 2018, a directive was sent to all facilities in WADOC's control, from the Department of Corrections Assistant Secretary. The memo acknowledged that the assessment did not state "bisexual." All staff completing the assessments is to ask the offender all questions including if they perceive themselves as bisexual. The directive is to remain in effect the OMNI system could be revised.

CRCC reported in the PAQ that WADOC does not house offenders solely for civil immigration purposes. As such the element is not included in the assessment process. The auditor confirmed that offenders are not housed solely for civil immigration purposes, during the site review and through informal interviews.

On October 8, 2018, the auditor received an email from the WADOC PREA Coordinator. Attached to the email was a memo from the Department of Corrections Assistant Secretary. The memo acknowledged that the risk assessment did not state “bisexual” and directed all staff completing the assessments is to ask the offender all questions including if they perceive themselves as bisexual. The directive is to remain in effect the OMNI system could be revised.

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

Subsection (e): WADOC utilizes an objective screening tool within the OMNI system to screen all offenders for risk of victimization and abusiveness. A review of the screening tool indicates that five (5) questions are asked with each question given a point value. Offenders scoring eight (8) or above are considered high risk for victimization. The questions and the point value are as follows:

- Previous Sexual Assault in Confinement verified by Infraction History or other Written Reports with Equivalent Behavior Descriptions to include Jails or other State Correctional Agencies. (8 points)
- One or more Prior Incarcerations (2 points)
- Prior Violence in Prison to include other State Prisons with Equivalent Behavior Description not scored above (2 points)
- Convictions for Sexual Offenses/Crimes with Sexual Motivation in which the Victim was between 14 years and 65 years/or convictions for a violent offender (2 points)
- Previously or Currently Assessed as a high Violence Potential (2 points)

This provision of the standard requires that the initial screening consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior instructional violence or sexual abuse. The screening tool does ask all of the questions, however all three are contained in the same line, leaving room for error and the questions not being asked. Although the facility is in compliance, it is recommended that the questions be split up, with the next updates to the OMNI system.

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

Subsection (f): WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 3) states “A follow-up PRA will be completed between 21 and 30 calendar days after the offender’s arrival at the facility.”

In a memo to the auditor, CRCC stated all offenders assigned to WADOC are required to be rescreened between 21 to 30 days of arrival or transfer between facilities. The following is a breakdown of the PREA Risk Assessments completed within established time frames:

July 1, 2017 – June 30, 2018		
Number of offenders received	2109	
Number of offenders who did not remain at the facility 30 days	80	
Number of offenders who are not yet due (have not reached 30 day time frame)	15	
Number of offenders who were at the facility 30 days or more	2014	
Number of offenders whose follow up PRA was completed within 30 days	1822	90%
Number of follow up PRA's not completed	24	1%
Number of follow up PRA's completed late	168	8%

The auditor reviewed the PRA tracker that was provided by CRCC. Although WADOC policy states that all offenders will be rescreened between 21 to 30 days, two hundred and thirty-two (232) were completed earlier than the stated time frame in the WADOC policy. In addition to five (5) had completed dates prior to the offenders arrival at the facility. There were two hundred and twenty (222) completed after thirty (30) days.

July 1, 2017 – June 30, 2018	
Number of offenders received	2109
Number of offenders who did not remain at the facility 30 days	80
Number of offenders who are not yet due (have not reached 30 day time frame)	15
Number of follow up PRA's completed before the offender arrived at the facility	8
Number of offenders whose follow up PRA was completed within 1-8 days	5
Number of offenders whose follow up PRA was completed within 9-20 days	227
Number of offenders whose follow up PRA was completed within 21-30 days	1530
Number of offenders whose follow up PRA was completed late	220
Number of offenders whose follow up PRA was not completed	24

During formal interviews with random offenders, fifteen (15) offenders stated that all the questions were asked a second time, fifteen (15) offenders said they were not asked the questions at all, four (4) could not remember, five (5) offenders stated that they were asked only once and one (1) had not been here for 30 days.

The auditor reviewed ninety nine (99) offender files. The follow up Risk Assessment was completed timely in eighty-five (85) offender files, twelve (12) was completed after thirty (30) days, one (1) had not been completed and one (1) the offender had not been at the facility for thirty (30) days.

Prior to the issuance of the Interim Audit Report, on October 1, 2018, a directive was sent to all classification staff, regarding the initial assessment and the follow up assessment. The staff was reminded of time frame in which to complete both assessments. All classification staff was required to acknowledge they had received this information, by signing the memo. On February 23, 2019, the auditor did receive documentation that all classification staff had received and signed the memo.

Corrective Action: The facility shall develop a process to ensure that the thirty (30) day assessment is not completed too early and yet is timely. Assessments that are completed in less than that fifteen (15) does not allow for the offender to be comfortable with being at the facility and therefore more responsive on questions being asked.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action plan for this provision and agreed upon a plan with assigned dates for completion. During the corrective action period, the facility sent the auditor the PREA Risk Assessment tracker for each month with random documentation of the thirty (30) day assessment. In addition, the facility sent documentation which confirmed the staff met with the offender and asked all of the questions during the risk assessment. The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation.

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

Subsection (g): WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 3-4) states (D) For-Cause PRAs (1) For-cause PRAs will be completed within ten (1) business days by the assigned Classification Counselor/CCO:

- a. When additional information is received suggesting potential for victimization or predation (e.g., reports of behavior while in jail or on the bus in transit, court documents, Pre-Sentence Investigations)
- b. If the offender self-discloses information that could impact assessed risk (e.g., previous reported prior abuse, sexual orientation/identity).
- c. (c) when there is a finding of guilt on certain infractions listed in the PRA, including violent infractions and infraction for sexual assault/abuse.
- d. When an employee/contractor staff observe offender behavior suggesting potential for victimization or predation.
- e. (e) for substantial allegation of offender on offender sexual abuse/assault or staff misconduct”.

In a memo to the auditor CRCC stated during the audit documentation period, there was one (1) investigation that resulted in a substantiated finding of offender-on-offender sexual assault or abuse which may indicate the need for a “just cause” assessment, case number 18-17732. It is noted that the initial allegation was coded as assault due to alleged threats, but the investigation substantiated solicitation of sexual activity and the offender was infraacted for sexual harassment. However, upon completion of the investigation, a “for cause” risk assessment was completed.

The auditor confirmed when an assessment is completed for any other reason than the 72 hour assessment and the 30 day assessment, it is classified in the OMNI system as a “just cause” assessment. The circumstances to indicate a “just cause” assessment is listed above. An assessment that is completed based on a referral or a request would be entered into the system as a “just cause” assessment.

The auditor reviewed fifty-five (55) investigations that were referred for investigation and completed during the reporting period. At the time of the site review there were nine (9) cases that had not been completed. The auditor confirmed that CRCC had one (1) investigation that

was a substantiated offender-on-offender sexual assault. The auditor also confirmed that a reassessment was completed regarding the victim.

The auditor interviewed two (2) staff member that are responsible for conducting the PREA Risk Assessments, both stated that there a “just cause” assessment would be completed based on a substantiated report.

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

Subsection (h): WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 5) states “E. (2) Offenders are not obligated to answer PRA questions.”

During interviews with two (2) staff members who perform PREA Risk Assessments stated that an offender cannot be disciplined for refusing to answer the questions.

The WADOC policy states that offenders are not obligated to answer PRA questions, the auditor would recommend that WADOC strengthen the policy and include the phrase that an offender will not be disciplined for refusing to answer or for not disclosing information in response to a questions asked.

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

Subsection (i): WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 12) states “All PREA Data Containing personal identifying information will be maintained as Category 4 Data per DOC 280.515 Electronic Data Classification.

WADOC 280.515 *Electronic Data Classification* (page 2) states “Electronic data will be classified into 4 groups per the Data Classification Standards (4) Category 4 Data: Restricted Information-Date containing information that may endanger the health or safety of others or that has especially strict handling requirements by law, statute or regulation...”

In the memo to the auditor, CRCC states PREA Risk Assessment are completed within a restricted component of the OMNI system. Access to the system is restricted to the following:

- Classification Counselors and Work Release Community Corrections Officer responsible for the completion of the assessments
- Correctional Unit Supervisors, Community Corrections Supervisors and the Work Release Program Manager
- Staff as identified by the facility Superintendent and the Work Release Program Administrator responsible of oversight of the risk assessment for offenders who do not have a Classification Counselor or Community Corrections Offer assigned
- Identified Information Technology and the PREA Unit staff responsible for Maintenance.

The system maintains all completed assessments along with the response and details associated with the scoring. All access to the system is approved by the agency PREA Coordinator to ensure compliance with the restricted access parameters. The final result of the PREA Risk Assessment,

(potential predator, potential victim or no risk identified) is maintained in the general status portion of OMNI making it accessible to staff for use in housing, programming and job assignments.

The final results of PREA Risk Assessments (potential predator, potential victim, or no risk identified) are maintained on the face sheet and in the general status portion of OMNI accessible to staff or use in housing, program and job assessments.

The auditor reviewed three (3) emails to the PREA Coordinator requesting access for employees to gain access to the system. The emails clearly detail the reasons access is need. The PREA Coordinator approved access for two staff members and denied access to the third. The email string does document the employee's supervisory approval, the Superintendent's approval and the PREA Coordinator's approval.

In an interview with the state PREA Coordinator, she stated that anyone can see the final result of an assessment but cannot see the risk assessment itself.

Offenders do not have access to the OMNI System. The facility has demonstrated that appropriate controls on the dissemination of information contained on the assessment are in place in order to ensure the sensitive information is not exploited.

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

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? X 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? X 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? X 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? X 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? X Yes No

115.42 (b)

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

115.42 (f)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
 - a. WADOC 300.380 *Classification and Custody Facility Plan Review* (18 Pages)
 - b. WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (12 pages)
- 4) LMS Training Curriculum for the PREA Housing
- 5) PRA Housing Guide
- 6) Hard copies of sample Chronos
- 7) WADOC Form 02-384
- 8) WADOC Form 02-385
- 9) CRCC Operational Memorandum
- 10) Incoming Transport/Job Screening (ITJS) Examples

- 11) List of LGBTI Offenders
- 12) Interviews with the following:
 - a. PREA Coordinator
 - b. PREA Compliance Manager
 - c. Staff responsible for Risk Screening

Findings (by Subsection):

Subsection (a) (b): WADOC 300.380 *Classification and Custody Facility Plan Review* (page 4) states “Committee members will receive each offender on the transfer manifest before he arrives at the receiving facility. The screening will include, at a minimum: (6) Prison Rape Elimination Assessment (PREA) information per DOC 490.820 Prison Rape Elimination Act (PREA) Risk Assessment and Assignments.

WADOC 300.380 *Classification and Custody Facility Plan Review* (page 6) states “Additional mental health and/or other employees/contract staff may be included to provide general input about areas of potential risk based on history of the offenders with a documented history of predatory violence or predatory sexual offending.” And

“Any concerns regarding work programs, treatment, education, evidence-based programs, or other activities presented after review the offender’s PREA Risk Assessment will be documented in the Summary/Statement field in the Classification Review section of the Incoming Transport/Job Screening Checklist, including any applicable mitigation strategies.”

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignments* (7) states “Job Programming Assignments (A) PRA information will be reviewed when making job and programming assignments per DOC 300.380 *Classification and Custody Facility Plan Review* Housing Assignments (A) before placing the offender in a multi-person cell/room, employees responsible for making housing assignment will review the PREA identifier to ensure the compatibility of cell/roommates”

In a memo to the auditor, CRCC stated prior to assigning an offender to a multi-person cell/dorm area, the PREA Risk Assessment is reviewed to ensure he is not assigned to an area that would place him at risk for victimization. In addition, the PREA Risk Assessment information is used in the following manner in classification decisions:

- Prior to the offender transferring from one facility to another a transfer manifest is prepared by the DOC transportation unit. This transfer manifest is shared with the sending and receiving facilities. Per DOC policy 300.380 *Classification and Custody Facility Plan Review* and DOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignments*, facility staff will hold a multi-disciplinary team (MDT) review of the offender’s listed on the transfer manifest prior to his/her arrival at the receiving facility. This screening review must include any history of predatory violence or predatory sexual violence, history of medical/mental health needs, safety/security concerns that impact housing or programming and appropriateness of specific work assignments. This screening is documented in the electronic OMNI system and entitled the Incoming Job Screening (ITJS).

- PREA screening results are documented in the ITJS and if an offender displays an increased potential to be sexually victimized or for predation staff are expected to document this in the summary section of the ITJS. They will also note instructions, if it is necessary to have any safety plans/monitoring plans in place for any work or programming assignments.
- Classification staff will complete a PREA transfer assessment and an Intake classification Custody Facility Plan Review within thirty (30) days of the offender's arrival at the facility. If a monitoring plan is needed due to an offender's increased potential to be sexually victimized or for predation, the monitoring plan will be included in the comment section of the Custody Facility Plan. The Custody Facility Plan is located in the electronic OMNI system.
- Classification staff will update the status of a monitoring plan at each classification review held either every six (6) months or annual based on the offenders sentence structure.

The facility holds a Multi-Disciplinary Team (MDT) meeting, prior to the offender's arrival at the facility. The team consists of various different roles in the facility such as:

- Superintendent
- Classification Staff
- Intelligence and Investigative Unit
- Health Care Manager
- Mental Health Manager
- Custody Captain
- Correctional Program Manager
- Custody Unit Supervisor

The meeting is to determine the incoming offenders work assignment once he arrives at the facility. The Auditor reviewed samples of the Incoming Transport/Job Screening Checklist (ITJS). Many things are looked at with each offender such as:

- History of violence
- History of predatory sexual violence
- Current offense
- Recent infractions
- Ag-Seg History
- Intensive management status
- Victimology
- Escape related history
- Earned release date
- Offenders needs assessment
- STG concerns
- Medical concerns
- Mental Health concerns

Once all of the above is reviewed by team, the offender is approved or disapproved for certain privileges and jobs within the facility. This is completed days before the offender arrives at the facility. However during this MDT meeting, housing is not determined.

The auditor randomly chose thirty (30) offenders housing assignments. The facility completed a compatibility review offender and the other offender(s) in the cell prior to assigning the offender to the housing assignment.

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

Subsection (c)(d)(e)(f): CRCC's PAQ states that the agency makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis.

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 8) states "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 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"

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 10) states "Review Committees will reassess placement and programming assignments ever 6 months using DOC 02-385 Protocol for Housing Review for Transgender and Intersex Offenders to review any threats to the offender's safety.

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 9) states "the receiving facility review committee will conduct an interview with the offender, arranged by sending facility staff. The interview may be conducted telephonically or in person."

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignments* (page 11) states "facilities shall develop local procedures to allow transgender and intersex offenders the opportunity to shower and dress/undress separately from other offenders. This may include individuals shower stalls, separate shower times, or other procedures based on facility design."

In a memo to the auditor, CRCC stated housing and programming assignments for all transgender and intersex offenders are made on a case by case basis, to include individual shower arrangements, putting priority on the offender's health and safety. The housing review process also takes into account management or security problems that may result from placement options. Housing review are documented on DOC for 02-384, *Protocol for the Housing of Transgender and Intersex Offender*, by a local multi-disciplinary team with housing recommendations forwarded to the Deputy Director of Prisons Command A for final approval. A formal review is also conducted every six (6) months for each offender or when a change in the housing assignments is indicated.

Currently there are seven (7) transgender offenders housed at CRCC. The auditor reviewed the six (6) month reviews conducted with each transgender offender. The offenders own views regarding their safety are taken into consideration.

During an interview with the PREA Compliance Manager, she stated the agency considers placement on a case-by-case basis. A multi-disciplinary team will interview the transgender offender, taking his/her own views regarding their safety into account. The MDT will make recommendations and the Deputy Director will make the final decision.

The PREA Coordinator confirmed that the Headquarters Multi-disciplinary Team will review on case-by-case bases and will make the recommendation to the Deputy Director. This process was also confirmed during the interviews with two (2) staff members who perform PREA Risk Assessments.

The audit interviewed three (3) transgender offenders. Two (2) reported that the facility did ask them about their own views regarding their safety, one (1) stated no but she wished they would ask her. When asked if they have been given the opportunity to shower separately from other offenders, one (1) offender stated that she is allowed to request it but she is made to walk to the medical unit to do so. The offender felt that it was too long of a walk to do it, so she chose not to. Both of the other transgender offenders stated that it was not necessary as the units have individual showers.

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

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? 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? 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? 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? 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? 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? Yes No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? X Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? X Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? X 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? X Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? X 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? X 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? X 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? X Yes No

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
 - a. WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignments* (12 pages)
 - b. WADOC 320.255 *Restrictive Housing* (14 pages)
 - c. WADOC 320.260 *Secured Housing Unit* (10 pages)
- 4) Spreadsheet listing all offenders' where the PREA Risk Assessment indicates sexual victimization along with current housing assignment
- 5) Interviews with the following:
 - a. Superintendent
 - b. Staff who supervise offenders in secured housing

Findings (by Subsection):

Subsection (a)(b)(c)(d)(e): CRCC stated on the PAQ that there is a policy prohibiting the placement of the inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made.

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignment* (page 8) states "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 the reason(s) it was determined unsuitable, will be documented in a PREA housing chrono entry."

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignment* (page 8) states "Offenders 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."

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignment* (page 8) states "In the rare event that placement lasts more than 30 days, a review will be conducted every 30 days to determine if continued need for the placement."

In a memo to the auditor, CRC reported that during the documentation period there were no offenders who were placed in secured housing based on their risk for sexual victimization. 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 twenty-four (24) hours so that a transfer to a different facility could be facilitated.

The facility is in compliance with all provisions of this 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? X 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? X 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? X 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? X 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? X Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? X 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? X Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? X Yes No

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
X Yes No

115.51 (d)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
 - a. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
 - b. WADOC 490.800 *Prison Rape Elimination Act (PREA) Response* (11 pages)
 - c. WADOC 450.100 *Mail for Prison Offender* (17 pages)
 - d. WADOC 450.110 *Mail for Work Release Offenders* (4 pages)
- 4) WAC 137-48-020 Definition of Legal Mail
- 5) 450.110 Policy Definition of Legal Mail
- 6) Statewide Offender Handbook
- 7) Brochure and Posters
- 8) MOU with WADOC and Colorado Department of Corrections (CDOC)
- 9) Memo from Agency ADA Compliance Manager regarding illiterate offender ability to report
- 10) Listing of all allegations received in the documentation period
- 11) Log of allegations received by and for the CDOC

- 12) Brochure for staff, contractors and volunteers detailing staff reporting requirements
- 13) Training curriculum for PREA 101
- 14) Interviews with the following:
 - a. Random Offenders
 - b. PREA Compliance Manager
 - c. Random Staff

Additional Documentation Reviewed:

1. Email from the PREA Compliance Manager to remind staff of the PREA Reporting Process

Findings (by Subsection):

Subsection (a): CRCC stated in the PAQ that the agency has established procedures to allow for multiple internal ways for offenders to report privately to the agency officials about sexual abuse, sexual harassment, retaliation by other offenders, staff for reporting violations and staff neglect or violations of responsibilities that may have contributed to such incidents.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 14) states "Offenders may report PREA Allegations in the following ways. Reporters may remain anonymous."

- Through the confidential PREA hotline at 800-586-9431 or at 844-242-1201 for teletypewriter (TTY)
- Verbally to Staff
- Offender Grievance
- Written Report to outside agency for Prison and Work Release Offenders

In a memo to the auditor, CRCC stated that the WADOC provides offenders with multiple reporting venues, to include a confidential toll-free hotline, verbal reports to any staff, kites (notes written by the offenders to staff), grievances and the legal mail to designated individuals, such as the PREA Coordinator. Use of the hotline does not require the offender to input a personal identifying number (IPIN) and calls are exempt from recording or monitoring at the facility. The state's definition for legal mail includes correspondence to and from the Agency's PREA Coordinator. Reporting methods are addressed in the offender PREA orientation video, the offender brochure, and are included in the inmate handbooks.

Offenders are also able to anonymously and confidentially send allegation information to the Colorado Department of Corrections, who serves as the agency's external reporting entity. This is done via use of DOC-21-379 *Report of Prison Rape Elimination Act (PREA Allegation Form)*, which is available in offender accessible areas of the facility along with the pre-addressed envelopes."

During the site review, the audit team made several test calls to the PREA hotline utilizing the offenders telephones. The auditor was not required to put in an IPIN (personal identifying number

issued to offenders). All test calls went through the PREA Triage and to the PREA Coordinator, who sent email to the auditor confirming, the calls had been received.

The auditor sent a letter to the Colorado Department of Corrections, requesting the letter be handled as they would any other letter received from an offender from Washington Corrections Department. The auditor did receive confirmation that the letter had been received by the PREA Triage.

On September 5, 2018, during the site review, the auditor placed two (2) grievances into the grievance box in two (2) different housing units. The auditor received a letter on September 11, 2018, indicating that the grievances had been received.

During random staff interviews, all confirmed that they are aware that they must report any allegation reported to them verbally or in writing.

The audit team interviewed forty-five (45) random offenders. There were forty-three (43) offenders that could tell the auditor at least three (3) ways available to them to report an allegation, two (2) offenders stated that there were no ways at the facility to report and allegation.

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

Subsection (b): CRCC stated in the PAQ that the agency provides at least one way for inmates to report abuse or harassment to public or private entity or office that is not a part of the agency.

In a memo to the auditor, CRCC stated currently, WADOC has an agreement with the Colorado Department of Corrections to act as the independent reporting entity for PREA allegations. WADOC offenders can utilize this reporting mechanism by completing the DOC 21-379 and submitting it in a pre-addressed, pre flanked envelope.

There have been discussions on how to accommodate illiterate offenders to allow for them to utilize this reporting mechanism. Current ADA accommodations allow for illiterate and learning disability offenders to use audio recordings. Those recordings are then turned into staff who transcribes them. Using this method for external PREA reports is contrary to WADOC policy as all staff are required to report all allegations received. Allegations that would be made through this process would not go straight to Colorado, but would be reported per policy to the facility Shift Commander. Several alternatives were looked into (taped recordings, calls to Colorado, assistance for ADA Coordinator) but these alternatives are not able to meet the confidentiality requirements.

It has been determined that the requirement of staff to report all PREA allegations received preclude staff assistance for illiterate or intellectually disabled offenders reporting via this mechanism. All offenders have multiple reporting avenues (hotline, verbally to any staff and/or family/friends and third party reporting). Disabled offenders would also be able to use an audio recording that would be sent to staff for transcribing and submission. All offenders with disabilities, including those who are illiterate are able to contact their facility ADA Coordinator for assistance.

The auditor did review Contract No. CMS 65853, between the WADOC and the CDOC, which states the WADOC and the CDOC will establish a means for offenders under their jurisdiction to report claims or allegations of sexual abuse, sexual assault or sexual harassment to the other party (the receiving party).

Prior to the site review, this auditor sent a letter to the address provided for the CDOC, utilizing the *DOC 21-379 Report of Prison Rape Elimination Act (PREA) Allegation* form. The form requested that the letter be processed as if an allegation had been reported. The letter was sent from New Mexico on September 17, 2018. On September 25, 2018, the auditor received an email for the DOC PREA Triage that the letter had been received.

Inmates are informed regarding reporting to the Colorado Department of Corrections, through the inmate handbook, the brochures and orientation.

During an interview with the PREA Compliance Manager, she stated that the forms are located in all the housing units, and they have self addressed stamped envelopes. Offenders can place them in any grievance box for mailing. Offenders are not required to put their name on the envelopes.

During random offender interviews, the offenders referred to the form as the “Colorado Form”. They were aware of what the form was to be used for.

CRCC reports that WADOC does not detain persons solely for civil immigration purposes. The auditor did not view evidence to contradict this statement. Random interviews with staff and inmates confirmed the facility does not detain for civil immigration purposes.

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

Subsection (c): CRCC stated in the PAQ that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third party.

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 2) states “Staff must immediately report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a Department Facility. This includes related retaliation and knowledge of staff actions or neglect that may have contributed to the incident.” and (page 3) states “Every allegation will be reported, even if the offender reported the same allegation previously to the same staff.”

During random staff interviews, it was confirmed that staff are aware that they must accept any and all reports of allegations, to include those received verbally.

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

Subsection (d): CRCC stated on the PAQ that the agency has established procedures for staff to privately report sexual abuse and sexual harassment.

WADOC 490.850 *Prison Rape Elimination Act (PREA) Prevention and Reporting, Attachment 2, PREA Reporting Process*, states “Staff may report allegations of a highly sensitive nature (e.g., allegations against the Shift Commander/CCS or in which that person may have a conflict of interest) directly to the Appointing Authority or Duty Officer. Allegations made against the Appointing Authority will be reported to the next higher authority.

During random staff interviews, many of the staff stated that they could not report privately. All stated that they are required to report to the Shift Commander.

Corrective Action: Staff is unaware that they can privately report an allegation. Train staff on the policy for reporting.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action plan for this provision and agreed upon a plan with assigned dates for completion. On January 25, 2019, the PREA Compliance Manager sent a reminder to all staff to remind them of WADOC Policy 490.800 which states “Staff may report allegations of a highly sensitive nature (e.g., allegations against the Shift Commander/CCS or in which that person may have a conflict of interest) directly to the Appointing Authority or Duty Officer. Allegations made against the Appointing Authority will be reported to the next higher authority.” The facility has effectively demonstrated compliance during the period of corrective action with supporting documentation.

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

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. 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.) 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.) 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.) X 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.) X 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.) X 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.) X 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.) X 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.) X 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.) X 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.) X 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.) X 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.). X 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.) X 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.) X 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.) X 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.) X 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.) X 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.) X Yes No NA

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to Auditor
- 3) Policy:
 - a. WADOC 550.100 *Offender Grievance Program* (5 pages)
 - b. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Planning* (17 pages)
- 4) CRCC Log of PREA Allegations received via Grievance
- 5) Memo for the Department of Corrections Secretary, date September 20, 2017

Findings (by Subsection):

Subsection (a)(b)(c)(d)(e)(f)(g): CRCC stated in the PAQ that the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse.

WADOC 550.100 *Offender Grievance Program* (page 2) states "Grievances alleging sexual misconduct will be forwarded to the PREA Coordinator per DOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* and will not be reviewed through the grievance process.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting*, (page 15) states "Offender grievances, including emergency complaints, per DOC 550.100 *Offender Grievance Program* and the *Offender Grievance Program Manual*.

1. Copies of the grievances alleging sexual misconduct will be forwarded immediately to the applicable authority per the PREA Reporting Process attached to DOC 490.850 *Prison Rape Elimination Act (PREA) Response*.
2. The Offender will be notified via the grievance response that the allegation was forwarded for review for a possible PREA Investigation.
3. The PREA Coordinator/designee will notify the appropriate grievance staff of the determination on whether the allegation meets the definition of sexual misconduct
 - a. If the allegation does not, the offender may re-file the grievance per DOC 550.100 *Offender Grievance Program*.

WADOC 490.820 *Prison Rape Elimination Act (PREA) Investigations* (page 2) states "The Department will thoroughly, promptly and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department.

A memo to the auditor from WADOC Secretary, explains the grievance process as follows:

- WADOC does not process PREA-related allegations through the offender grievance program. Complaints and Grievances alleging any form of sexual assault, sexual abuse, sexual harassment and/or employee sexual misconduct are immediately processed in accordance with DOC policy.
- All allegations are reviewed by the Headquarters PREA Unit. If it is determined that the information received does not fall within the established PREA definitions, the allegation is returned to the facility as “not PREA” and the offender is allowed to pursue the issue through the Offender Grievance Program. If the issues fall within the scope of PREA, a formal investigation is initiated and forwarded to the appropriate Appointing Authority for oversight and findings. All investigation findings decisions remain with the Appointing Authority. All investigations resulting from grievances are subject to the same level of review, notification and follow up as PREA investigations initiated from other sources of information.
- WADOC strongly believes this allows PREA allegations received through the grievance process is handled with the same level of importance and scrutiny as allegations received in any other manner. Additionally, there are no time limits within which an offender may submit a PREA-related allegation through the grievance process.
- Although PREA investigations are not subjected to specific policy defined timelines for completion, DOC policy 490.860 , Prison Rape Elimination Act (PREA) Investigation states: “the department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department”
- If an investigation has been open for a period of 90 days or more, it is reviewed for status and issues that may need to be resolved by the agency PREA Coordinator and/or responsible Appointing Authority. This allows for oversight of investigations without restricting the investigation, particularly in cases involving law enforcement or issues such as witness availability, evidence processing, etc.
- Generally, offenders are required to exhaust their administrative remedies (i.e. the grievance process) before filing litigation. Since WADOC removes PREA allegations for the established grievance process, the submission of a formal grievance would not be prerequisite for an offender to file related litigation.

Inmates are notified of this process through the inmate handbook which states “Grievances alleging PREA allegations/sexual misconduct will be forwarded immediately to the Shift Commander who will submit a confidential incident report and send a copy of the grievance to the PREA Coordinator. The PREA Coordinator will review to determine if the information falls in PREA definitions (DOC 490.850 *Prison Rape Elimination Act (PREA) Response*). The offender will be notified via the grievance response that the allegation was forwarded for review for a possible PREA investigation. If the allegation does not meet the definition of sexual misconduct, the grievance will be returned to the Grievance Coordinator for processing.”

The inmate handbook also states “providing false or misleading information during any stage of a PREA investigation may result in disciplinary action being taken against an offender.”

The auditor reviewed the grievance complaint log. During the reporting period twelve (12) PREA related grievances were received by the facility. The auditor reviewed all twelve (12), five (5) included information regarding an open investigation and was added to the investigation, seven (7) were determined not to be PREA related and were forwarded back to the facility to be handled as any other grievance.

The facility is in compliance with this 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? X 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? X Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? X 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? X 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? X Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? X 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.

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy: WADOC 490.500 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
- 4) Posters and Brochure
- 5) Brochure for WCSAP regarding Statewide advocacy
- 6) Memo to staff regarding parameters of advocacy from WADOC Secretary
- 7) In Person Victim Advocacy Services
- 8) Advocacy confidentiality summary
- 9) Interstate Agreement between WADOC and Department of Commerce
- 10) Documentation of Meeting with Local advocated
- 11) Interviews with the following: Random Offenders

Findings (by Subsection):

Subsection (a)(b)(c): CRCC reported in the PAQ that the facility provides offenders with access to outside victim advocates for emotional support services related to sexual abuse.

In a memo to the auditor, CRCC stated "Coyote Ridge Corrections Center has established a partnership with Support, Advocacy and Resource Center. WADOC has entered into a partnership with the Officer of Crime Victim Advocacy (OCVA) to provide support services to all offenders under the jurisdiction of the department. This is coordinated centrally, with offenders able to call a toll-free phone line to speak with a support specialist who can then transfer the call to a community sexual assault program partnered with the facility as needed to provide continued support to the offender. The community-based advocate can make arrangements for the offender to call the line at designated times to speak with the advocate, or the advocate can make

arrangements with the facility on a case-by-case basis to provide onsite support to the offender. OCVA sub-grants funds to the local advocacy agency partnered with each facility to support this work. Information regarding these services is provided to the offenders via posters and brochures and in the offender orientation video.

Additionally, offenders have been provided with information from the Washington Coalition of Sexual Assault Programs (WCSAP) regarding community sexual assault programs available throughout the state following the offender's release from total incarcerations.

The auditor reviewed a memo to all staff, from WADOC Secretary, which informs the staff of the advocates role which includes:

- Listen to a survivor's story and provide support for their safety and empowerment
- Keep the survivor's identity and information confidential
- Serve as a liaison between a survivor and DOC
- Inform survivors of their rights to as a victim of a crime. Some rights include:
 - To be treated with dignity and respect
 - The right to have a support person present at the forensic medical examination
 - The right to have an advocate present at any law enforcement interviews and hearings
 - The right to be informed of and attend trial and all other court proceedings the defendant has the right to attend (crimes charged as felonies)
 - The right to submit a victim impact statement or report to the court

Services an advocate might provide to an incarcerated individual are:

- Providing crisis intervention over the phone to a survivor who has recently experienced and assault
- Talking with a survivor about their safety in the weeks following the assault and helping the survivor plan for continued safety in the facility
- Explaining the different PREA reporting options to an interested survivor
- Discussing law enforcement reporting options with a survivor
- Teaching coping skills to help a survivor heal from the traumatic experience
- Supporting a survivor at a sexual assault forensic exam at a community hospital
- Advocating for a survivor's ongoing medical needs related to the assault to be met by the facility
- Explaining the facility's PREA investigation process to a survivor
- Supporting a survivor at a law enforcement interview or hearing

During an interview with the Director of Support, Advocacy and Resource Center she confirmed the above services that are offered to the offenders at CRCC. She stated her agency does have a good working relationship with the facility.

The auditor reviewed an Interagency Agreement with WADOC and Department of Commerce Officer of Crime Victims Advocacy. The purpose of the agreement is "to provide advocacy services in furtherance of the DOC's compliance with the Prison Rape Elimination Act (PREA)."

During the site review posters and brochures could be seen within the housing unit and areas frequented by the offenders. However the posters were small in comparison to the PREA posters.

The auditor was specifically looking for them. Offenders may have trouble seeing them with all the other information on the boards. The posters state that it is a private support line to access support with issues related to sexual assault or abuse. On the posters it is clearly stated “Calls are not recorded and do not require you PIN”. In most cases the posters were located by the phones, making it easy for an offender to dial the number without others knowing. The posters are both in English and Spanish. The auditor tested the phones in the offender’s housing units. An advocate answered the phone each time and spoke with the auditor. The advocate stated that she has not received many calls from CRCC offenders.

In review of the inmate handbook, the offender is advised that the advocate will keep your information confidential unless the information is likely to result in a clear risk of serious physical injury or death to you or another person and details the role of the advocate to include:

- Listen to your story and provide support
- Crisis intervention
- Discuss law enforcement reporting option
- Teach you coping skills
- Explain the investigation process
- Support you during interviews related to an investigation

The handbook also details what an advocate will not do to include:

- Provide legal advice
- Make decisions for you
- Tell you whether or not to report
- Conduct an investigation
- Be your friend or provide therapy

During interviews with random offenders, many of them were not aware of the advocacy line nor did they understand that the line was confidential. Although during the site review the posters could be seen in every housing unit, they were small in comparison to the PREA Reporting posters and could be lost in with other material. The information is located in the brochures and the inmate handbook and is discussed during the offender orientation.

Prior to the issuance of the Interim Audit Report, the facility placed red signs next to all offender phones, which is clearly labeled PREA Hotline with the phone number and Victim Advocates with office hours and the phone number to call.

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? X Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? X Yes No

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy: WADOC *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
- 4) Family and Friends PREA Posters and Brochures (English and Spanish)
- 5) Screen prints from WADOC external website demonstrating the information regarding reporting that is publically available

Findings (by Subsection):

Subsection (a): CRCC confirmed on the PAQ that the agency/facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 4) states "The PREA Compliance Manager will be an employee outside of any Intelligence and Investigative Unit, who will coordinate local PREA compliance and: (6) Coordinate monthly checks to verify: (b) Posters and brochures provided by the PREA Coordinator are posted in areas accessible to offenders and the public, including Health Services area and Classification Counselor/Community Corrections Officer (CCO) offices.

The agency website contains PREA information, including information on how to report, the investigative process and frequently asked questions. A user can report an allegation simply by clicking the “report sexual misconduct” button. Utilizing this process, the auditor tested the system and filed a report through the website, instructing the reader to notify the auditor once the report was received. The auditor received an email within a few hours that the report had been received by the DOC PREA Triage.

During the site review, the auditor observed PREA posters and PREA brochures in the visiting area for the offender’s family.

The facility is in compliance with this provision 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? 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? 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? 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? 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? 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? X 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? X 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? X Yes No

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
 - a) WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
 - b) WADOC 350.550 *Reporting Abuse and Neglect Mandatory Reporting* (4 pages)
 - c) WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
 - d) Staff, Contract Staff and volunteers PREA Brochure
 - e) Staff, Contract Staff and volunteers PREA Posters
 - f) Statewide Offender Handbook

- g) Medical PREA Poster
 - h) Facility Log of all allegations received during the audit period
 - i) Incident Management Report System
- 4) Interviews with the following:
- a. Random Staff
 - b. Superintendent
 - c. PREA Coordinator
 - d. Investigator

Addition Documentation Reviewed:

1. Shift Commander Training Curriculum
2. Shift Commander Training Class Roster with the staff signature

Findings (by Subsection):

Subsection (a): CRCC reported the PAQ that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse, sexual harassment and retaliation that occurred in the facility, whether or not it is part of the agency.

WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 2) states “Staff must immediately report any knowledge, suspicion, or information received including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a Department facility. This also includes related retaliation and knowledge of staff actions or neglects that may have contributed to the incident.”

In a memo to the auditor, CRCC stated “the agency policy requires all staff, to include employees, contractors, and volunteers, to immediately report incidents and allegations as identified in the standard. Individuals are required to report to individuals as identified in the agency policy. Agency policy prohibits revealing any information related to a sexual misconduct report or incident other than as necessary for related treatment, investigation and other security and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action.

WADOC has established the following process in lieu of reporting allegations to designated investigators:

- The staff member (employee, contract staff or volunteer) receiving the allegation is required to confidentially deliver the information directly and immediately as follows:
 - Prison: Reported to the Shift Commander who ensures that the information is submitted via the Incident Management Reporting System (IMRS) which is automatically forwarded via email to the PREA Coordinator/designee.
- The PREA Coordinator/designee reviews all allegation information to determine if it falls under the definitions of PREA. If it does, the investigation is assigned to the appropriate Appointing Authority.
- The Appointing Authority then assigns the investigation to a trained investigator.”

Staff posters state “The Department of Corrections has a zero tolerance of all forms of sexual misconduct and retaliation against any person because of his/her involvement in the reporting or investigation of a PREA complaint.....You must immediately, confidentially and directly report any knowledge, suspicion, or information received regarding sexual misconduct.”

The auditor reviewed the CRCC’s Offender Complaint Log, which depicts all allegations reported during the documentation period. The auditor also reviewed the “triage” email, which details the allegation, the decision by the DOC PREA Triage, and the assignment to the Appointing Authority for investigation.

During random staff interviews, all twenty-five (25) staff interviewed stated that they are required to immediately report to the Shift Commander any knowledge or suspicion or information regarding sexual misconduct. Any information received must be kept confidential.

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

Subsection (b): WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 2) states “Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation and other security management decisions. (c) Staff who breach confidentiality may be subject to corrective/disciplinary action.

In a memo to the auditor, CRCC stated “Agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and any other security management decisions.”

The auditor reviewed the OMNI System, only the staff that need to know, have a access to the “PREA” tab within the system, not only can they not get into the module, the tab will not appear for them to access. All access to this module is strictly monitored and must require the approval of the PREA Coordinator to gain access to the module.

During random staff interviews, all staff reported that they were aware that any information regarding an allegation must be kept confidential or they could be disciplined.

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

Subsection (c): WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 3) states “Offenders will be informed of the requirements of mandatory reporting at Reception and information will be posted in Health Services areas where it can be seen by offenders. (1) Health Service providers must inform of the duty to report before providing treatment when an offender (a) Displays signs/symptoms of sexual misconduct that are identified or observed in the course of an appointment or examination or (b) Discloses to a medical or mental health provider sexual misconduct that occurred while in any correctional setting.”

In a memo to the auditor, CRCC stated “reporting requirements also apply to medical and mental health practitioners. Offenders are informed of these requirements in offender handbooks and via posters displayed in treatment areas within Health Services.”

During the site review colorful posters could be seen in the medical/mental health areas that stated “Medical and Mental Health Practitioners are required to report incidents of sexual abuse. Staff will explain the confidentiality limitations.”

During interviews with medical and mental health staff, they were aware that they are mandatory reporters and are required to report any knowledge or suspicion regarding an allegation.

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

Subsection (d): WADOC 350.550 *Reporting Abuse and Neglect Mandatory Reporting* (page 2) states “The department will report suspected child abuse/neglect and incidents of abuse, abandonment, financial exploitation, or neglect involving vulnerable adults to the appropriate authority” (2) Reports of sexual or physical assault involving a vulnerable adult victim, or an act that has caused a vulnerable adult victim fear of imminent harm, will be made to the law enforcement agency with jurisdiction where the act is believed to have occurred. (3) All other reports involving a vulnerable adult victim will be made to Adult Protective Services (APS) at 1-866-363-4276 or per Department of Social and Health Services website.”

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 9) states “The Appointing Authority/Designee will ensure that notification is made to: (2) Adult Protective Services (APS), if an alleged victim is classified as a vulnerable adult.”

RCW 74.34020 *Definitions* defines vulnerable adult as (a) sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself; or (b) found incapacitated under chapter 11.88 RCW; (c) who has developmental disability as defined under RCW 71A.10.020 (d) admitted to any facility (e) Receiving services from home health, hospice or home care agencies licensed or required to be licensed under chapter 70.127 RCW (f) Receiving services from an individual provider (g) who self-directs his or her own care and receives services from a personal aide under the chapter 74.39 RCW.

WADOC does have an Interagency Agreement with the Washington State Department of Social and Health Services (DSHS) Adult Protective Services (APS). The agreement states “WADOC will notify the Department of Social and Health Services, Adult Protective Services of any allegations of sexual abuse/harassment or other types of mistreatment including abuse, neglect and financial exploitation of offenders who have been classified as a vulnerable adult as defined by state or local jurisdiction’s vulnerable persons statute...”

The state PREA Coordinator confirmed that the facilities are responsible to notify Adult Protective Services in the event a vulnerable adult is victim in a sexual abuse allegation. During an interview with the Superintendent, he also confirmed his responsibility to report to Adult Protective Services.

In a memo to the auditor, CRCC stated “During the audit documentation period, one (1) allegation was received by offenders who were classified as vulnerable adults in accordance with the Revised Code of Washington (RCW). During preparation for this audit, it was learned that the required notification to Adult Protective Services (APS) was not made as required by the standard and the policy.”

The facility also reported that during the documentation period there was one (1) allegation received from an offender that had occurred while the offender was a juvenile at the Echo Glen Children's Center. The facility did notify the facility administrator, however there was no notification made to the Child Protective Services.

Corrective Action: The facility shall develop a process, to ensure that all notifications to Child Protective Services and Adult Protect Services are made, and the notifications are documented. All staff responsible for ensuring notifications are made, shall be trained on the new process that is developed.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision and agreed upon a plan with assigned dates of completion. On February 14, 2019, the auditor received the Shift Commander Training curriculum that was developed as part of the correction action. In addition documentation was provided that each Shift Commander attended the training. The facility could not provide the auditor with documentation of notifications made to the Child Protective Services or the Adult Protective Services, as there were no allegations that required the notification during the correction action period. The facility has effectively demonstrated compliance with supporting documentation.

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

Subsection (e): WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 6) diagrams the process for reporting an allegation.

- Staff obtains information about an allegation or incident of sexual misconduct, related retaliation, or staff action or neglect that may have contributed to an incident.
- Staff will confidentially deliver the information directly and immediate to the shift supervisor
- The shift commander will notify the Superintendent or Duty Officer as soon as possible, but no later than the end of the reporting staff's shift.
- The authority receiving the report will notify other applicable per DOC 490.850 *Prison Rape Elimination Act (PREA) Response*
- All staff will maintain confidentiality and follow the directions of the Appointing Authority/designee, (e.g., questions offenders, identify potential witnesses, secure statements), unless the incident is an emergency.
- A confidential Incident Management Reporting System (IMRS) report will be completed as soon as possible, but no later than the end of the shift in which the information was received.

Once the allegation is entered into the IMRS, an email is sent to the PREA Coordinator/Designee. The PREA Coordinator reviews all allegations to determine if it falls under the definition of PREA. If it does, the investigation is assigned to the appropriate Appointing Authority. The Appointing Authority will assign the investigation to a trained investigator.

During an interview with the Superintendent, the above process was confirmed. All allegations are immediately reported to the Shift Commander.

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? X Yes No

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
 - a. WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (12 pages)
 - b. WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
- 4) OMNI report of Offender who scored as "potential victim"
- 5) Samples of Monitoring Plan
- 6) Samples of housing assignment reviews
- 7) Documentation of Response Checklist and/or IMRS report showing immediate action taken to address potential risk
- 8) PREA Response and Containment Checklist Process
- 9) Interviews with the following:
 - a. Superintendent
 - b. Random Staff

Findings (by Subsection):

Subsection (a): CRCC reported in the PAQ, if the facility learns that an inmate is subject to a substantial risk of imminent sexual abuse; it takes immediate action to protect the inmate. It was also reported that there have not been any offenders that were the subject of substantial risk during the reporting period.

WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 6) states "A. Classification Counselors will develop a monitoring plan for: (1) Offenders at increased risk for sexual victimization or predation. B. Immediate actions will be taken to protect the offender when it has been determined that s/he is at substantial risk of immediate sexual assault or abuse."

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 8) states "Upon receipt of an allegation of offender-on-offender sexual assault, the Appointing Authority/Shift Commander/CCS will immediately direct employees/contract staff to separate the accused from the alleged victim and witnesses.

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 4) states "For all allegations except aggravated sexual assault, the Shift Commander/Community Corrections Supervisor (CCS)/Designee will implement appropriate security procedures and initiate the PREA Response and Containment Checklist.

In a memo to the auditor CRCC stated, "When an offender is assessed as a potential victim according to a PREA Risk Assessment, a monitoring plan is developed. This plan is individualized based on the needs and identified risk of the offender. Additionally, whenever a housing assignment is made, offender risk identifiers are reviewed to ensure compatibility with potential cellmate(s). Both monitoring plans and housing reviews are documented in the offender's electronic record.

When an allegation is received the Shift Commander, Duty Officer and/or Appointing Authority review all available information regarding named victim needs, timeframe, severity, housing and job assignments of named individuals and other factors to determine if immediate actions are needed to prevent harm. These actions are documented on response checklists and in IMRS reports.

The auditor confirmed offenders who are scored as potential victims according to the assessment are placed on a monitoring plan. CRCC reported two hundred and seventy-two (272) potential victims. The auditor reviewed fifty (50) offender files and verified the monitoring plans.

The facility is in compliance with this provision 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? X Yes No

115.63 (b)

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

115.63 (c)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
 - a. WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
 - b. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
- 4) Interviews with the following:
 - a. Superintendent

Additional Documents Reviewed:

1. Documentation of the Established Process for notifications to other facilities or agency

Findings (by Subsection):

Subsection (a)(b)(c)(d): CRCC reported in the PAQ that the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the agency must notify the head of the facility where the sexual abuse occurred. The facility reported that there were eight (8) allegations of sexual abuse received that an offender was abused while confined in another facility. There were eight (8) allegations received from other facilities that were investigated.

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 8) states “The Appointing Authority will notify the appropriate Appointing Authority or facility administrator with 72 hours of receipt of an allegation when the alleged incident: (1) occurred in another Department location or another jurisdiction (2) Involved a staff who reports through another Appointing Authority.

In a memo to the auditor, CRCC stated “during the documentation period, CRCC received eight (8) allegations about other facilities/jurisdictions. Standard and policy require that notification is made by the facility Superintendent unless another individual is officially serving in an acting capacity in the absence of the Superintendent. During preparation for this audit, it was learned that not all notifications were made in compliance with these requirements.”

The auditor reviewed the PREA Allegations received by CRCC about another facility log. There are eight (8) allegations. The auditor reviewed the corresponding notification email sent to the facility where the allegation was stated to have occurred. There were six (6) notifications made by the Superintendent within the required 72 hours, one (1) notification made after 72 hours and one (1) notification was made by the DOC PREA triage, not the Superintendent.

In a memo to the auditor, CRCC stated, “during the documentation period, CRCC received eight (8) allegations form other facilities/jurisdictions.”

The auditor confirmed that all eight (8) allegations were received and investigated. The investigations were reviewed by the auditor, during the review of all investigations.

During an interview with the Superintendent, he stated that he is aware that he must make notifications to another facility Superintendent, when he receives and allegation. All allegations received from another facility will be investigated.

Corrective Action: the facility will develop a process to ensure that all notifications are made timely to another facility when an allegation is received.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision and agreed upon a plan with assigned dates of completion. On February 24, 2019, the auditor received a memo which establishes the process and the implementation of the process to ensure notifications are made timely. All allegations will

be reviewed by the PREA Compliance Manager and the PREA Compliance Specialist. Within seventy-two (72) hours, the PREA Compliance Specialist will notify the Appointing Authority if there is a need to notify another facility or agency of an allegation. The Appointing Authority will make the notification and notify the PREA Compliance Manager and the PREA Compliance Specialist that the notification has been completed. The PREA Compliance Specialist will maintain a log of applicable notifications with relevant information. During the correction action period there has not been an allegation that required notification to another facility or agency. Therefore there is no additional documentation available. The facility has effectively demonstrated compliance with supporting documentation.

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

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? X 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? X 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? X 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? X 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? X 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.

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
 - a. WADOC 420.365 *Work Release Only* (5 pages)
 - b. WADOC 420.375 *Prisons Only* (8 pages)
 - c. WADOC 490.850 (11 pages)
- 4) First Responder Pocket Guide
- 5) CRCC List of Allegation reported during the reporting period
- 6) Interviews with the following:
 - a. Security Staff First Responders
 - b. Random Staff

Additional Documents Reviewed:

1. PREA Shift Commander Training Responders Checklist Curriculum
2. Class Roster, with Shift Commanders signature
3. Update Aggravated Sexual Assault Checklist

Findings (by Subsection):

Subsection (a)(b): CRCC reported in the PAQ that the agency does have a policy regarding the appropriate actions that should be taken by a first responder. In the past twelve (12) months there has been one hundred and sixty-four (164) allegations received, thirty (30) required the first responders to separate the victim and abuser, with one (1) where the staff was notified within a time period that allowed for physical evidence to be preserved and protected.

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 11) is the *Aggravated Sexual Assault Checklist*. The checklist contains all of the elements of this provision to include:

- Ensure that that alleged victim, accused and witnesses have been separated.
- Request the alleged victim and accused not destroy physical evidence.
- Designate an officer to secure and maintain the scene.

In a memo to the auditor, CRCC stated “WADOC requires all staff to immediately report any knowledge, suspicion, or information received regarding an allegation or incident of sexual misconduct directly and confidentially to the Shift Commander, Duty Officer or Appointing Authority, based on location. This individual will then deploy staff to respond to the allegation as indicated by incident circumstance.

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

If an offender reported an allegation of offender-on-offender sexual assault or abuse and/or staff sexual misconduct regardless of whether or not it was to a security staff member, the victim and suspect would be separated and the scene secured. The need for medical assessments would be examined depending on the scope of the allegation and mental health staff would be notified and a referral made (for both the victim and the alleged perpetrator). A request would be made to the victim that they not do anything that could destroy evidence, evidence would be collected and secure and law enforcement notified.

During the audit review period, there were one hundred and sixty-four (164) allegations received that implied offender-on-offender sexual assault/abuse or staff sexual misconduct or sexual harassment that were reported. Of these, thirty (30) were reported to a security staff member and fifty-one (51) were reported to a non-security staff member. The remaining eighty three (83) allegations were received via other methods (i.e., kite, hotline call, letter, external agency, etc.)”

This provision of the standard requires a first staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser
- Preserve and protect any crime scene until appropriate steps can be taken to collect evidence
- Request that the alleged victim not take any action that could destroy evidence
- Ensure that the alleged abuser does not take any action that could destroy evidence.

The agency’s *Aggravated Sexual Assault Checklist* states that the first responder will request that the victim and the perpetrator not to destroy physical evidence on their bodies. This is not in compliance with this standard.

During interviews with random staff, when asked to explain the steps taken if they discovered and a sexual assault occurring, security staff stated, call for back up, separate, preserve the crime scene, and call for medical. Security staff stated that would not allow the victim or perpetrator to

use the bathroom as it would destroy evidence. Although all staff can be first responders, non-security staff struggled with the steps that should be taken, however they stated that they would not allow either to destroy evidence.

Corrective Action: the agency's Aggravated Sexual Assault Checklist should be updated to include the responder will "request" the victim not to take any action that could destroy evidence and "ensure" the alleged abuser does not take actions that could destroy evidence. The facility shall educate the shift commanders on the steps they should be taken by the first responders.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision and agreed upon a plan with assigned dates of completion. On January 31, 2019, the auditor received the Shift Commander Training Curriculum that was developed for this corrective action. In addition, the auditor received the PREA Shift Commander Training on Responders Checklist Roster. Each Shift Commander attended the training and signed the roster. On January 24, 2019, the auditor received documentation that the Aggravated Sexual Assault Checklist had been updated and added to the WADOC policy. The checklist is in compliance with this standard. The facility has effectively demonstrated compliance with supporting documentation.

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? 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.

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy: WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
- 4) CRCC's table of contents for the Response Plan
- 5) Interview with the following the Superintendent

Findings (by Subsection):

Subsection (a): CRCC reported in the PAQ that the facility has developed a written instructional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators and facility leadership.

The auditor reviewed the facility plan to coordinate actions taken in response to an incident of sexual abuse. The plan includes all steps to be taken in the event there is a sexual abuse. In addition it includes who to call, including outside agencies such as law enforcement, SANE/SAFE examiners and victim advocacy.

The facility is in compliance with this 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? X Yes No

115.66 (b)

- 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.

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Collective Bargaining Agreement (CBA) Teamster
- 4) Memo from former WADOC Secretary to the Executive Leadership explaining Interest only Arbitration
- 5) Interview with the Superintendent

Findings (by Subsection):

Subsection (a)(b): CRCC reported in the PAQ that the agency has entered into or renewed a Collective Bargaining Agreement since August 20, 2012.

In a memo to the auditor, CRCC stated "WADOC functions under the interest only arbitration system as the impasse procedure for negotiations over changes in mandatory subjects of bargaining. This process has no impact on the agency's ability to remove an alleged staff abuser from contact with any offender during the course of an investigation or upon determination of whether, and to what extent, discipline is warranted."

A memo from Former WADOC Secretary explains that Interest Only Arbitration means if the Department and the Teamsters negotiate on a mandatory subject of bargaining to the point of impasse, the issues not resolved in bargaining may be presented to an independent arbitrator for final resolution.

CBA, effective July 1, 2017 through June 30, 2019 states "the employer has the authority to determine the method of conducting investigations, subject to the just cause standard." and "An employee accused of misconduct will not be removed from his/her existing work assignment

unless there is a safety/security concern, including security issues due to any allegation that involves a conflict between staff”

In an interview with the WADOC Secretary, he stated that the CBC Contract is renewed every two (2) years. The language required by this standard is contained within the CBC and the agency can remove a staff member from their post if is needed.

The facility is in compliance with this provision 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? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? 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? 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? 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? 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? X 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? X 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? X 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? X 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? X 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? X Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? X Yes No

115.67 (d)

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

115.67 (f)

- 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.

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy: WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
- 4) Directive issued April 23, 2018 regarding Monthly Retaliation Monitoring Reports
- 5) List of PREA Allegations opened in the reporting period
- 6) Samples of Monthly Retaliation Monitoring Reports
- 7) List of allegations of retaliation during the reporting period
- 8) Interviews with the following:
 - a. Superintendent
 - b. Designated Staff Member charged with Retaliation Monitoring

Additional Documents Reviewed

1. PREA Retaliation Monitoring Training Curriculum
2. Class Roster for PREA Retaliation Monitoring Training
3. Monthly Retaliation Monitoring Logs
4. Revision form 03-503

Findings (by Subsection):

Subsection (a)(b)(c)(d)(e)(f): CRCC stated in the PAQ that the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with investigations from retaliation by other inmates or staff.

WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigations* (page 6) states "Retaliation against anyone for opposing or reporting sexual misconduct or participating in an investigation of

such misconduct is prohibited. Individuals may be subject to disciplinary actions if found to have engaged in retaliation, failed to report such activity, or failed to take immediate steps to prevent retaliation.”

In a memo to the auditor, CRCC stated “Any individual who participates as a witness in a PREA investigation is provided with DOC 03-484 *Interview Acknowledgement* form. This form advises interviewees that “the department prohibits retaliation against any person because of his/her involvement in the reporting or investigation of a complaint. The Department will treat retaliation as a separated offense subject to investigative, administrative sanctions and prosecution. Any concerns regarding retaliation are to be reported to the Appointing Authority” During the audit documentation period, no reports regarding possible retaliation were received from individuals who participated as witnesses in investigations.

When an allegation of offender-on-offender sexual assault or abuse or staff sexual misconduct is reported and an investigation is initiated, retaliation monitoring begins for the reporter and the named victim. Additionally, during the audit reporting period, CRCC conducted retaliation monitoring for other facilities responsible for investigations in which the named victim was housed at CRCC. During the preparation for this audit, it was learned that CRCC maintained insufficient documentation/tracking of formal retaliation monitoring activities.

During the reporting period, CRCC received eight (8) allegations of retaliation through standard reporting procedures.”

In review of the Offender complaint log provided to the auditor, seven (7) reports of the retaliation were added to the existing case, however the facility provided no documentation to the auditor, that the allegation of retaliation was looked into. In one (1) case, it was returned as not “PREA”. In the allegation, the offender stated that he believed an officer was retaliating against him after he filed a PREA allegation against the officer the day before. The facility provided no documentation that the allegation was looked into.

The auditor reviewed all sexual abuse investigations. See below:

Case number	Opened	Allegation	Category	Finding	Retaliation Monitoring
17-16762	5/30/2017	Sexual Abuse	Inmate on Inmate	Unsubstantiated	Reviewed
17-17045	8/11/2017	Sexual Abuse	Staff on Inmate	Unsubstantiated	No Retaliation Monitoring completed
17-17046	8/11/2017	Sexual Abuse	Staff on Inmate	Unfounded	No Retaliation Monitoring completed
17-17085	8/28/2017	Sexual Abuse	Inmate on Inmate	Unfounded	Case opened less than 30 days
17-17096	9/5/2017	Sexual Abuse	Inmate on Inmate	Unsubstantiated	No Retaliation Monitoring completed
17-17111	9/7/2017	Sexual Abuse	Inmate on Inmate	Unfounded	Case opened less than 30 days
17-17142	9/14/2017	Sexual Abuse	Inmate on Inmate	Unsubstantiated	Reviewed
17-17144	9/15/2017	Sexual Abuse	Inmate on Inmate	Unfounded	Reviewed
17-17188	10/2/2017	Sexual Abuse	Staff on Inmate	Unsubstantiated	Reviewed
17-17191	10/3/2017	Sexual Abuse	Inmate on Inmate	Unsubstantiated	Reviewed

17-17410	12/19/2017	Sexual Abuse	Staff on Inmate	Pending	No Retaliation Monitoring completed
18-17519	2/2/2018	Sexual Abuse	Inmate on Inmate	Unfounded	Case opened less than 30 days
18-17521	2/5/2018	Sexual Abuse	Inmate on Inmate	Unsubstantiated	No Retaliation Monitoring completed
18-17627	3/20/2018	Sexual Abuse	Inmate on Inmate	Unsubstantiated	Case opened less than 30 days
18-17708	4/11/2018	Sexual Abuse	Inmate on Inmate	Unfounded	Case opened less than 30 days
18-17709	4/11/2018	Sexual Abuse	Inmate on Inmate	Unsubstantiated	Reviewed
18-17724	4/17/2018	Sexual Abuse	Inmate on Inmate	Unfounded	Reviewed
18-17732	4/18/2018	Sexual Abuse	Inmate on Inmate	Substantiated	Reviewed
18-17750	4/24/2018	Sexual Abuse	Inmate on Inmate	Unsubstantiated	Case opened less than 30 days
18-17912	6/6/2018	Sexual Abuse	Inmate on Inmate	Pending	No Retaliation Monitoring completed
18-17952	6/19/2018	Sexual Abuse	Staff on Inmate	Pending	No Retaliation Monitoring completed

The auditor reviewed several cases where retaliation monitoring had been completed. In the documents provided the person completing the retaliation monitoring meets with the victim, and asks if the offender is having any issues or problems. There is no indication that the facility monitored any changes to the offender's disciplinary record, housing changes or programming changes, as required by the standard. The facility provided no staff retaliation monitoring for staff members that reported sexual abuse.

Corrective Action: The facility shall develop a process to ensure that retaliation monitoring is being conducted for at least 90 days or an unfounded finding. The facility shall provide training to all staff charged with retaliation monitoring, to ensure that the staff member not only meets with the offender but looks at the disciplinary record, housing changes or programming changes that might have occurred. The facility will ensure that the retaliation monitoring and all areas reviewed are documented.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended correction action for this provision and agreed upon a plan with assigned dates for completion. On February 2, 2019, the auditor received a memo dictating a new process that was established for the PREA Compliance Specialist to monitor the retaliation monitoring, which includes keeping a log of all offenders and staff that are being monitored. On February 23, 2019, the auditor received the PREA Retaliation Monitoring Curriculum that was developed in response to the corrective action. The facility also provided the Class Roster for relevant staff that attended the training. The training curriculum discussed the PREA standard, agency policy and recommended questions to ask an offender during the offender monitoring. On May 25, 2019, the auditor received the revised 03-503 Monitoring Form. The revised form includes all elements required for retaliation monitoring. In addition, the facility sent the auditor monthly monitoring activities, documenting that retaliation monitoring is occurring at the facility. The facility has successfully demonstrated compliance with this provision of the standard.

The facility is in compliance with this provision 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? X Yes No

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy: WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessment and Assignments* (12 pages)
- 4) Interviews with the following:
 - a. Superintendent
 - b. Staff who supervise offenders in Segregated Housing

Findings (by Subsection):

Subsection (a): CRCC reported in the PAQ that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary housing unless an assessment of all available alternatives has been made and a determination has been made that there is no other alternative. The facility reported that no offenders who suffered sexual abuse were held in involuntary segregated housing.

In a memo to the auditor, CRCC stated “during the audit documentation period, a total of one hundred and forty-one (141) were named as victims of offender-on-offender sexual assault, offender-on-offender sexual abuse, and staff sexual misconduct. There was one (1) offender who was placed in segregated housing following submission of an allegation.

In review of the Victim Housing log, one (1) offender was placed in segregation as the victim feared for his safety and requested that he be placed in segregation until arrangements could be made to transfer the offender to another facility. There was one (1) offender who was placed into close observation.

During the review of the investigations, the auditor confirmed that none of the victims in the cases was placed into segregation after making an allegation. During the site review, an offender was interviewed who was housed in segregation. The offender claimed he was placed in segregation after reporting an allegation. The auditor confirmed that the offender was already in segregation when he reported the allegation.

During an interview with the facility PREA Compliance Manager, she confirmed offenders are not placed into segregation to protect the offender. Offenders can be placed into another housing unit, if the need arises.

The facility is in compliance with the provision 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).] X 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).] X 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? X 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? X Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? X Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? X 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? X 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? X 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? X Yes No

115.71 (f)

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

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? X 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? X 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? X 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).) X Yes No NA

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
 - a. WADOC 490860 Prison Rape Elimination Act (PREA) Investigation (14 pages)

- b. WADOC 420.365 Work Release Only (5 pages)
- c. WADOC 420.375 Prisons Only (6 pages)
- d. WADOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting (17 pages)
- e. WADOC 400.360 Polygraph Testing of Offenders (7 pages)
- 4) Facility Case log of all investigations opened and closed during reporting period
- 5) List of all PREA Investigators Training
- 6) List of all case Datasheets showing the assigned Investigator
- 7) Investigator Curriculum
- 8) Mutual Aid Agreement with Washington State Patrol
- 9) Appointing Authority Training Curriculum
- 10) Local Review Committee Tracking
- 11) DOC 02-383 Local PREA Investigation Review Checklist
- 12) State Record Retention Schedule
- 13) Interview with the following:
 - a. Investigator
 - b. Superintendent
 - d. PREA Coordinator
 - e. PREA Compliance Manager

Additional Documentation Reviewed:

1. PREA Related Evidence Handling Curriculum
2. Log of all custody staff with date staff attended the evidence collection training
3. Class roster sign in sheets

Findings (by Subsection):

Subsection (a): WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 2) states “The department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the department.”

During an interview with an investigator, he stated that an investigation is opened immediately. All investigations are completed in the same way, regardless of how it was reported.

The auditor reviewed all investigations during the reporting period. All investigations were opened and started within a day to of the allegation being reported.

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

Subsection (b): WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 11) states “PREA investigators will be trained in: 1) Crime Scene management/investigations, including evidence collection in Prisons and Work Releases 2) Confidentiality of all investigation information 3) Miranda and Garrity warnings, compelled

interviews, and the law enforcement referral process 4) Crisis intervention 5) Investigating Sexual Misconduct 6) techniques for interview sexual misconduct victims and 7) Criteria and evidence required to substantiate administrative action or prosecution referral.”

In a memo to the auditor CRCC stated “When sexual abuse is alleged, only the staff that have completed specially designed investigator training is assigned to investigate. If an investigation is under the responsibility of an appointing authority other than the facility Superintendent or is an investigation of a sensitive nature, the investigation may be assigned to a trained investigator outside the facility.

Investigators within the WADOC are trained to complete reports detailing all facts available regarding a PREA Allegation. In order to ensure neutrality and consistency in sanction application, the investigator remains separate from the finding process. The finding process employed is as followed:

- The assigned investigator submits the investigation report to the Appointing Authority to review for completeness.
- Once the investigation is determined to be complete, the Appointing Authority reviews evidence, witness testimony, and prior complaints and reports of sexual misconduct.
- The Appointing Authority determines if the allegations are substantiated, unsubstantiated, or unfounded based upon a preponderance of the evidence.

Appointing Authorities are required to complete PREA training specific to their role. They are also required to complete the same training provided to all PREA Investigators, to ensure a thorough working knowledge of the investigation process.”

During an interview with an investigator, he stated that he has completed general PREA training, as well as special training for investigators.

During the review of the investigations, the auditor confirmed that all investigators who completed an investigation did have general PREA training and had attended the specialized training for investigators.

Subsection (c): In a memo to the auditor, CRCC stated “CRCC has available documentation of evidence control and handling of the one (1) investigation that involved a forensic medical examination. However, while preparing for this audit, it was learned that other items such as video, letters, etc. were not handled or controlled as evidence.”

Corrective Action: The facility will develop training in evidence management and ensure all staff receives the training.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision and agreed upon a plan with assigned dates. On June 17, 2019, the facility provided the auditor with the curriculum for PREA-Related Evidence Collection training. The training provides excellent details on evidence collection. The facility provided a log of all custody staff depicting the date in which they attended the training, in addition the class roster was provided for each day the training was conducted. The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation.

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

Subsection (d): In a memo to the CRCC stated “all PREA allegations that appear to be criminal in nature are referred to local law enforcement or the Washington State Patrol for criminal investigation as per DOC Policy 490.860 *Prison Rape Elimination Act (PREA) Investigation*. Referrals are documented utilizing DOC Form 03-505 *Law Enforcement Referral of PREA Allegation*. Subsequently referrals for prosecution are made by the responding law enforcement agency. WADOC investigators will only conduct compelled interviews after the local law enforcement or the Washington State Patrol have completed their investigation; or if they have declined to investigate.”

This was confirmed during an interview with an investigator, he stated that on cases that are criminal in nature, he must wait for law enforcement to complete their investigation.

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

Subsection (e)(f): In a memo to the auditor, CRCC stated Investigators within the WADOC are trained to complete reports detailing all facts available regarding a PREA Allegation. In order to ensure neutrality and consistency in sanction application, the investigator remains separate from the finding process. Once the investigation is determined to be complete, the Appointing Authority reviews evidence, witness testimony, and prior complaints and reports of sexual misconduct. The Appointing Authority also assesses the credibility of all witnesses involved in the investigation and detail justification for the finding sheet included with each report.

During the investigation review process, Appointing Authorities informally review standard elements. If the investigation involved an allegation of offender sexual assault or abuse or staff sexual misconduct and results in a substantiated or unsubstantiated finding, a formal local review process is implemented, formally documenting the review of these elements. Once the review is complete, the decisions of the review committee are documented on WADOC form 02-383 *Local PREA Investigation Review Checklist*.”

The auditor confirmed this process, during an interview with the Superintendent. The auditor reviewed all investigations and confirmed that all substantiated and unsubstantiated cases did include a *Local PREA Investigation Review Checklist*, which was completed within thirty (30) days of the closure of the investigation.

During an interview with an investigator, he confirmed that he investigates the allegation but does not participate in the finding. The finding is determined by the Appointing Authority.

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

Subsection (g)(h): In a memo to the auditor, CRCC stated “all PREA allegations that appear to be criminal in nature are referred to local law enforcement or the Washington State Patrol for criminal investigation as per DOC Policy 490.860 *Prison Rape Elimination Act (PREA) Investigation*. Referrals are documented utilizing DOC Form 03-505 *Law Enforcement Referral of PREA Allegation*. Subsequently referrals for prosecution are made by the responding law enforcement agency. WADOC investigators will only conduct compelled interviews after the local

law enforcement or the Washington State Patrol have completed their investigation; or if they have declined to investigate.

WADOC does not have statutory authority to conduct criminal investigations as no staff members are authorized for law enforcement certification. As a result, WADOC conducts only administrative Investigations. Criminal investigations are referred to law enforcement officials as follows:

- Referral to city law enforcement if the facility is within the city limits
- Referral to county law enforcement officials if
 - The facility is not within city limits, or
 - City law enforcement has declined the referral for facilities within city limits and the facility wishes to pursue the matter further

The only state entity that would conduct criminal investigations is the Washington State Patrol. Referral to the State Patrol will occur only after the investigation has been decline by local law enforcement. No Department of Justice component conducts investigations within WADOC.

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 WADOC PREA investigation process is posted on the agency's public website."

During the documentation period one (1) allegations was referred law enforcement officials; however due to the alleged victim declining to press charges, this case was not forwarded to the Franklin County prosecutor's office. The auditor reviewed the police report and confirmed that the case was referred and closed out due to the offender's written statement that he did not want to file charges against the perpetrator.

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

Subsection (i): CRCC reports that WADOC has the following record retention system as follows:

- A designee of the applicable Appointing Authority maintains all hard copy investigation reports for a period of five years.
- The agency PREA Unit maintains electronic versions of all investigative reports. These are maintained on a secure server and are organized according to the year the investigation was closed.
- The electronic records are maintained for period of fifty (50) years according to state record archive requirements.
- At the end of the retention period, all electronic records will be reviewed for employment an incarceration status prior to destruction.

This was confirmed during an informal discussion with the WADOC PREA Coordinator. All investigations are maintained on a secured server as well as hard copies are maintained.

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

Subsection (j): WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 2) states "Investigations will be completed even if the offender is no longer under the Department

jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department.”

This was confirmed during an interview with the WADOC Secretary, he confirmed that investigations are completed regardless if the offender has left the custody of the department.

During the review of the investigations, several notifications to the victim could not be made as there was no forwarding address in which to send the notification, which also confirms that the investigation was continued even after the offender, was released from WADOC custody.

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.

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy: WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
- 4) Appointing Authority Curriculum regarding level of proof for investigations
- 5) Interview with the following: Superintendent

Findings (by Subsection):

Subsection (a): WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 4) states “For each allegation in the report the Appointing Authority will determine whether the allegation is: (1) substantiated: the allegation was determined to have occurred by a preponderance of the evidence.”

In a memo to the auditor, CRCC stated investigators within the WADOC are trained to complete reports detailing all facts available regarding a PREA allegation. In order to ensure neutrality and consistency in sanction application, the investigator remains separate from the finding process. The finding process is as follows:

- The assigned investigator submits the report of investigation to the Appointing Authority to review for completeness.
- Once the investigation is determined to be complete, the Appointing Authority reviews evidence, witness testimony and prior complaints/reports of sexual misconduct. The Appointing Authority also assesses the credibility of all witnesses involved in the investigation.
- The Appointing Authority determines if the allegations are substantiated, unsubstantiated or unfounded based on a preponderance of the evidence.

Appointing Authorities are required to complete training specific to their role as a decision maker in these investigations. They are always required to complete investigator training, the same training provided to all PREA investigators, to ensure a thorough working knowledge of the investigation process.

A review of the Superintendent’s training record indicates that he has attended the specialized investigator training and the training for Appointing Authorities. The training curriculum was reviewed and it states, “No standard higher than preponderance of evidence is to be used in determining whether allegations are substantiated.”

The facility is in compliance with this provision 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? X 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.) X 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? X 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? X 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? X 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? X 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? X 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? X Yes No

115.73 (e)

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

115.73 (f)

- 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.

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy: WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (17 pages)
- 4) Closed Case datasheet highlighting verification of offender victim notification.
- 5) Memo from the Deputy Director regarding closure of cases prior to receiving all documentation
- 6) Interviews with the following:
 - a. Superintendent
 - c. Investigative Staff

Findings (by Subsection):

Subsection (a): CRCC reported in the PAQ, the agency does have a policy requiring that any inmate who makes an allegation that he or she suffered will be informed whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation. The facility reported there have been fifty-eight (58) closed investigations and there have been forty-five (45) notifications. The remaining thirteen (13) did not have a known victim.

WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 3) states "The Appointing Authority/designee of the facility where the offender is housed will inform the offender of the findings in person, in confidential manner."

In a memo to the auditor CRCC stated, "WADOC policy requires the named offender victim is notified in person, in a confidential manner or in writing if the offender has been released. How the offender is notified and by whom is documented on DOC 02-378 *Investigative Finding Sheet*."

Criminal Investigations are conducted by law enforcement officials at either the city or county level, depending on the location of the facility. Additionally the Washington State Patrol can be contacted to conduct or assist with a criminal investigation. Any criminal investigation conducted by a law enforcement entity is forwarded to the Appointing Authority responsible for the investigation. The Appointing Authority, in consultation with law enforcement officials, will also ensure an administrative investigation is completed. The Appointing Authority will then determine investigation findings based on evidence, witness testimony, prior complaints/reports, and witness credibility. These findings are documented on the investigative finding sheet along with documentation of notification to the victim offender.

CRCC stated during the audit documentation period a total of fifty-eight (58) investigations were closed. Of these, one (1) criminal investigation was conducted. Victim offenders were notified in forty-five (45) of the cases. In thirteen (13) cases where the victim was not notified, it was due to no victim being identified during the investigation.”

The auditor reviewed fifty-six (56) investigations. Documentation that the victim was notified was reviewed in thirty-three (33) cases. It was confirmed that in thirteen (13) cases the victim was unknown, nine (9) cases did not have documentation of the notification and one (1) offender had been released with no forwarding address.

Prior to the issuance of the Interim Audit Report, the facility had provided documentation of the victim notification in all requested cases. During the pre-audit phase an issue was discovered that investigations were being closed out prior to receiving a copy of the victim notification. On September 17, 2019 the Deputy Director sent an email to the Triage Team and advised them not to close out investigation until all victim notifications had been received from the facility.

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

Subsection (b): WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 3) states “All allegations that appear to be criminal in nature will be referred to law enforcement for investigation....”

During the review of investigations, one (1) case did not have victim notification, when the auditor inquired about the notification, it was stated that the investigation was conducted by another department. The victim notification would have been sent by another Appointing Authority. Per this provision of the standard, “if the agency did not conduct the investigation, it shall request the relevant information for the investigative agency in order to inform the inmate.”

Prior to the issuance of the Interim Audit Report, the facility had provided documentation of the victim notification in all requested cases. During the pre-audit phase an issue was discovered that investigations were being closed out by the PREA Unit prior to receiving a copy of the victim notification. On September 17, 2019 the Deputy Director sent an email to the Triage Team and advised them not to close out investigation until all victim notifications had been received from the facility.

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

Subsection (c)(d)(e)(f): WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation*, states “The Department will make the following notifications, in writing, to alleged victims until they are no longer under the Department jurisdiction:

1. Offender-on-Offender Allegations of Sexual Assault or Abuse
 - a. 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.
 - b. The PREA Coordinator/designee will track all cases and make the required notifications.
2. Substantiated/Unsubstantiated Allegations of Staff Sexual Misconduct against employees
 - a. The alleged victim will be notified:
 1. When the accused employee is no longer regularly assigned to the offender’s housing unit,
 2. When the accused employee is no longer works at the same facility as the offender and
 3. If the department learns that the accused employee has been indicted on or convicted of any charge related to staff misconduct within the facility.
 - b. The Appointing Authority/designee will track all cases, make required notifications, and forward copies to the PREA Coordinator.

In a memo to the auditor, CRCC stated “All post investigation notifications are tracked and the entry moved to an inactive portion of the tracking document if the offender is released, the offender is deceased, the staff member is no longer employed by the agency, etc. Due to staff offices not being able to be accessed the documentation of all applicable notifications to provide to offenders regarding staff sexual misconduct investigations will be retrieved and presented to the auditors while on site.”

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?
X 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)? X 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? X Yes No

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
 - a. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
 - b. WADOC 490.860 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17) pages
 - c. WADOC 450.050 *Prohibited Contact* (5 pages)
- 4) RCW 72.09.225 State Law regarding Custodial Sexual Misconduct

- 5) WAC 357.40.010 regarding Disciplinary Actions Appointing Authority may take for just cause
- 6) Memo from WADOC Secretary regarding WADOC Disciplinary Processes and presumptive discipline
- 7) Case Datasheet detailing all investigations involving employees during the reporting period

Findings (by Subsection):

Subsection (a)(b)(c)(d): WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 2) 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”

WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigations* (page 8) states “Employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies.”

WAC 357-40-010 states “An Appointing Authority may dismiss, suspend without pay, demote, or reduce the base salary of a permanent employee under his/her jurisdiction for just cause.”

A memo from WADOC Secretary to the auditor states “Agency Human Resource policies do not specify termination as a presumption discipline in instances of sexual abuse. However RCW 72.09.225 “Sexual Misconduct by state employees, contractors” states in relevant part: “The Secretary shall immediately institute proceedings to terminate the employment of any person: (a) who is found by the department, based on preponderance of evidence, to have had sexual intercourse or sexual contact with the inmate; or (b) Upon a guilty plea or conviction for any crime specified in Chapter 9A.44 RCW when the victim was an inmate.”

In a memo to the auditor, CRCC stated during the audit documentation period, there were no substantiated investigations involving agency employees. However, had a substantiated investigation occurred, the Appointing Authority would have followed agency policies and disciplinary sanctions, up to and including dismissal would be imposed.

This was confirmed by the auditor during the review of the investigations, reported during the documentation period. It was also confirmed during an interview with the Superintendent that if a substantiated case occurred the staff member would face disciplinary action, which could include dismissal.

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
 - a. WADOC 450.050 *Prohibited Contact* (5 pages)
 - b. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
- 4) RCW 72.09.225
- 5) Memo Regarding Volunteer Background checks date 5-8-2017
- 6) CRCC Staff Database, detailing all investigation involving contractors or volunteers
- 7) Interview with the following: Superintendent

Findings (by Subsection):

Subsection (a)(b): WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 2) 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”

WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigations* (page 8) states “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 violation of Department PREA policies, appropriate action will be taken (1) for contract staff terminations.” and

“When a substantiated allegation is criminal in nature, the Appointing Authority/Designee will notify: 1) law enforcement, unless such referral was made previously during the course of the investigation and 2) relevant licensing bodies.”

A memo from WADOC Secretary to the auditor states “Agency Human Resource policies do not specify termination as a presumption discipline in instances of sexual abuse. However RCW 72.09.225 “Sexual Misconduct by state employees, contractors” states in relevant part: “The Secretary shall immediately institute proceedings to terminate the employment of any person: (a) who is found by the department, based on preponderance of evidence, to have had sexual intercourse or sexual contact with the inmate; or (b) Upon a guilty plea or conviction for any crime specified in Chapter 9A.44 RCW when the victim was an inmate.”

In a memo to the auditor, CRCC stated “during the documentation period, there have been no substantiated investigations involving agency employees. However, had a substantiated investigation occurred, the Appointing Authority would have followed agency policies and disciplinary sanctions, up to and including dismissal would be imposed.”

During the review of the investigations, the auditor confirmed that there were no substantiated cases against a contractor or volunteer. It was confirmed during an interview with the Superintendent that if a substantiated case occurred, the security clearance of the contractor or the volunteer would be pulled and the contractor or volunteer would not be allowed on facility grounds.

The facility is in compliance with this provision 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? X 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? X 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? X 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? X 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? X 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? X 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.) X 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

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Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
 - a. WADOC 460.000 *Disciplinary Process for Prisons* (15 pages)
 - b. WADOC 460.050 *Disciplinary Sanctions* (6 pages)
 - c. WADOC 460.135 *Disciplinary Procedures for Work Release* (10 pages)
 - d. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
 - e. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
- 4) WAC 137.28 Prison Discipline
- 5) WAC 137.28-360 Sanctions and Mental Status
- 6) CRCC 2017 Database
- 7) Interviews with the following:
 - a. Superintendent
 - b. Medical and Mental Health Staff

Findings (by Subsection):

Subsection (a)(b)(c)(d)(e)(f)(g): CRCC stated in the PAQ that offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative find that an inmate engaged in inmate-on-inmate sexual abuse. The facility reported there have been two (2) offender on offender sexual harassment cases; the accused received a disciplinary report.

WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 9) states “for substantiated allegations against an offender, an infraction must be written against the perpetrator for the applicable violation listed”

WADOC 460.050 *Disciplinary Sanctions* (page 2) states “The offender’s disciplinary record, prior conduct, mental status, overall facility adjustment and employee/contract staff recommendations may be considered.”

WAC 137.28.360 *Sanctions and Mental Status* states “In determining an appropriate sanction, the hearing officer should consider the inmate’s mental health and his/her intellectual, emotion and maturity levels and what effect a particular sanction might have on the inmate in light of such factors. The hearing officer may request the assistance of other department staff, including mental health staff, in determining appropriate sanctions.”

In a memo to the auditor, CRCC stated WADOC policy allows for offenders to be found guilty of infractions:

- 635- Committing a Sexual Assault against another Offender
- 637- Committing Sexual Abuse against another Offender
- 659- Committing Sexual Harassment against another Offender

Violations may be sanctioned to a Multi-Disciplinary Facility Risk Management Team for consideration of available interventions (e.g., mental health therapy, sex offender treatment program or anger management). This sanction was not imposed on an offender during this audit period.

WADOC policy prohibits offenders from being disciplined for a report made in good faith, indicating that this does not constitute providing false information, even if the investigation does not establish sufficient evidence to substantiate an allegation

WADOC policy defines PREA-related prohibited behaviors. Consensual sexual activity between offenders is not included in the definitions. Such activity is prohibited by regulation, but is not considered PREA related unless there is a determination that coercion has occurred in which case the allegation would be investigated as offender–on–offender sexual assault.

During the review of the investigations, the auditor confirmed that two (2) offenders received a misconduct report for sexual harassment.

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.)
X 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.)
X 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? X 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? X 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? X Yes No

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
 - a. WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (12 Pages)
 - b. WADOC *Mental Health Services* (12 pages)
 - c. WADOC 610.025 *Health Services Management of Offender in cases of Alleged Sexual Misconduct* (8 pages)
 - d. WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (17 pages)
- 4) List of Offenders who indicated "yes" to applicable questions on the PREA Risk Assessment
- 5) Samples of Form 13-509 PREA Mental Health Notification who declined a follow up
- 6) Samples of Form 13-509 PREA Mental Health Notification who requested a follow up
- 7) Health Information Management Protocols
- 8) ITJS Samples
- 9) Samples of Sign Consent Forms 13-035 Authorization for Disclosure of Health Information
- 10) Interviews with the following:
 - a. Staff responsible for conduct Screening
 - b. Inmates who disclosed sexual victimization at Risk Screening

Additional Documents Reviewed:

1. Memo regarding the established process
2. Monthly tracking logs (February-May 2019) with supporting documentation

Findings (by Subsection):

Subsection (a)(b): WADOC 490.820 *Prison Rape Elimination Act (PREA) Risk Assessments and Assignments* (page 7) states "At the time the PREA is completed, Classification Counselors will complete referrals for mental health services using DOC 13-509 *PREA Mental Health Notification* if the screen indicates that the offender has perpetrated sexual abuse and/or has experienced prior sexual victimization, whether in an instructional setting or in the community." and

“The referring employee will ask the offender if s/he wishes to meet with a mental health provider as a result of the PRA information and will document the offender’s response on the DOC 13-509 *PREA Mental Health Notification*.”

In a memo to the auditor, CRCC stated WADOC completes PREA Risk Assessments in the OMNI. If the offender scores yes for any of the applicable identified questions, the individual completing the assessment completes a 13-509 *PREA Mental Health Notification* form, documenting whether the offender wishes a follow up meeting with a mental health practitioner. If the offender declines, the declination is documented and a copy of the notification form is filed in the offender’s health record. If the offender indicates that he wished to be seen by mental health, the notification form is forwarded to Health Services for scheduling within 14 days of the assessment. The practitioner will document on the form when the offender was seen and send the form, and is maintained in the offender’s health record.

The auditor reviewed fifty-eight (58) offenders from the list of offenders who disclosed sexual victimization or perpetrating sexual abuse and requested behavioral health which stated they wanted to see mental health. There were nine (9) (15 %) offenders that were not seen within the fourteen (14) days.

Corrective Action: the facility will develop a process to ensure that offenders wishing to see behavioral are scheduled within 14 days.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision and agreed upon a plan with assigned dates for completion. On March 9, 2019, the auditor received a copy of the process that had been established based on the corrective action. In addition, during the corrective action period, documentation was received and reviewed monthly of offenders who requested mental health and documentation that the offender had been seen within the required time frame. The facility has effectively demonstrated compliance during this period of corrective action and has provided supporting documentation.

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

Subsection (c): This provision applies only to Jail facilities. WADOC does not operate jail facilities.

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

Subsection (d)(e): WADOC 490.800 *Prison Rape Elimination Act (PREA) Prevention and Reporting* (page 2) states “Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation

WADOC 610.025 *Health Services Management of Offenders in cases of Alleged Sexual Misconduct* (page 2) states “Medical and mental health practitioners will obtain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

Health Information Management Protocols states “Health Services, and Health Services staff shall act with integrity and professional responsibility to: (a) Ensure that health information is maintained properly; this is personal and sensitive information that if improperly used or released may do significant harm to the patient’s privacy....(c) ensure that health information is not improperly disclosed and that there are clear and certain rules for the disclosure of health information in order to retain the full trust and confidence of patients.”

In a memo the auditor, CRCC stated WADOC procedures regarding the limited sharing of information related to sexual victimization or abuse that occurred in an institutional setting:

- All health information related to the evaluation and subsequent follow up care will be confidential. Information will be disclosed per the Health Record Guidelines (610.25 VI C)(DOC 640.020 I C 2)
- Health Services will disseminate specific information concerning an offender’s health status to other facility employee/contact staff only when the Health Authority has determined it is essential for management of the offender’s health and safety.

During an interview with mental health staff, she confirmed that all information received during follow up care is strictly confidential. She must obtain a signed consent form to discuss any of the information.

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
 - a. WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
 - b. WADOC 600.000 *Health Services Management* (10 pages)
 - c. WADOC 600.025 *Health Care Co-Payment Program* (3 pages)
 - d. WADOC 610.300 *Health Services for Work Release Offenders* (3 Pages)
- 4) Aggravated Sexual Assault Checklist and hospital documentation
- 5) Hospital bill documenting the offender was not required to pay
- 6) Interviews with the following:
 - a. First Responders
 - b. Medical and Mental Health
 - c. Inmates who reported Sexual Abuse

Findings (by Subsection):

Subsection (a)(b)(c)(d): WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (page 6) states “Forensic exams will be performed only at designated health care facilities in the community by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. If SAFE/SANE is not available, the examination can be performed by a qualified medical practitioner.”

WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (6 page) states “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 Health Services Management of Offender in Cases of Alleged Sexual Assault.” and “All medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender”

WADOC has developed partnerships with identified community health care facilities and sexual assault programs for the provision of designated services and support. Administrators from CRCC have met with community hospital administrators to develop procedures and agreements in advance of the need for any forensic medical examination. The agency has also issued directives to the Health Services staff regarding actions to be taken in the event a SAFE/SANE is not available at designated facilities. CRCC is partnered with Peace Health Vancouver and the YWCA of Clark County.

WADOC has established an Interagency Agreement with the Department of Commerce Office of Crime Victims Advocacy. The purpose of this agreement is to provide advocacy services in furtherance of the DOC’s compliance with the Prison Rape Elimination Act (PREA). The services provided include crisis intervention, assessment of needs, referrals to additional resources, medical advocacy and legal advocacy. Medical advocacy includes accompaniment to medical forensic exam, explanation of the exam proceeding, presence and support for incarcerated individuals who have undergone a sexual assault forensic medical exam during investigatory interviews, depositions and other legal proceedings.

The statewide Offender Handbook states “Offenders will not be charged for any immediate or ongoing medical and mental health care related to a PREA allegation. Medical care will address any injuries that happened as a result of abuse or assault and may also include emergency contraception and tests for and/or treatment of sexually transmitted infections. Mental Health providers will help you address trauma, stress, and any other issues you may have experienced as a result of sexual misconduct.”

In a memo to the auditor, CRCC stated there was one (1) instance during the reporting period in which a SANE/SAFE examination was required. Offenders who meet with SANE/SAFE nurses in the community are provided with information regarding emergency contraception and sexually transmitted infections prophylaxis, which is follow up by facility health services personnel.

During an interview with medical staff, it was stated that an offender would be checked out by facility staff, and immediately transported to the local hospital. Medical Staff are not trained or qualified to perform a SANE/SAFE exam at the facility.

The auditor reviewed the Aggravated Sexual Assault Checklist and corresponding health service documentation. A forensic examination was performed at the Kadlec Hospital. The offender was offered to have an advocate be present with him, however he declined, the offender was also offered mental health and he declined. The offender was offered information regarding sexually transmitted infections prophylaxis. The offender was not required to pay for the visit.

The facility is in compliance with the provisions of this 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? X 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? X Yes No

115.83 (c)

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

115.83 (d)

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

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? X 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? 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.) 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

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Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
 - a. WADOC 490.850 *Prison Rape Elimination Act (PREA) Response* (11 pages)
 - b. WADOC 600.000 *Health Services Management* (10 pages)
 - c. WADOC 600.025 *Health Care Co-Payment Program* (8 pages)
 - d. WADOC 610.300 *Health Services for Work Release Offenders* (8 pages)
 - e. WADOC 610.025 *Health Services of Offenders in cases of Alleged Sexual Misconduct* (8 pages)
 - f. WADOC 630.500 *Mental Health Services* (12 pages)
- 4) Interviews with the following:
 - a. Medical and Mental Health
 - b. Inmate who reported a sexual abuse

Additional Documents Reviewed:

1. Shift Commander PREA Training Curriculum
2. Class Rosters of Shift Commanders who attended the training
3. Monthly tracking logs of all medical referrals for the month (February-May 2019)

Findings (by Subsection):

Subsection (a)(b)(c)(f)(g): WADOC *Prison Rape Elimination Act (PREA) Response* (page 10) states “Offenders housed in facilities with onsite health services will received timely access to medical and mental health services per DOC 610.025 *Health Services of Offenders in Cases of Alleged Sexual Misconduct*.”

WADOC 610.025 *Health Services of Offenders in Cases of Alleged Sexual Misconduct* (page 3) states “When an offender reports that he has been a victim of sexual misconduct, he will be offered medical and mental health treatment services...”

WADOC 600.000 *Health Services Management* (page 2) states “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 (PREA) Prevention and Reporting* will be provided at no cost to the offender”

The Statewide Offender Handbook states “Victims will receive immediate emergency and ongoing medical, mental health and support services as needed” and “Offenders will not be charged for any immediate or ongoing medical and mental health care related to a PREA allegation.

CRCC stated when an allegation is reported to the Shift Commander, the offender is referred to medical as necessary and asked if they want to see a mental health provider. This is documented in the *PREA Response and Containment Checklist*. Mental Health referrals are made by use of the DOC 13-508 *PREA Mental Health Notification* form, which also documents the offender’s declination of services if applicable.

In a memo to auditor, CRCC stated while preparing for the audit it was discovered that there is no documentation for referral for a medical examination evaluation. There were two (2) cases that did not have documentation for mental health referrals. A new process will be developed and training will be completed for shift commanders.

In addition, the following mental health process has been implemented to ensure continuity of care for the offenders:

- The Primary Therapist will develop and implement a treatment plan consistent with the OHP, if as medically appropriate. In the event the patient is scheduled for transfer or release prior to completion of the treatment plan, the primary therapist will offer release planning services per mental health services policy.

- For patients who are releasing and who are screened as eligible for Department of Social and Health Services benefits, a Behavioral Health Discharge Summary will be completed and uploaded in SharePoint.
- The primary therapist or social worker will document referral efforts and results via a 13-0-435 Primary Encounter Report entry in the patient's medical record.
- For S3(current, active symptoms of mental illness, moderate severity with some noted problems with functioning) cases being referred to another DOC Facility, the Primary Therapist and Psychologist 4 will complete and distribute the 13-465 transfer form.

CRCC has had no offender's release that was eligible for Department of Social and Health Services benefits therefore no Behavioral Health Discharge Summaries were completed during this documentation period.

Any offender in partial or total confinement alleging sexual assault, sexual abuse, and/or staff misconduct will be referred to a health care provider to evaluate any injury and provide treatment and follow up care. The offender will be provided medical and mental health treatment services that are clinically indicated based upon evaluation.

Agency policy prohibited the charging of offenders for co-pays for any medical and/or mental health care services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Response.

The auditor did not review referrals for medical examination evaluation. During the investigations review, the auditor reviewed mental health referrals with documentation of declination or follow up. There were two (2) cases where no behavioral health was offered.

Corrective Action: The facility shall develop a process to ensure that medical examination evaluations and treatment for all inmates who have been victimized by sexual abuse.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision of the standard and agreed upon a plan with assigned dates for completion. On February 12, 2019, the auditor was provided the Shift Commander PREA Training Curriculum that was developed in response to this corrective action. The auditor also received the Class Roster of all Shift Commanders that attended the training. In addition, the auditor reviewed all referrals for medical examination evaluations completed or documentation that there were no referrals, during the corrective actions period. The facility has effectively demonstrated compliance with this provision of the standard.

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

Subsection (d)(e): WADOC 610.025 *Mental Health Services Management of Offenders in cases of Alleged Sexual Misconduct* (page 6) states "Mental Health professionals will attempt to conduct a mental health evaluation with 60 days of receiving the information for all offenders who have been identified as the perpetrator in substantiated allegations of sexual assault and/or sexual abuse, both within the Department and from other jurisdictions unless one has already been conducted for the specific allegation."

CRCC houses only adult male offenders. This provision of the standard would not apply.

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

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? X Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? X 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? X 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? X 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? X 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? X Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? X Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? X 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?
X Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy: WADOC 490860 Prison Rape Elimination Act (PREA) Investigation (14 pages)

Findings (by Subsection):

Subsection (a)(b)(c)(d)(e): WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 8) states "for each substantiated or unsubstantiated finding of offender-on-offender sexual abuse and staff misconduct, the Appointing Authority/designee will convene a local PREA Review Committee to examine the case." and "the committee will meet every 30 days, or as needed"

"The committee will be multidisciplinary and include facility management, with input for supervisors, investigator and/or medical/mental health practitioners."

In a memo to the auditor CRCC stated at Coyote Ridge Corrections Center, the Local Review Committed is scheduled by the PREA Compliance Specialist as needed in response to completed

investigations, within thirty (30) days of the findings made by the Appointing Authority. The committee is generally made up of the following individuals:

- Superintendent
- PREA Compliance Manager
- Captain
- Mental Health Practitioner
- Medical Practitioner
- Correctional Unit Supervisor
- PREA Compliance Specialist

CRCC recently revised the processes to include the case investigator in these meetings.

Elements required by the standard are documented in DOC form 02-383 *Local PREA Investigation Review Checklist*. The form is reviewed and signed by the Appointing Authority and any identified action items are implemented and tracked as applicable.

The auditor reviewed DOC form 02-383 *Local PREA Investigation Review Checklist* all elements of this standard were included on the form to which includes:

- A need for change in policy or practice
- Was the incident motivated by Race
- Assess whether physical barriers in the area enabled the abuse
- Assess adequate staffing levels
- Assess whether video monitoring should be deployed

The form indicates the date it is submitted to the PREA Coordinator.

During an interview with the Superintendent he stated that an incident review is completed on each investigation that is not unfounded. He stated that the team is made up of the Superintendent, medical/mental health, and the PREA Compliance Manager. A member of the review team was interviewed and it was stated they usually have the meetings once a month after an investigation has been completed. It was stated that the Superintendent heads the meeting and they discuss things such as facility type, location, custody response, litigation, department risk, safety and security, race, gang related or if LGBTI motivated. This was also confirmed during an interview with the PREA Compliance Manager.

The auditor reviewed all the investigations that were alleged during the reporting period. A sexual abuse incident review was completed within thirty (30) days of the finding. The facility not only completes the review for unsubstantiated case but completes the review for unfounded cases as well.

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

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? X Yes No

115.87 (b)

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy: WADOC 490.860 Prison Rape Elimination Act (PREA) Investigator (14 pages)
- 4) 2016 SSV

Findings (by Subsection):

Subsection (a)(b)(c)(d)(e)(f): WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 12) states "Data will be aggregated at least annually and include available information from investigation reports and incident review committees, as well as from each private facility contracted to confine or house Department offenders."

WADOC has established a PREA allegation and case database with OMNI. This system allows for the standardized collection of the following data elements:

- Case Outcomes and sanctions
- Accused (gender, race, age, height, weight) if the accused is an offender
- Investigation participants (witnesses, victim, accused, and reporter)
- Source of allegation
- Location
- Date allegation was received
- Date and time of the incident
- Type of Allegation
- Individual reporting the information
- Date and time reported
- Who the information was reported to

- Incident description
- Investigation Finding
- Alleged Victim (gender, race, age, height, weight) if the victim is an offender
- Referral (Law Enforcement, prosecution, licensing body)
- Disposition of Referral (Law Enforcement, prosecution, licensing body)
- Case notes

The Annual Agency PREA report from the previous calendar year, including identified agency and facility level issues and corresponding action/strategic plans and is accessible on the website. These reports contain both agency level and facility specific accurate and uniform data for every allegation of sexual misconduct for each calendar year.

The auditor did review the website and all reports and audits are accessible on the agency website. The agency completed and submitted the 2016 Sexual Victimization Survey to the Department of Justice.

The facility is in compliance with the provisions of this 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? X 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? X 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? X 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 X 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? X 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? X Yes No

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy: WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigator* (14 pages)

Findings (by Subsection):

Subsection (a)(b)(c)(d)(e)(f): WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (page 12) states "The PREA Coordinator will generate an annual report of findings. 1) The report will include:

- a. An analysis of PREA prevention and response for the Department and for each facility, including high-level summary information and detailed facility data analysis.
 - b. Findings and corrective actions at each facility and Department levels
 - c. An assessment of the Department's progress in addressing sexual misconduct, including a comparison with data and corrective actions from previous years
- 2) The report requires the Secretary's approval. Approved reports will be available to the public through the Department's website.

- a. Information may be redacted from the report when publication would present a clear and specific threat to facility security, but the report must indicate the nature of the material redacted.

In a memo to the auditor, CRCC stated the Annual Agency PREA report from the previous calendar year, including identified agency and facility level issues and corresponding action/strategic plans, are accessible <http://www.wa.gov.corrections/prea/resources>. Reports beginning with calendar 2013 are also available. None of the reports to date include information that has been redacted due to safety and security.

The auditor did review the website and all reports and audits accessible on the agency website. The agency completed and submitted the 2016 Sexual Victimization Survey to the Department of Justice.

The facility is in compliance with the provisions of this 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? X 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? X Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? X 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? X 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.

Evidence Reviewed (documents, interviews, site review):

- 1) Coyote Ridge Corrections Center (CRCC) completed Pre-Audit Questionnaire
- 2) Memo to the Auditor
- 3) Policy:
 - a. WADOC 280.310 *Information Technology Security* (7 pages)
 - b. WADOC 280.515 *Electronic Data Classification* (5 pages)
 - c. WADOC 490.860 *Prison Rape Elimination Act (PREA) Investigation* (14 pages)
- 4) OMNI PREA access table
- 5) WADOC Public Website
- 6) Records Retention Schedule

Findings (by Subsection):

Subsection (a)(b)(c)(d): WADOC 280.310 *Information Technology Security* (page 2) states "Department Information Technology (IT) resources are Department property, and the Department is obligated to protect them. The Department will talk physical and technical precautions to prevent misuse, and accidental damage to IT resources, including equipment and data. IT use and access must follow state law, regulations, and the Department policies and IT Security Standards"

In a memo to the auditor, CRCC stated the following systems are in place to ensure restricted access to all PREA Allegations, investigation, and related data within the WADOC:

- All allegations are reported via the Incident Management Report System (IMRS) within the Offender Management Network Information (OMNI) system. Access to any IMRS regarding PREA is restricted and confidential a limited to only those staff with a need to

know. Access to this system is reviewed by the agency's Emergency Operations Administrator to ensure access is essential to PREA related responsibilities.

- The PREA database within OMNI is the primary source of information regarding allegations and investigations. Access is limited to:
 - Agency Executive administrators
 - Appointing Authorities
 - Facility staff to include Associate Superintendents, Captains, Human Resource, Shift Commander, Intelligence and Investigation Chiefs, and staff designated to manage investigations within the facility
 - Identified Information Technology staff responsible for system maintenance

All access is reviewed and approved at the Headquarters level to ensure compliance with established restricted access parameters.

All investigative reports, hotline call recordings, and related allegation information is maintained with an access-restricted drive. Access to the drive is limited to the agency PREA Unit who is responsible for managing all allegations and maintaining related information.

Annual Agency PREA report from the previous calendar year, including identified agency and facility level issues and corresponding action/strategic plans, are accessible at <http://www.wa.gov.corre4ctions/prea/resources.htm#reports>. Reports beginning with calendar 2013 are also available. None of the reports to date include information that has been redacted due to safety and security.

During the site review, the auditor observed the OMNI system and confirmed that the access is limited to the PREA Unit. This was also confirmed during an interview with the WADOC Secretary and the agency PREA Coordinator.

The facility is in compliance with this 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.*) X 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 X 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.) X 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 X NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? X Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? X Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? X 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? X Yes No

Auditor Overall Compliance Determination

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

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.) X Yes No NA

Auditor Overall Compliance Determination

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

AUDITOR CERTIFICATION

I certify that:

- X The contents of this report are accurate to the best of my knowledge.
- X No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- X 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.

Robin M. Bruck

June 20, 2019

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.