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

☐ **Interim** ☒ **Final**

Date of Interim Audit Report: December 18, 2019 ☐ **N/A**
If no Interim Audit Report, select N/A
Date of Final Audit Report: July 7, 2020

Auditor Information

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Company Name: California Department of Corrections and Rehabilitation	
Mailing Address: P. O. Box 942883	**City, State, Zip:** Sacramento, CA 94283
Telephone: (916) 324-0791	**Date of Facility Visit:** November 4 – 7, 2019

Agency Information

Name of Agency: Washington Department of Corrections			
Governing Authority or Parent Agency *(If Applicable)*: State of Washington, Office of the Governor			
Physical Address: 7345 Linderson Way, SW		**City, State, Zip:** Tumwater, WA 98501-6504	
Mailing Address: P. O. Box 41100, MS 41100		**City, State, Zip:** Olympia, WA 98504-1100	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal
Agency Website with PREA Information: http://www.doc,wa.gov/corrections/prea/default.htm			

Agency Chief Executive Officer

Name: Stephen Sinclair, Secretary	
Email: sdsinclair@doc1.wa.gov	**Telephone:** (360) 725-8810

Agency-Wide PREA Coordinator

Name: Beth Schubach, Agency PREA Coordinator	
Email: blschubach1@doc1.wa.gov	**Telephone:** (360) 890-0344
PREA Coordinator Reports to: Deputy Director of Prisons, Command B	**Number of Compliance Managers who report to the PREA Coordinator:** None

Facility Information

Name of Facility: Stafford Creek Corrections Center			
Physical Address: 191 Constantine Way		**City, State, Zip:** Aberdeen, WA 98520	
Mailing Address (if different from above): Click or tap here to enter text.		**City, State, Zip:** Click or tap here to enter text.	
The Facility Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal
Facility Type:	☒ Prison	☐ Jail	

Facility Website with PREA Information: http://www.doc.wa.gov/corrections/prea/default.htm

Has the facility been accredited within the past 3 years? ☐ Yes ☒ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.

☒ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
PREA Audit, 2017, Internal Pre-Audit conducted by members of the PREA Advisory Council in 09/2019

Warden/Jail Administrator/Sheriff/Director

Name: Ronald Haynes, Superintendent	
Email: rehaynes@doc1.wa.gov	**Telephone:** (360) 537-1800

Facility PREA Compliance Manager

Name: Gina Penrose	
Email: gkpenrose@doc1.wa.gov	**Telephone:** (360) 537-1856

Facility Health Service Administrator ☐ N/A

Name: Keith Parris, Health Services Manager II & Elizabeth Zeiger, Psychologist IV	
Email: kgparris@doc1.wa.gov & eazeiger@doc1.wa.gov	**Telephone:** (360) 537-2158 & (360) 537-2154

Facility Characteristics

Designated Facility Capacity:	1972

Current Population of Facility:	1944
Average daily population for the past 12 months:	1960
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☐ Females ☒ Males ☐ Both Females and Males
Age range of population:	19-91 years
Average length of stay or time under supervision:	799 days
Facility security levels/inmate custody levels:	Maximum, Medium, and Minimum Custody Levels
Number of inmates admitted to facility during the past 12 months:	1295
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	1294
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	1184
Does the facility hold youthful inmates?	☐ Yes ☒ No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. ☒ N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☒ Yes ☐ No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☒ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: Click or tap here to enter text. ☐ N/A
Number of staff currently employed by the facility who may have contact with inmates:	576
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	78
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	5
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	40

Number of volunteers who have contact with inmates, currently authorized to enter the facility:	200
Physical Plant	
Number of buildings: **Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	40
Number of inmate housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	8
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	7
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	96
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	☐ Yes ☐ No ☒ N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☐ Yes ☒ No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	☒ Yes ☐ No

Are mental health services provided on-site?	☒ Yes ☐ No
Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☐ Local police department ☒ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: Click or tap here to enter text.) ☐ N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	742
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☒ Facility investigators ☐ Agency investigators ☐ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: Click or tap here to enter text.) ☒ N/A

Audit Findings

Audit Narrative (including Audit Methodology)

PRE-AUDIT PHASE

The California Department of Corrections and Rehabilitation (CDCR) provided (via e-mail) the audit notice to the Prison Rape Elimination Act (PREA) Compliance Manager with instructions to post copies in the housing units and other places deemed appropriate by facility staff. Notices were to be posted in areas accessible to both inmates and staff. This was verified during the on-site portion of the audit, during the facility tour. The audit notices were posted on or before October 3, 2019 at the facility. On October 3, 2019, photographs were taken to demonstrate compliance with posting requirements. CDCR received the pre-audit questionnaire, audit process map, checklist of policies/procedures and other documents from the Washington Department of Corrections (WADOC), in October 2019.

Pre-audit section of the compliance tool: In October 2019, the PREA Compliance Manager (PCM) provided the completed pre-audit questionnaire (PAQ), including supporting documentation, to the lead auditor. The certified auditor started completing the compliance tool by transferring information from the PAQ and from supporting documentation to the pre-audit section of the compliance tool.

The lead auditor received four letters from inmates at the facility prior to arrival at the institution. No additional letters were received upon return to the office after completion of the on-site review. In addition, the auditor was contacted by a staff member from Disability Rights Washington. On October 30, the auditor spoke with this representative who stated that they worked with offenders who are disabled and identify as transgender at Stafford Creek Corrections Center (SCCC). They expressed concerns about how the transgender women are housed and they are not given serious consideration in requesting to be housed at a female facility. They indicated a concern with the search procedures and indicated that the walls around the showers are not high enough to provide privacy for the transgender offenders. They stated the investigation process is not well documented, they do not gather evidence appropriately, and investigations are not thoroughly completed. These issues were kept in mind while conducting the on-site review.

ON-SITE PHASE

On Monday, November 4, 2019, the audit team arrived at SCCC. The audit team consisted of three certified auditors which included me, retired Chief Deputy Administrator and previous PREA Coordinator for the CDCR; John Katavich, retired Warden and Kate Burkhardt, Chief Psychologist for CDCR.

On November 4, 2019, the audit team met with the Superintendent, Associate Superintendents, Correctional Program Managers, Corrections Units Supervisors, Intelligence and Investigations (I&I) Unit staff, the Captain, representatives from health services and mental health services, the PREA Coordinator, the PCM, the PREA Compliance Specialist, and approximately 14 other staff for greetings, introductions and information sharing. The team was allowed to use a small conference room, in the administration building, which served as the team's primary work location for audit preparation and organization. Interviews were conducted in various locations around the facility.

Upon arrival at SCCC, the audit team requested and received the names of the facility employees and informed the PCM that it was the team's plan to interview between 12 – 15 random staff during the visit. Also on this date, the audit team received a roster of all offenders at the facility with identification numbers

and assigned bed numbers, sorted by housing unit. The auditor also received a list of inmates classified into any of the following categories:

- Disabled Inmates
- Limited English Proficient Inmates
- Transgender & Intersex Inmates
- Gay & Bisexual Inmates
- Inmates in Segregated Housing for Risk of Sexual Victimization (no names on the list)
- Inmates who Reported Sexual Abuse
- Inmates who Disclosed Sexual Victimization during Risk Screening

The auditor explained that these rosters were required for the audit team to select random inmates for interviews. At the time of the audit, the facility did not house any Inmates who were placed in Segregated Housing for Risk of Sexual Victimization.

Site Review: The three audit team members conducted a thorough site review of the facility. The audit team was provided a map of the facility with a list of all buildings and areas that offenders have access to. The PCM, PREA Compliance Specialist, and others escorted the auditors during the tour. The team toured the entire facility, including all of the housing units, medical, mental health, main kitchen, warehouse, intake processing area, the laundry, main control, the pharmacy, maintenance shops, industries areas, education, recreation yard, gym, chapel, visiting and all program areas that offenders have access to. As the tour moved through the facility, the auditor would make a notation on the map indicating the areas that had been visited. Additionally, staffing levels were observed to insure that there was adequate security coverage and offender supervision was appropriate.

During the tour, audit team members asked impromptu questions of staff and inmates, noted the placement and coverage of surveillance cameras, inspected surveillance monitors, inspected bathrooms and showers to identify potential cross gender viewing concerns, etc. The audit team members tested inmate phones to determine the functionality of the facility's hotline for reporting sexual abuse or harassment and the inmate's access to emotional support services. The team members also reviewed entries in log books to ensure unannounced supervisory rounds were being documented. In inmate work areas, audit team members assessed the level of staff supervision and asked questions to determine whether inmates are in lead positions over other inmates. Audit team members also noted the placement of PREA information posters, advocacy informational posters, and noted the placement of the PREA audit notice provided to the facility.

PREA Management Interviews: The lead auditor conducted interviews of the management team, including the Superintendent, and the PCM. The auditors worked with staff to schedule a time for each of these interviews; and the interviews were conducted in the staff member's office using the applicable interview protocols and responses were recorded by hand. The designee for the Agency Head and was interviewed via the telephone during an audit in August 2019. The PREA Coordinator was interviewed while the team was conducting a different PREA audit at Cedar Creek Corrections Center in August 2019.

Specialized Staff Interviews: The audit team members conducted the required interviews in various locations. In some cases, it was necessary to conduct the interview via telephone because the person to be interviewed was at a distant location; this was the case for the sexual assault nurse examiner.

The audit team identified specialized staff to be interviewed. Interviews included the following:

- Agency Head-1
- PREA Coordinator-1
- Agency Contract Administrator-1
- Superintendent-1
- PREA Compliance Manager-1
- Medical and Mental Health - 2
- Incident Review Team Member-2
- Staff who Performs Screening for Risk of Victimization and Abusiveness-2
- Intake Staff-1
- Investigators-2
- Sexual Assault Nurse Examiner-1
- Human Resources-1
- Segregated Housing staff-2
- Person Responsible for Monitoring Retaliation-1
- Higher Level Supervisor-5
- Contractors- 2
- Volunteers-1
- First Responders-5
- Grievance Coordinator-1

There were 576 staff positions filled during the on-site portion of the audit. The specialized staff interview protocols were used, for staff who met the specialized criteria. A total of 33 specialized staff interviews were completed.

Random Staff Interviews: The audit team interviewed 16 random staff during the four days the audit team was on-site. The interviews were conducted in private offices, in various locations around the facility. The auditor introduced themselves, communicated the advisory statements to the staff, proceeded to ask the questions from the interview protocols for random staff and recorded the answers by hand. Clarifications were requested when needed to ensure the responses were clear enough to make a determination of compliance with applicable standards.

Random Inmate Interviews: The auditor determined that at least two inmates from each housing unit would be interviewed. There are 8 housing units at SCCC. All three audit team members participated in the random offender interviews. Audit team members used the alphabetical roster of inmates to randomly select the inmates. Interviews were conducted in a private office in various locations around the facility. The audit team members introduced themselves, communicated the standard advisory statements to the offender before proceeding with the standard line of questions from the random inmate interview protocols and recorded the offender's answers by hand using the designated form. Clarification was requested, as needed to ensure the offender's responses were clear. A total of 21 random interview protocols were completed.

PREA-Interest Inmate Interviews: The three audit team members shared the responsibility for interviewing specific categories of offenders identified for interviews based upon their relevance to specific PREA standards. These categories are:

- Inmates with Physical Disabilities-2
- Inmates who are Blind, Deaf, or Hard of Hearing-2
- Limited English Proficient Inmates-2
- Inmates with Cognitive Disabilities-2

- Inmates who Identify as Gay or Bisexual-2
- Inmates who Identify as Transgender or Intersex-3
- Inmates who Reported Sexual Abuse-4
- Inmates who Disclosed Sexual Victimization during Risk Screening-3
- Letter Writers-4

The offender was called by security staff to report to the location where the interviews were being conducted. The auditor introduced themselves, communicated the standard advisory statement and asked the line of questions in the respective interview protocols. A total of 20 specialized offender interviews were conducted. This number does not count the interviews with the four offenders who sent letters to the auditor. The lead auditor met privately with these four offenders to discuss information contained in the letters. Some follow-up was done during the on-site visit.

Document Reviews: The document review process was shared by the lead auditor and one of the support staff. They reviewed a sample of documents related to allegations of sexual abuse, staff sexual misconduct, and sexual harassment, retaliation monitoring documentation, records documenting the education of the inmate population, records maintained through the inmate intake process, staff training records, contractor employment and training records, and records reflecting background checks are being completed. The information obtained from the documentation review was recorded on the "PREA Audit – Adult Prisons & Jails – Documentation Review" templates and copies of documents were requested, as necessary.

The PCM provided the investigative files for 12 of the PREA allegations received during the previous 12-month period. The overall breakdown of allegations is as follows:

Type of Incident	Number of Allegations	Number Substantiated	Number Unsubstantiated	Number Unfounded	Number Pending
Inmate Sexual Harassment (ISH)	50	7	30	9	4
Inmate Sexual Assault (ISA)	6	0	4	0	2
Inmate Abusive Sexual Contact (IASC)	8	0	3	4	1
Staff Other Misconduct (SOM)	2	2	0	0	0
Staff Sexual Misconduct (SSM)	27	2	3	12	10
Staff Sexual Harassment (SSH)	17	0	6	10	1
Other – Closed Administratively	4				
Total PREA Investigations:	**114**	**11**	**46**	**35**	**18**
Percentages:		10%	41.8%	31.8%	16.4%
Determined not to be PREA-referred to SCCC for local investigation	159				
Referred to other Institutions/Agencies for Investigation	22				
Total Allegations Received:	295				

The investigative reports included the date of report, date of the allegation (if different than report date), name of the victim, name of the suspect (if known), and the disposition or status of the case. These

reports were reviewed using a Documentation Review – Investigations form to record the following information relative to each investigative report:

- Date of Allegation
- Date of Investigation
- Staff or Inmate on Inmate
- Sexual Abuse, Sexual Misconduct, or Sexual Harassment?
- Disposition
- Is Disposition Justified?
- Investigating Officer
- Notification Given to Inmate?
- Retaliation Monitoring Completed
- Review by the Institutional Review Committee

Throughout the on-site review, the team had discussion about what was being observed, reviewed and discrepancies that were being identified. Team members sought clarification, when discrepancies were identified to ensure that we were not missing pertinent information. On Thursday, November 7, 2019, the audit team scheduled a close-out discussion with the Superintendent, Agency PREA Coordinator, PCM and others deemed appropriate by the Superintendent. During this close-out discussion, the group was provided with an overview of the positive things noted by the auditors and what had been identified as areas of concern.

POST-AUDIT PHASE

Following the on-site portion of the audit, the lead auditor gathered written information and feedback from the team members and took responsibility for completing the interim report.

The auditor and PCM agreed that any documents not received during the pre-audit phase or on-site review would be requested via email and provided by the PCM or the agency PREA Coordinator. The audit team leader documented all clarification questions, missing information, requests for additional documentation, etc. to follow-up with the agency PREA Coordinator and the PCM and sent the requests on a flow basis. Requested information was returned to the auditor on a flow basis.

Audit Section of the Compliance Tool: The auditor reviewed on-site document review notes, staff and inmate interview notes and on-site tour notes and began the process of completing the audit section of the compliance tool. The auditor used the audit section of the compliance tool as a guide to determine which question(s) in which interview guide(s), which on-site document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking appropriate “yes” or “no” boxes on the compliance tool for each applicable subsection of each standard, the auditors completed the “overall determination” section at the end of the standard indicating whether or not the facility’s policies and procedures exceeds, meets or does not meet standard.

Interim Audit Report: Following completion of the compliance tool, the auditor started completing the interim report. The interim report identifies which policies and other documentation were reviewed, which staff and/or inmate interviews were conducted and what observations were made during the on-site review of the facility in order to make a determination of compliance for each standard provision. The auditor then provided an explanation of how evidence listed was used to draw a final conclusion of

whether the facility's policies and procedures exceed, meet, or do not meet the standard. The written interim report was provided to SCCC on Wednesday, December 18, 2019.

Corrective Action Plan: A Corrective Action Plan (CAP) was developed in conjunction with the facility and the agency PREA Coordinator. During the corrective action period, the auditor had frequent communication with facility staff and the PREA Coordinator. Information and documentation was provided and feedback by the auditor was provided, when necessary to work toward demonstrating compliance. During the week of June 8, the final documentation on the three remaining items was received and the CAP was closed.

Facility Characteristics

SCCC is located at 191 Constantine Way, Aberdeen, Washington. SCCC was built in 2000 as a minimum, medium and maximum security men's prison by the WADOC about five miles west of the community of Aberdeen, Washington. The operation capacity is 1972 offenders and on the first day of the on-site visit, the population was 1935 offenders. This multi-level facility is built on a 210 acre site.

The prison has six housing units for minimum custody offenders, one housing unit for medium custody offenders and one housing unit for maximum custody offenders. All eight housing units are celled housing and each is split in two sections. SCCC also has a health services building that is utilized to house offenders with short term medical needs and offenders with mental health concerns.

The current ethnic breakdown of the offender populations is as follows: Asian/Pacific Islander-5.7%; Black-23.1%; Hispanic-9.9%; Native American-4.5%; White-54%; and Other-2.8%.

The program areas of SCCC contain education classrooms, libraries, food services, a gymnasium, religious services, intake, health services (including medical and mental health), and space for various other programs. Offenders from all of the housing units share these services. SCCC offers offenders vocational and work opportunities in laundry services, furniture manufacturing, and office services. Vocational classes are available that include drywall, building maintenance, roofing and siding, welding, technical design, bookkeeping, and computer skills. The facility also offers adult basic education.

SCCC has two Sustainability in Prison Projects (SPP) on grounds. The SPP is a partnership with Evergreen State College to bring science and nature to the offenders in prison. Both projects at SCCC involve growing plants to transplant in wetlands, helping to repair damaged environments.

SCCC provides substance abuse counseling and stress/anger management classes. One of the housing units is dedicated to veterans of the armed forces. The veterans in this housing unit can also participate in a dog training program. The dogs are trained to assist disabled veterans or veterans who suffer from Post-Traumatic Stress Disorder.

SCCC has a unit referred to as the Skill Builders Unit. It houses offenders with developmental disabilities and provides support and training for them to learn to complete the activities of daily living, such as cooking, cleaning, laundry.

In several of the open spaces on the facility grounds, the offenders have planted gardens. Some of the gardens are ornamental while others are used to grow vegetables. When the vegetables are harvested, they are given to food services and used in food preparation for the offenders.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: None
List of Standards Exceeded: N/A

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

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

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*)

Overall Compliance Determination Narrative

The policy outlining the agency's Zero Tolerance expectation is addressed in WADOC policy 490.800 PREA-Prevention and Reporting; 490.820 PREA Risk Assessments and Assignments; 490.850 PREA Response; and 490.860 PREA Investigations. WADOC policy 490.800 states that the Department has zero tolerance for all forms of sexual misconduct. It defines sexual misconduct as aggravated sexual

assault, offender-on-offender sexual assault, sexual abuse, and sexual harassment. Additionally staff-on-offender sexual harassment and staff sexual misconduct are defined as sexual misconduct. This policy addresses the department's approach toward preventing, detecting and responding to such conduct.

The agency mission statement was found on the website, which defines the agency's mission as follows: "To improve public safety by positively changing lives".

The PREA Coordinator for WADOC is a manager and she reports directly to the Deputy Director of Prisons. During the audit process, the PREA Coordinator was available to clarify some of the questions about the WADOC's PREA policies that this auditor had. She is extremely knowledgeable and well versed in PREA. She appears to effectively manage PREA in a correctional setting. Policy 490.800 indicates the WADOC PREA Coordinator's duties are as follows:

Responsibilities
The Department's PREA Coordinator will:

- Develop and implement PREA related policies.
- Develop and coordinate procedures to triage allegations received and identify, monitor, and track incidents of sexual misconduct.
- Coordinate and track referrals of allegations to law enforcement and prosecutors.
- Develop and implement a comprehensive system to audit facility compliance with PREA policies and applicable laws.
    - A formal audit will be conducted in each Prison and Work Release at least once every 3 years by an auditor certified by the United States Department of Justice (DOJ).
    - Deficiencies identified in these audits will be addressed in formal corrective action plans developed and agreed to by the Superintendent/Work Release Supervisor, the DOJ auditor, and the PREA Coordinator.
    - Each facility will review and document continued compliance using a formal standardized system published by the PREA Coordinator.
- Oversee monitoring of PREA compliance for private and non-Department public entities contracted for offender confinement.
- Keep management informed on PREA-related issues.
- Chair a multidisciplinary review committee to develop PREA-related prevention and response strategies.
- Serve as the PREA Compliance Manager for staff assigned to Headquarters, Correctional Industries Headquarters, and regional Administrative Operations offices.
- Maintain a memorandum of understanding for external victim advocacy services.
- Maintain PREA content for the Department website, including publication of required information and documents.

The agency organization chart shows the PREA Coordinator reports to the Deputy Director, Command A, who reports to the Assistant Secretary of the Washington Department of Corrections. However, after the audit began, the reporting structure changed and now the PREA Coordinator reports to the Deputy Director, Command B. During the interview with the PREA Coordinator, she indicated she has the time and authority to do her job. The agency supports PREA and the implementation within it facilities. She does not directly supervise any PREA Compliance Managers (PCM), but provides guidance and PREA expertise to 24 PREA Compliance Managers and interacts with them utilizing the telephone, electronic mail, and the PREA Advisory Council, which meets monthly.

Policy 490.800 states that a PCM will be identified by the Superintendent for each prison. The PCM will be an employee outside of the Intelligence and Investigation Unit, who will coordinate local PREA compliance and:

- Serve as point of contact for the PREA Coordinator.
- Oversee completion of scheduled PREA vulnerability assessments.
- Coordinate audit preparation activities and corrective action plans.
- Track completion of PREA Risk Assessments for substantiated allegations of offender-on-offender sexual assault/abuse or staff sexual misconduct.
- For Prisons, ensure a monthly functionality test of a random sampling of offender telephones is completed to verify the toll-free number is operational, Inmate Personal Identification Number (IPIN) is not required, and calls are not being recorded locally.
- 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.
  - DOC 21-379 Report of PREA Allegation forms are available for offenders to access.
  - In Prisons, forms will be maintained in the living units and/or library.
  - In Work Releases, forms will be maintained on offender bulletin boards.
- Review compliance with all PREA training requirements quarterly.
- Oversee the work of the PREA Compliance Specialist, if applicable, to include audit preparation, investigations, and other duties associated with PREA implementation.

Per a memorandum dated September 3, 2019, authored by the Superintendent, SCCC maintains a full-time PCM who is the Associate Superintendent of Programs. This individual is responsible for oversight of the development, implementation, and maintenance of all PREA related strategies at the facility level in collaboration with the agency PREA Coordinator. SCCC has a full time PREA Compliance Specialist 2 identified, who assists the PCM with oversight of the development, implementation, and maintenance of all PREA related strategies at the facility level in collaboration with the agency PREA Coordinator. The memorandum also indicated that all PREA policies are available to staff, offenders and the public.

The facility organization chart shows the PCM reporting directly to the Superintendent. It also shows a PREA Compliance Specialist reporting to the PCM.

During the interview, the PCM indicated she has enough time and authority to manage her PREA related responsibilities. At the time of the on-site visit, the PCM for SCCC had been assigned those responsibilities for about two months. She worked with the audit team though out the visit, provided the required documentation, and ensured the audit team had access to all of the areas at SCCC that we requested during the tour. The PCM and her assistant ensured that all of the supporting documents were provided upon request during the on-site visit. Additionally, she and her staff made sure that the audit team had access to all of the staff and offenders that needed to be interviewed. Even though the PCM was relatively new to the position, she had a firm grasp of the PCMs responsibilities. She explained that her responsibilities are to ensure that the facility maintains compliance with the PREA standards and seems to be working diligently to meet and maintain PREA compliance.

No corrective action was identified for this standard.

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ 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*)

Overall Compliance Determination Narrative

The auditor reviewed contracts entered into (or renewed) since the last PREA audit. The American Behavior Health Services contract is in effect until 6/30/2021; Interstate Corrections Compact with the Iowa DOC has been in effect since 2015; Interagency Agreement with Department of Social and Health Services has been in effect since 2015; and a contract with Minnesota DOC has been in effect since 1982. All contain language regarding PREA compliance and the existence of monitoring responsibilities.

WADOC Policy 490.800, PREA Prevention and Reporting, Section IX, states:

Contracted Confinement of Offenders

A. 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.
B. The Department will not enter into contracts with facilities that fail to comply with PREA standards, except in emergent situations.
    a. The Department will document all attempts to find an alternate facility that meets PREA standards.

The auditor reviewed Attachment A to the Memorandum of Understanding (MOU) which is the document that is attached to the contracts. It is identified as Article 5 and outlines the expectations of the contractor related to PREA.

According to documentation provided, all agencies that WADOC has contracts with have had all of their facilities audited for PREA compliance within the past three years. Two of the 12 facilities under the jurisdiction of State of Washington Rehabilitative Administration did not passed their most recent PREA audit, however they are in the corrective action phase. The corrective action is being monitored by

representatives of WADOC. Additionally WADOC has an Interstate Compact Agreements with the State of Iowa and Wisconsin. Both of these state agencies have been audited and found to be compliant in the past three years.

WADOC houses inmates in local county jails for short periods of time to accommodate Parole adjudication or for out-to-court purposes. According to the PREA Resource Center's clarification, dated February 19, 2014, this situation does not constitute a contract, therefor 112.12 does not apply in this situation.

WADOC Policy 490.800, Section IX, requires the agency to monitor the contractor's compliance with PREA standards. The Agency provided documentation by memorandum regarding the cycled monitoring of contracted facilities aimed to ensure each contracted site remained in compliance with PREA standards.

The Agency Contract Administrator confirmed that all contracts are reconciled on a consistent basis by the PREA Coordinator. The Agency Contract Administrator affirmed that the PREA Coordinator is responsible for contract monitoring, conducted at minimum on a monthly basis, to ensure continued compliance with PREA standards.

One of the auditors on the team reviewed a report of completed PREA Audited contract sites. The report included agency contracts (American Behavioral Health Systems, Rehabilitation Administration, and Yakima County Jail) and interstate compact contracts (Iowa and Minnesota). Of the provided 16 individual entities, two sites have been deemed non-compliant during their last PREA audit. These facilities are Naselle Youth Camp: FINAL Report 8/12/18; 33 compliant, 10 non-compliant; and Green Hill School: FINAL Report 5/18/19; 30 compliant, 7 non-compliant, 6 not applicable. These two sites were under the Rehabilitation Administration interagency agreement with WADOC to house those offenders under the age of 18 who have been sentenced as an adult. The interagency agreement currently has no expiration date.

As of July 1, 2019, the authority of the youth incarcerated at the two non-compliant sites transferred from the Department of Social and Health Services to the Department of Child, Youth, and Families. However, the contracts remained under the jurisdiction of WADOC. The PREA Coordinator confirmed that she reconciled all contracts on a consistent basis with agency contract monitoring conducted by the Agency Contract Manager, as stated above. Specifically, contract monitoring is expected to occur at the two non-compliant sites aimed to maintain compliant standards and bring non-compliant standards into compliance with all PREA standards.

The Agency PREA Coordinator had been working with the PREA Administrator of the contracted agencies to submit monthly compliance reporting at the non-compliant sites. At the time of the Interim Audit Report, the Agency provided monthly auditing for Green Hill School; however, the contracted agency had not provided PREA compliance monitoring updates regarding Naselle Youth Camp since May 2019. On October 7, 2019, one of the audit team members met telephonically with Agency Department Headquarters representatives, including the PREA Coordinator to request documentation regarding Naselle Youth Camp. At that time, the Agency had determined it would be best to proceed with a formalized meeting with the Administrators for the contracted sites to discuss PREA requirements regarding the aforementioned contract and needs for compliance. This issue was raised to the Department of Justice through the PREA Resource Center, who has determined the agreement is exempt from monitoring based on the recent state legislation. WADOC received the ruling on December 11, 2019.

No corrective action was identified for this standard.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No ☐ NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ 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.)
  ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ Yes ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ 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? ☒ 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*)

Overall Compliance Determination Narrative

The policy related to supervision and monitoring is found in WADOC Policy 400.210, Custody Roster Management, which states:

The Department has established custody staffing guidelines to ensure:
A. The safe and efficient operation of all Prisons.

B. Custody staffing is deployed consistent with the Custody Staffing Model and Custody Post Audit Summary maintained by the Budget Office and the Prisons Staffing Manager.
C. Custody expenditures are managed consistent with available custody allotments.

Each facility will identify posts that may be temporarily vacated, absent any uncommitted authorized leave, training, or sick leave relief. Non-Relievable Posts (Attachment 1) identifies the minimum standard for non-relievable posts.

The Prisons Staffing Manager will complete an annual quality assurance audit on custody staffing for each facility.

WADOC Policy 490.800, PREA Prevention and Reporting, states:

Staffing Plans

A. Each Superintendent and Work Release Community Corrections Supervisor 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.
    1. In Prisons, this review should be in conjunction with the post audit conducted per DOC 400.210 Custody Roster Management.
    2. Reviews will document consultation with the PREA Coordinator, who will be provided with a copy of the completed PREA Compliant Staffing Plan.

The auditor was provided with a memorandum dated April 1, 2019 which addressed the most recent review of the staffing plan being completed by the SCCC Leadership Committee. Staff included in the review was the Superintendent, two Associate Superintendents, a Correctional Program Manager (CPM), the Human Resources Manager, a Local Business Advisor, the Plant Manager III and the Food Manager V. The Executive Leadership Team meets every Thursday and during that meeting they discuss all PREA concerns. The memo states there were several e-mails send out and a few small meetings set up with the Business Office, Roster, Community Participation Program Coordinator, and Records to gather information for establishing the Staffing Plan.

The WADOC maintains custody and non-custody staffing models for all prison facilities. The custody staffing model has been approved by the Legislature following an extensive review of national correctional practices. It details custody staffing levels based on facility design and the make-up of the offender population (e.g., custody level, age, gender, programming requirements, etc.). The custody staffing model has consistently proven effective in prison operations. Although the non-custody staffing model is not legislatively mandated, it is implemented in a similar manner. The auditor was provided with copies of the custody staffing and non-custody staffing models.

Deviations from the staffing plan are documented electronically. The six most common reasons for deviating from the staffing plan in the past 12 months included: the need for two person transportation teams, had to open the South end of the Intensive Management Unit to meet the need of statewide maximum custody housing, hired Skill Builder Unit (SBU) staff, staff call-outs, and the addition of training relief officers.

The auditor reviewed documentation of deviations from staffing plan. The Shift Summary report for 8/9/19 was provided. It documents who was scheduled to work, who called out, who replaced the person, and the reason why the post needed to be covered (sick, Union, training, etc.). In addition, the Operations Log notates the reasons that people are away from their assigned post. While on-site, the auditor reviewed the documentation from the annual review of the 2017 staffing plan.

During the interview with the Superintendent, he indicated the facility has a staffing plan designed to protect offenders against sexual abuse which includes video monitoring technology. The staffing plan is reviewed annually and considers a variety of factors, including all of those listed in the standard. The legislature establishes the custody model used by WADOC. The facility documents all instances of non-compliance in their automated leave tracking system. They consider all posts that are required to be filled and utilize the staffing data base to identify who is available to cover the posts. If posts are left unfilled, the reasons are documented.

During the interview with the PCM, she stated that the staffing plan takes into consideration all of the components listed in the standard. Every year, the staffing plan is updated at the facility, forwarded to the PREA Coordinator for review, then is approved by the Deputy Director of the agency.

The policy outlining Unannounced Rounds by intermediate or higher level supervisors is found in WADOC Policy 110.100, Management by Walking Around, which states:

A. 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.
    2. At a minimum, the following must be toured each week:
        a. Restrictive housing units,
        b. Food Services, including mainline operations,
        c. Health Services, and
        d. Off-site work crews.
    3. Facility executive management team members will routinely modify their work schedules to conduct tours and interact with employees on all shifts.
    4. Tours will include observation of performance related to core processes to ensure operational practice is aligned with reported performance.

WADOC Policy 400.200, Post Orders/Operations Manual and Post Logs, 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 Policy 420.370, Security Inspections 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.

The auditor was provided with a memorandum dated May 4, 2018, authored by various WADOC Assistant Secretaries, directing that when a supervisor enters a facility (other than the one to which they are assigned), they are expected to make a note in the log book to include the arrival time, departure time and the purpose of the visit.

The housing unit logs were reviewed during the audit. The on-site supervisors sign in red ink in the log while conducting their tours. Policy 400.200 requires a tour to be completed on at least one shift per day. The auditors reviewed log books in several of the housing units and identified that the documentation of the unannounced rounds were not consistently found in the log books, some staff are using red ink to log

information other than supervisory rounds, and some supervisors are entering rounds by only using initials rather than full name/position. The executive team is required to tour the living units at least once a week. Members of the audit team observed the manager's signatures consistently in the log books. Manager's signatures were on various shifts. When managers were asked about the tours they informed the audit team that they do not announce rounds and they make their rounds at different times during the shift in random order (including weekends and night shifts).

In addition, WADOC policy requires on-site supervisors to review post logs daily and document their review in the log book. On January 31, 2020, Correctional Program Managers (CPM) meet with Correctional Unit Supervisor's (CUS) to review policy and provide specific expectations regarding logbooks. Minutes were provided to the auditor which reflected that log books were discussed and CUS are to review log books daily and sign in on any watch during which they are on-site. In March and April, the auditor was notified that due to the impacts of COVID 19, the CPM's were unable to review the log books for the prior months. The Auditor noted reviews by CPM's in the log books for April.

During the on-site portion of the audit, auditors were told by staff that they let other staff know when their supervisor or someone else in their chain of command is coming to tour their unit/work area. On December 13, 2019, the Superintendent sent out an e-mail to all SCCC staff reminding them of the requirements of 115.13(d) and WADOC policy 110.100, which states "Employees are prohibited from alerting one another that these tours are occurring, except when necessary for the legitimate operational functions of the facility."

Five Intermediate or Higher Level Facility Staff were interviewed. All indicated that they conduct unannounced rounds, as required per policy. They document their rounds in red ink in the unit logbooks. All indicated that they randomly enter the housing units and don't tell staff where they are going next, or they just leave their office at random times to drop into the housing units to check on staff. Policy says that staff is not to notify other staff of the tours.

Corrective action was required for this item. During the time the interim report was being written, facility management set expectations for all supervisory staff related to facility tours and documentation in log books. On November 5, 2019, a copy of this directive was provided to the auditor. During the corrective action period, the auditor required the facility to provide copies of log book pages to demonstrate compliance. The auditor reviewed selected housing unit log book pages for December 2019, January 2020, February 2020, March 2020, and April 2020. Through these reviews, the auditor provided feedback to the facility about compliance on a monthly basis. Each month, the compliance improved and the facility was able to demonstrate substantial compliance at the end of April 2020. No further corrective action is required to demonstrate substantial compliance with this standard.

Standard 115.14: Youthful inmates

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*)

Overall Compliance Determination Narrative

SCCC does not house youthful offenders; therefore, the facility is in compliance with this standard.

Standard 115.15: Limits to cross-gender viewing and searches

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? ☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) ☐ 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 if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility have policies 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? ☒ Yes ☐ No

- Does the facility have procedures 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? ☒ Yes ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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*)

Overall Compliance Determination Narrative

SCCC is a facility for adult male felons and does not house female offenders and the population of the facility exceeds 50 offenders. The policy which addresses cross gender viewing and limitations is WADOC policy 490.800, PREA Prevention and Reporting. It states:

Presence of Opposite Gender Personnel/Visitors in Living Units and Infirmaries

A. 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 viewing is incidental to routine cell checks. This includes viewing via surveillance systems.
B. Notices will be posted in living units, Close Observation Areas (COAs), and infirmaries indicating that personnel of all genders could be present in the unit.
    1. Notices in COAs will include that cameras in use may be viewed by employees of any gender and individuals will be verbally informed upon placement or during the first tier/cell check after the initial placement. Verbal notification will be documented in the area logs.
        a. These requirements will also be added to COA post orders.
C. An announcement will be made by anyone who does not identify with the facility's gender designation, loud enough and often enough to reasonably 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).
    1. At a minimum, announcements will be made when anyone (e.g., staff, contractor/vendor, volunteer, facility guest), who does not identify with the facility's gender designation, enters the living unit and as follows:
        a. Announcements will be made verbally in Work/Training Releases and by using the doorbell system in Prisons.
            1) Doorbells will be set to a standardized tone and light determined by the Prisons Deputy Director of Command A.
            2) Offenders will be informed of the purpose and use of doorbells in prison
            3) Inpatient infirmaries are considered living areas, and staff are required to announce. Announcements are not required by medical and mental health practitioners.
        b. Superintendents/Work Release CCSs may define where the living area begins within the unit for the purpose of identifying where the announcements must be made and may determine where additional announcements are required based on the physical design of the units.

WADOC Policy 420.310, Searches of Offenders, Section III, states:
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 doing the strip search, but will not be in direct line of sight with the offender." The gender of the searching officer is noted on the strip search log.

It requires that a strip search must be conducted by two 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. Strip searches of female offenders will be conducted by female employees. All strip searches will be documented before the search, or as soon as possible after the completion of an emergent strip search. If a strip search is conducted that does not meet these gender requirements for staffing, a confidential report will be completed before the end of the shift.

The policy in effect at the time of the on-site visit has basic information on searching transgender offenders. The Department was in the process of finalizing a policy that will address a variety of issues related to transgender offenders. Searching is one of the topics being addressed. The agency PREA Coordinator indicated the policy took some time to develop because they wanted to ensure participation by both internal and external stakeholders and address the needs of both offenders and staff. The policy was published and became effective on February 13, 2020. Publication was proceeded with an information memo provided to all staff. Training materials were provided to facilities but haven't been used in formal training due to the COVID-19 pandemic.

In 2019, the WADOC developed a video which demonstrates a cross-gender pat search. The facility has indicated that approximately 80.3% of their staff has received this additional training on pat searches and a roster of those who attended was provided. They did not have another class scheduled to train the remaining staff at the time of the on-site review. All new staff will receive this training. Showing of the video is led by Control Impedance Tactics instructors. They discuss the video, the pat search and the history behind changing the pat search. They answer questions before and after the video as well as have the staff practice the pat search. Thus, ensuring all staff understands the material they just watched and practiced and are comfortable with the method.

In 2014, all security staff were trained in pat-down searching of transgender/intersex offenders. This training was integrated into the academy training schedule at the same time to insure that all security staff receives the training. A review of the lesson plan complies with the PREA requirement.

WADOC Policy 420.312, Body Cavity Search, requires that all cavity searches be performed by staff of the same gender as the offender.

The audit team reviewed strip search logs in visiting, the Hubs, and in the clean room strip area and did not identify any cross-gender searches within the audit review period.

An August 28, 2016 memorandum authored by the Assistant Secretary of the Prisons Division, states that until such time as WADOC Policy 420.310 can be updated to reflect this change, this memorandum will serve as notice of the following requirements: All strip search logs are to be modified to include areas to designate both the gender and role of each officer conducting a strip search. The officer conducting the search will be identified with an (S) and the observing officer will be identified with an (O). The logs reviewed met this requirement.

Per a memo from the Superintendent, no body cavity searches were conducted during the audit review period. Additionally, there were no instances in which a strip search of a male offender was conducted by a female staff member.

The auditor was provided with a strip search log covering the period 11/18 for review. It was 106 pages in length and contained no cross-gender strip searches. In addition, the Clean Room strip log for March 2019 was provided. This area is utilized to process offenders out of the facility to go to work and when they return at the end of the day. Offenders who are being processed are asked to strip down to their under clothing (boxer shorts or panties/sports bra) and walk through the metal detector. There is one

transgender offender assigned to work in the community, and she is processed back into the facility last, after the other offenders have left the area.

A total of 41 offenders were interviewed. 27 offenders indicated that female staff utilize the doorbell or call out when they enter the housing unit. 11 offenders indicated that female staff utilize the doorbell or announce themselves on an irregular basis. Three offenders stated they weren't sure or didn't pay attention. To ensure that all offenders had an understanding of the reason for the doorbell, on November 5, 2019, a notice was sent to all offenders via the Offender Kiosk. The notice read as follows: "Notice to all incarcerated individuals: All living units are equipped with doorbells that chime and light up. These doorbells will be activated every time any staff, contractor, or volunteer that does not identify as a male enters the unit pod. Staff assigned to the unit will only activate the doorbell upon arrival or anytime they leave the unit and return. The tone for the doorbells is the same throughout the state. All Washington State Prisons are Zero Tolerance facilities for sexual abuse or harassment. PREA binders are located in all units in the resource room with the exception of H5, B Pod, where the binder is located in the Imagery room."

When offenders were asked if they, or other offenders, were ever naked in full view of female staff, while using the toilet, showering, or changing clothing, all but one offender indicated they were not. One offender indicated that she considers the toilet and shower areas to be blind spots and are dangerous areas and that the partitions around the shower are not tall enough. This concern was shared with facility staff.

Policy requires staff of the opposite gender to announce their presence when entering the living units. SCCC has installed doorbells that female staff rings when they are walking into the living units. Offenders are informed of the purpose of the door bells when they attend offender orientation. One of the audit team members sat through offender orientation and heard staff inform the group of the purpose of the doorbells. During the tour, the audit team noted at least 2 doorbells that were not working. Staff verbally announced their presence when entering the unit, because the doorbells didn't work. In addition, a work order was submitted on that day. The auditor has received a certification from the facility that all doorbells are currently in working order.

A total of 16 random staff was interviewed, utilizing the Random Staff interview protocol. They stated that female staff must either announce their presence or ring the doorbell when entering the housing units. They all indicated that offenders are able to change clothing, take a shower, and use the toilet without being viewed by female staff.

Areas of concern which were identified during the facility tour, related to blind spots and cross-gender viewing, are as follows:

In P Building (Education), there is an elevator that offenders who have an approved Health Services Request (HSR) are allowed to utilize. Access to the elevator is monitored by the officers assigned to the building; however, if the officer is away from the desk, inmates can access the elevator. Facility staff submitted a work order on the day the discrepancy was identified to have a key to the elevator placed on both officers' key rings so they could control access to the elevator. Prior to our departure, the key had been placed on the officers' key rings and they had been instructed to control access to the elevator.

Q Building (Food Services) has a room that is utilized for meat processing. There are inmates assigned to work in this room. The meat room has unsecured access to a walk-in refrigerator box. The door into the meat room is locked; however, the inmates assigned to the meat room can open the door to come out or allow others inside. Prior to our departure from the facility, the refrigerator had been locked with a padlock and the staff had been instructed to control the access into the area.

In the Warehouse and Freezer Storage area, the door to the areas was locked from the outside; however, the offenders could open the door from the inside to allow access to anyone. The officer assigned in the area had an office in the back and was not able to see the door and who was going in and out. A work order was initiated to place a mirror adjacent to the door to allow a line of sight for the officer. This was corrected and the auditor was provided with photographs.

G Building is a medium security housing unit. It contains two pods, each with 68 cells which house two offenders per cell. Total maximum population in the G building is 272 offenders. The showers in the unit consist of single shower heads inside shower stalls. There are 4 showers on the first and second tier in each pod, totaling 16 showers. The shower stalls are not high enough to provide modesty for transgender offenders. On January 29, 2020, the auditor received photographs showing the height of the shower stalls had been raised. There were no audit notification posters found in the building. Prior to leaving the facility, the audit notification posters were placed in the building. The mop closet in G-1 pod was unlocked. This was addressed immediately and staff locked the door. The doorbell into one of the pods was not operational and the one on the other side continuously rang for about 25 minutes when the button was pushed. On March 3, 2020, the auditor was provided with documentation reflecting that the doorbells had been repaired.

R Building (Health Care) which has office space, treatment space, and in-patient temporary housing. There are cameras in some of the rooms. These cameras are monitored by a correctional officer, on a real-time basis. The location of the camera in the COA cell was a problem, as it provided a view of the toilet area. The custody post assigned to monitor the cameras is not designated as a male-only post. On December 18, 2019, the auditor received photo verification that the toilet area of the cell had been blocked on the camera lens to restrict potential cross-gender viewing of offenders in that cell. The doorbell was identified to be set to the wrong tone, by facility staff. The auditor received notification that the tone of the doorbell had been adjusted during the week of December 9, 2019.

The offender recreation yards contained restroom facilities which consisted of two urinals and two toilets. The facility has placed a short chain-link fence around the restroom area and put slats in the chain-link to limit cross-gender viewing. There was no door or barricade; which created a potential cross-gender viewing issue. Prior to the conclusion of the on-site visit, the staff had already resolved how to address this issue and a work order had been generated to modify the existing fencing. An additional barrier was added and the auditor received photographs of the area.

W Building (Clean Room) is used to process offenders who work outside the secure perimeter. These offenders are required to remove all clothing except boxer shorts or panties/sports bra. The room where the searches are done had blinds which completely blocked any view into the room. Prior to completion of the on-site portion of the audit, the staff removed the blinds and frosted the windows up to five feet from the floor which addressed the issue identified by the auditor.

Correctional Industries (CI) Laundry had an offender bathroom. The walls around the toilets were too high and created a blind spot in the back of the bathroom area. On December 9, 2019, the auditor received photographs showing the height of the walls had been reduced. Also in the laundry, it was identified that one of the mirrors needed to be adjusted to more effectively address the identified blind spot. On December 18, 2019, the auditor received photographic confirmation that the mirror had been adjusted.

V Building (Maintenance) contains a variety of maintenance shops. It has a very large tool crib. There is a Correctional Sergeant assigned in the tool crib and two offenders. The Sergeant is away from the tool crib providing supervision in other areas approximately 4 hours per shift. This created a concern about two offenders being in there, unsupervised. To address this concern, the facility has eliminated one of the offender job assignments. In addition, they have modified the Sergeant's Office, so he no

longer has direct access into the tool crib. He must enter the tool crib through the same door as all other staff. These modifications were completed on March 4, 2020. The partitions around the toilets in the offender restroom in V building are too high and create a blind spot in the back of the room. On December 9, 2019, the auditor received photographs showing the height of the restroom stalls has been decreased. In the welding shop, the staff restrooms were open and contained a dead-bold on the inside. The deadbolt was removed before the audit team completed the on-site portion of the audit.

H-2 and H-3 Housing Units (Minimum) were toured and mop closets in two pods were standing open. Staff immediately closed and locked the doors.

As a result of the multiple bathroom doors being open/unlocked and mop closets found unlocked and/or propped open, on November 7, 2019, the Superintendent sent out an e-mail to all staff stating staff are to ensure that all doors that are intended to be locked are kept locked, when not in use, and set the expectation that doors will not be propped open.

WADOC Policy 490.800, Section VIII, requires that offenders be provide the opportunity to shower, perform bodily functions, and change clothes without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. This includes video surveillance. It states that an announcement will be made by anyone who does not identify with the facility's gender designation, loud enough and often enough to reasonably 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). On December 13, 2016, the Assistant Secretary of Prisons Division authored a memorandum clarifying when opposite gender staff have to announce their presence in a housing unit. This directive requires opposite gender staff who work in the housing unit to announce their presence once at the beginning of the shift. They are not required to re-announce if they go in and out of the unit. All opposite gender staff who do not work in the unit must announce their presence each time they enter the unit.

Policy outlining Transgender or Intersex Inmates is addressed in WADOC policy 490.820, Risk Assessments and Assignments, section VII, which prohibits employees and contract staff from searching an offender for the sole purpose of determining their genital statues. If the offender's genital status is unknown, it will be determined by health care providers. Generally the offender's disclosure of statues is the determining factor which would then initiate housing review protocols.

All of the random staff interviewed indicated that they were aware of the policy and that it would never be appropriate to search an offender for the sole purpose of determining their genital status.

Four transgender offenders were interviewed. All 4 indicated that they are not housed in an area specifically designated for transgender or intersex offenders. They stated they have not been searched for the sole purpose of determining their genital status.

The Pre-Audit Questionnaire indicated that 100% of security staff has received training on conducting cross gender pat down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. This was confirmed through review of training records and discussions with staff during the interviews.

Ten of the random staff interviewed stated they had received pat search training which included searching transgender and intersex offenders, one stated that he couldn't remember if he had the training, and five, who were non-custody, indicated they do not do pat searches in their day to day responsibilities and had not received pat search training.

During the interview with random staff who would conduct pat-down searches, they all claimed to have received the training and were familiar with how to conduct a pat-down search of female, transgender and intersex inmates.

Corrective action was required for this standard. Blind spot and cross-gender viewing issues identified were corrected, as described above. No further corrective action is required to demonstrate substantial compliance with this standard.

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

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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ 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? ☒ 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*)

Overall Compliance Determination Narrative

The policy that addresses offenders with disabilities and offenders who are limited English proficient is WADOC Policy 490.800, PREA Prevention and Reporting. It states:

Offender Accommodations

A. 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.

1. Offenders are not authorized to use interpretation/translation services from other offenders, family members, or friends for these purposes.
2. The Deaf Services Coordinator is authorized to provide the same professional interpreter/translation services for sign language as contract interpreters with regard to assisting offenders in understanding this policy, reporting allegations, and/or participating in investigations of sexual misconduct.
3. With the exception of the Deaf Services Coordinator, staff interpreters/translators will only be used for these purposes in exigent circumstances.

B. Americans with Disabilities Act (ADA) accommodations will be provided per DOC 690.400 Offenders with Disabilities.

WADOC Policy 450.500, Language Services for Limited English Proficient (LEP) Offenders, requires the department to provide interpretive and translation services through the Department and/or contract services at all Department Facilities. The policy also requires non-Spanish limited English Proficient offenders, including those requiring American Sign Language, to receive orientation in a language that they understand. The orientation includes the WADOC PREA policy. The offenders are shown a video during orientation that explains the PREA policy. This video is in either English or Spanish and has subtitles for the hearing impaired. Spanish speaking individuals will attend a Spanish version of the orientation program and be notified of available Spanish translated materials and services. Each facility is required to develop and maintain processes for non-Spanish speaking Limited English Proficiency individuals, including those requiring sign language interpretations, to receive orientation in a language they understand. It further states, in pertinent part:

Offenders may request Department/contract language services via:

1. Verbal communication with a Department employee, and/or
2. Written communication to a Department employee using DOC 21-473 Offender's Kite or,
3. DOC 05-818 Interpreter Request/Refusal for disciplinary or Indeterminate Sentence Review Board (ISRB) hearings.

C. Employees will review the Personal Characteristics - Languages section in the offender's electronic file to determine if the offender requires interpreter services. Employees may request interpretation/translation services when they become aware that a language barrier exists.
   1. Because an offender's English proficiency may vary with the situation, employees are encouraged to use DOC 05-824 Questions to Determine English Proficiency when there is doubt about the offender's ability to understand, speak, or read English. After assessing the offender's proficiency, employees will update the Personal Characteristics -Languages section in the offender's electronic file.
   2. Services will only be provided through Department certified interpreters/translators and/or available state contracted vendors listed under Translation/Interpretation on Inside DOC. LEP Coordinators will document all services on DOC 16-340 Limited English Proficiency (LEP) Coordinator Monthly Report.
      a. Employees will not use Internet and/or machine translations (e.g., Babelfish, Google Translate).

B. Offenders may request an interpreter for oral communications or a translator for written communications, as appropriate, for the following. Offenders are not authorized to use interpretation/translation services from other offenders, family members, or friends for these purposes:

WADOC Policy 300.010, Orientation, states that prison orientation will be conducted within one week of admission. Work/Training Release orientation will be conducted within 48 hours of admission. Information will be provided, both orally and in writing, in a manner that is clearly understood. Prison Orientation will address a variety of subject matter including PREA. When a literacy or language barrier exists, employees will assist the individual in understanding the material per WADOC Policy 450.500.

WADOC Policy 690.400, Offenders with Disabilities, states:

Offenders with disabilities will be provided reasonable accommodation that allows participation in services, programs, and activities, which may include:
1. Modifying policies, practices, or procedures, when reasonable,
2. Removing barriers to access, and/or
3. Providing auxiliary aids and services.

The audit team was provided with copies of PREA brochures which are given to offenders with limited intellectual capacities. If the offender is hearing impaired, they can view the orientation video with closed captioning. The script is generally provided to a contracted interpreter to read to an LEP or visually impaired offender. If an offender is unable to read, they can listen to the video.

WADOC has two separate contracts with the Washington Department of Enterprise Systems (WADES) 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 non-court certified interpreters. The second contract #05614 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 investigatory process. In addition, copies of contracts, for 18 individuals were provided, who deliver American Sign Language (ASL) interpretation services.

The Lesson Plan for PREA Staff training was provided and includes a segment about effective communication for offenders with disabilities on PREA policies.

The designee for the agency head was interviewed and stated the agency has established procedures to provide offenders with disabilities and offenders who are limited English proficient with access to the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This is done via PREA video, PREA booklets, posters in English/Spanish, certified staff and contract interpreters, and picture books for low functioning offenders.

The four physically disabled offenders, who were interviewed, indicated the PREA information they were provided was in a format that they could understand. The two limited English proficient offenders interviewed, indicated the written materials they received were in a language they could understand. The two cognitively disabled offenders stated they were provided information in a format they could understand.

Offenders that the team spoke with during the tour were versed in PREA. The facility has a program called Skill Builders, which houses offenders who are developmentally challenged. Offenders assigned to this unit receive additional support in understanding policies and procedures; as well as, participating in all of the required daily activities at the facility.

A log for contract interpreters was provided showing their criminal background checks being completed and on-line PREA orientation being completed. The auditor also received the PREA Language Interpretation log for March 2019; it showed that the interpretation services were used one time for a PREA Risk Assessment.

This auditor was provided a list of individuals and firms that contract with WADOC to provide interruptive services. There are two telephone vendor interpretive services, CTS Language Link and Linguistica International, available 24 hours a day, seven days a week. SCCC has PREA information posters located

in all of the housing units and common areas in both English and Spanish. Generally, it is determined if interpretive services are required at the reception center and a note is placed in the offender's file. However, staff or the offender can request interpretive services at any time it appears that these services are needed.

WADOC provides copies of the graphic novel, End Silence, to inmates who are developmentally challenged or slow learners. These novels use simple language and pictures to explain the PREA policies and how to report sexual abuse. Additionally, staff is available to explain the PREA policies and answer questions for the lower functioning offenders.

Agency policy 490.800, PREA Prevention and Reporting, specifically prohibits the use of offenders, family members, and friends as interpreters or translators. Staff is used as interpreters/translators for PREA-related issues only in exigent circumstance. Per the memo dated September 3, 2019, authored by the Superintendent, no instances of utilizing an offender as an interpreter occurred during the audit documentation period.

Of the 16 random staff interviewed, 4 indicated that an offender could be used in an emergency situation, 12 indicated they would not use an offender to interpret. None of the staff interviewed were aware of a circumstance where an offender was utilized to provide interpreter services. Some staff indicated they must make an appointment to use an interpreter service. Clarification was sent to all staff at the facility, via e-mail. The auditor reviewed the Department's website related to interpreter services and found that an appointment is needed to schedule an in-person interpretation, which is the preferred method for medical consultations. Appointments are not required to access the telephonic translation services.

No corrective action was identified for this standard.

Standard 115.17: Hiring and promotion decisions

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)? ☒ 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? ☒ 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? ☒ 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)? ☒ 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? ☒ 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? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ 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.) ☒ 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*)

Overall Compliance Determination Narrative

The policy outlining hiring and promotions is in WADOC Policy 490.800, PREA Prevention and Reporting, which outlines the WADOC's staffing practices related to PREA. The policy states that the Department will not knowingly hire, promote, or enlist the services of anyone who:

- Has engaged in sexual misconduct in a prison, jail, lockup, community confinement center, juvenile facility or other institution; Has engaged in sexual misconduct with an offender on supervision;
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or;
- Has been civilly or administratively adjudicated to have engaged in activity described above.

The Department will consider any incidents of sexual harassment in determining whether to hire, promote, or enlist the services of anyone who may have contact with offenders.

The 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 applications; 3) Reference checks; 4) Personnel File Review; 5) Contract disclosure statements.

These questions are included on the DOC form 03-506 and the DOC form 03-502.

WADOC policy 810.800, Recruitment, Selection, and Promotion, requires perspective employees, promotions and contractors to complete form DOC 03-506, Sexual Misconduct and Institutional Employment/Services Disclosure. This form has five questions about previous sexual misconduct in an

institutional setting. If the candidate answers yes to any of these questions, he/she may not be allowed access to the facility. Additionally the form requires the candidate to disclose any previous institutional work history that they may have had.

DOC 810.015, Criminal Record Disclosure and Fingerprinting, 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. It requires that all applicants be background checked before initial appointment or promotion. These background checks include the Washington Crime Information Center and National Crime Information Center. All external applicants must disclose any previous institutional employment. These applicants are required to complete a form to authorize the release of information so that the facility can complete a work history background check.

Policy 400.320, Terrorism Activity, requires a criminal record check will completed for all employees, contractors and volunteers. Additionally contracts between workforce agencies and WADOC require the employment agency to complete background checks that comply with PREA hiring and promotion policy on all temporary employees that will have contact with offenders.

WADOC policy states that failure to fully divulge criminal information may be cause for disciplinary action, up to and including dismissal or termination of service.

DOC 800.005, Personnel Files, 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 the past 12 months, the facility reported 78 persons hired who may have contact with offenders who have had criminal background record checks. They further indicated there are five contracts currently in force that have staff who may have contact with offenders.

While on-site, the auditor reviewed a sample of files of persons hired or promoted in the past 12 months to determine whether proper criminal record background checks had been conducted and questions regarding past conduct were asked and answered. All of the staff files reviewed contained proper criminal background checks; however, the two files for contractors did not contain a completed background check. All staff that should have had a five-year follow-up background check were completed. In reviewing prior institutional employment inquiries, it is noted that of the 6 that may have required it, only two were included with the documentation.

Five examples of criminal background checks were provided with the PAQ. In addition, 4 examples of contractor background clearances were provided.

During the interview with the Human Resources Facility Manager, the auditor was told that the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with offenders. She indicated the facility performs criminal record background checks and considers pertinent civil or administrative adjudication for all newly hired employees who may have contact with offenders and all employees being considered for promotions. The Human Resources Facility Manager indicated WASC and NCIC are checked. Also, they utilize the Offender Management Network (OMNI) system to check the PREA Allegation and Case database, which is a restricted component of the system and only available to specific people to review. Background checks are done every five years for non-custody staff and annually for custody staff. She

stated that the responsibility for contractor background clearance lies with the unit who has hired them; it is not done through Human Resources. She indicated the required questions are asked in the hiring process and as part of performance reviews of current employees. The facility imposes a continuing duty to disclose through the Learning Management System (LMS). Staff must certify annually when they take their PREA training. All Human Resources staff is able to review the PREA Tab in OMNI to verify there are no previous PREA related issues.

The auditor was told that when employment candidates, contractors and volunteers are initially hired they must self-certify that they have not had any criminal, civil or administrative action as a result of any sexual misconduct in a confinement setting. They are required to self-certify again, annually, as part of the training curriculum. A review of the training documents and personnel files demonstrated 100% compliance with this requirement for the staff and contractor files reviewed.

Corrective Action was identified for this standard. The auditor requested the facility to provide background checks for the two identified contractors and provide information on the status of the prior institutional employment checks for the six staff. On December 31, 2019, the auditor was provided with copies of all requested documentation. No further action is needed to demonstrate compliance with this standard.

Standard 115.18: Upgrades to facilities and technologies

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.)
  ☐ 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.)
  ☒ 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*)

Overall Compliance Determination Narrative

WADOC Policy 490.800, PREA Prevention and Reporting, Section VII, states that the Department will consider the possible effects on its ability to protect offenders from sexual misconduct when: designing a new facility; planning substantial expansions or modifications of existing facilities, and; installing or updating video monitoring systems, electronic surveillance systems, or other monitoring technology.

The designee for the agency head stated, during her interview, that the maintenance group and capital outlay unit are aware of the PREA requirements and apply that knowledge when designing projects. They also consult with the PREA unit at headquarters and the local PCM. When blind spots are discovered, video monitoring is considered, if funds are available. They also make sure new video monitoring does not create any cross-gender viewing issues or modesty issues for the offenders. They are always looking to upgrade existing monitoring technologies.

The facility Superintendent stated that if a new project is identified, a thorough vulnerability assessment will be completed and forwarded to the PREA Unit at headquarters to be included in the project design and planning. He indicated that when preparing to install new video monitoring technology, they conduct a vulnerability assessment and consider PREA allegations and blind spots. They also interact with staff and document their efforts.

Per a memorandum from the Superintendent, dated September 3, 2019, the following has occurred since the last Department of Justice PREA audit, conducted April 2017:

- Law library moved to a new location in P Building (switched location with the chapel)
- Chapel moved to a new location in P Building (switched location with the law library)
- Correctional Industries showroom created in U Building

The facility has approximately 300 cameras disbursed around the facility. Viewing capabilities vary depending on where the camera is located. The views from the cameras were observed by the auditor from master control. We did not identify any issues with camera angles providing cross-gender viewing except in the medical in-patient area. This is addressed in Standard 115.15.

Since the last Department of Justice PREA audit, conducted April 2017, the following installations and/or updates to the monitoring system have been initiated:

- It was learned that a camera in F Building (segregation) had a view into the holding cell where strip searches were conducted. This camera was disabled based on input from the PREA Compliance Manager.
- Two cameras were added in the Food Service area as a result of an incident.

Minutes were provided for five meetings where minor modification to facilities or updating monitoring technology was discussed. Some indicated it was related to PREA and others did not.

There was no corrective action identified for this standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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.) ☒ 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.) ☐ 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.) ☒ 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? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ 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)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ 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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ 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? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ 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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ 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 *always* makes a victim advocate from a rape crisis center available to victims.) ☐ 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*)

Overall Compliance Determination Narrative

The policy which addresses evidence protocol and forensic medical examinations is in WADOC Policy 490.850, PREA Response. This policy provides forms and checklists used during the response process. These include Aggravated Sexual Assault Checklist, PREA Response and Containment Checklist, DOC 16-357 Crime Scene Containment/Preservation/Processing Checklist, and DOC 16-358, Crime Scene Security Log.

WADOC Policy 600.000, Health Services Management, states:

Offenders will be provided health services in accordance with all applicable department policies and the Health Services Division Standard Operations and Procedure Manual, including the Offender Health Plan and DOC-DOH Health, Environmental, & Safety Standards.

1. 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.

WADOC Policy 600.25, Health Care Co-Payment Program, states:

6. Medical and mental health services allowed under the Offender Health Plan related to sexual misconduct as defined in Policy 490.800 PREA Prevention and Reporting.

WADOC Policy 610.025, Health Services Management of Offenders in Cases of Alleged Sexual Misconduct, 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.

When an offender reports that s/he has been a victim of sexual misconduct, s/he will be offered medical and mental health treatment services as follows:

1. If a report of aggravated sexual assault is made within 120 hours of the alleged assault and involves penetration and/or exchange of bodily fluids, the facility will attempt to transport the offender to the designated community health care facility within 2 hours of the report, unless an appropriate health care provider determines a forensic medical examination is not needed due to the nature of the alleged assault.
    a. In facilities with health care services employees/contract staff onsite, the offender will be assessed in person by an appropriate health care provider before transport.

The offender will be evaluated at the community health care facility according to their established sexual assault protocol. Department employees of the opposite gender will not be present during the examination unless security concerns require otherwise.

The auditor was provided with a copy of the April 2013, A National Protocol for Sexual Assault Medical Forensic Examinations-Adult/Adolescents, and the August 2013, Recommendations for Administrators of Prisons, Jails, and Community Confinement Facilities for Adapting the USDOJ protocol. WADOC utilizes this protocol for completion of forensic exams. In addition to the national protocol provided to the audit team, the facility provided the protocols used by their health care staff and their transportation staff.

The policy contains a checklist that clearly addresses the process to preserve evidence for possible administrative proceeding or criminal prosecution. This process closely mirrors the national protocol. SCCC staff does not complete criminal investigations. In the event that a case appears to be criminal in nature, the case and evidence collection should be turned over to the Grays Harbor Sherriff's Office or the Washington State Police. The Shift Commander for SCCC was interviewed and he was able to articulate the entire response process. Through review of a sample of the investigations, the auditors found a couple of cases that had the potential to be a criminal case; and were not referred to outside law enforcement.

WADOC has developed partnerships with identified community health care facilities and sexual assault programs for the provision of designated services and support. Administrators from SCCC have met with community hospital administrators to develop procedures and agreements in advance of the need for any forensic medical examination. WADOC has also issued directives to Health Services staff regarding actions to be taken in the event a SAFE/SANE isn't available.

During the audit documentation period, no forensic medical exams were indicated or conducted in relation to allegations received. In reviewing sexual assault allegations, the reports were not made within the timeframe to allow for collection of forensic evidence.

WADOC has established offender advocacy support through an interagency agreement with the Department of Commerce, Office of Crime Victim Advocacy. Each facility has been partnered with a Community Sexual Assault Program. Specially designated and trained advocates respond to the community health care facility whenever an offender is transported for a forensic medical examination. SCCC is partnered with Beyond Survival.

WADOC is responsible for conducting administrative investigations related to PREA. WADOC staff does not have law enforcement powers and are not authorized to conduct any type of criminal investigation. Washington Administrative Code (WAC) 137-28-190 states that, "The Superintendent should report any felony under state or federal law committed in a facility to law enforcement." All criminal allegations are required to be referred to Grays Harbor Sheriff's Office for investigation /prosecution. In the event that Grays Harbor is unable to respond, SCCC is required to contact the Washington State Patrol (WSP). The WSP Crime Scene Response Unit is available to all local agencies should they request services. WADOC maintains a memorandum of understanding with WSP for conducting investigations in general. To date, no Department of Justice entity has conducted PREA investigations within WADOC. It is noted that one case was referred to Grays Harbor during the audit review period. The staff member was prosecuted and is currently serving time in one of the WADOC facilities.

Of the 16 random staff interviewed, 13 indicated the appointing authority assigns the PREA investigation to a staff member who has had the specialized training, one indicate she didn't know, one indicated investigations are assigned to the Intelligence & Investigations Unit, and one indicated the investigator is assigned by the PREA unit at headquarters. All staff interviewed had a general idea of how they would preserve the evidence. Many indicated they would not allow the victim or suspect to shower, change clothing, use the toilet, eat or drink anything. To address this, the facility sent a reminder e-mail out to all staff and requested the Shift Commander to ensure that if the victim chooses to shower, change clothing or use the toilet, after having the impact of that decision explained to them, it must be allowed. The auditor was provided with a copy of the e-mail during December 2019.

The staff member from Beyond Survival indicated they will contact a SANE to conduct the forensic medical examination, when contacted by the facility. She further indicated that per the agreement with the facility, they have a SANE available 24 hours a day, 7 days a week, 365 days a year.

During the interview with the PCM, she stated the Victim Advocate, upon the offender's request, will accompany the victim to the forensic medical examination and the investigatory interviews. The agency has a MOU in place that requires a Victim Advocate to be available 24 hours a day, 7 days a week, 365 days a year. The agency ensures the Victim Advocates have completed all mandated training by requiring it in the MOU.

Four offenders who made an allegation of sexual abuse were interviewed, only one indicated that they were offered a victim advocate. In reviewing the other allegations, it was noted that the allegations were made beyond the time that would allow for forensic evidence to be collected or the allegation didn't include penetration or exchange of body fluids.

The auditor was provided with a copy of a memorandum which instructs health services staff on the process to be utilized when an offender requires a forensic exam after making an allegation of sexual abuse. In addition, relevant training materials for the victim advocate were provided.

There is a synopsis of the investigative process on the website. The Superintendent and other designated SCCC staff meet with staff from the local Sheriff's Office on a regular basis. Minutes from one of the meetings were provided with the PAQ.

The facility does not have a process to document the victim advocate being called to provide support during the forensic medical examination and investigative interviews, as they do not conduct criminal investigations. During the week of December 6, they developed a process to ensure victim advocates are offered, when appropriate. They have provided written documentation to the impacted employees on the process. They will update the policy during the next policy review process.

Corrective Action is not identified for this standard. As a best practice, the auditor will request staff training be enhanced to address the victim being allowed to shower, change clothing, and use the toilet after the negative impact of these actions has been explained. In March 2020, the auditor was provided with a copy of the updated training materials, which included a more thorough explanation of evidence retention.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Overall Compliance Determination Narrative

The policy which addresses referral of allegations for investigation is in WADOC Policy 490.800, PREA Prevention and Reporting, which 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.
B. Meetings with law enforcement will be documented in meeting minutes.

WADOC Policy 490.850, PREA Response, includes checklists to assist staff in completing the PREA response and investigation.

WADOC Policy 490.860, PREA Investigation, requires the Department to thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department. It further states, in pertinent part:

A. Investigations will be completed even if the offender is no longer under Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department.
B. Allegations may be referred to law enforcement agencies for criminal investigation.
   II. The Department may discipline and refer for prosecution, when appropriate, individuals determined to be perpetrators of sexual misconduct. Investigations involving represented employees will be conducted per the provisions of the applicable collective bargaining agreement.

   3. All allegations that appear to be criminal in nature will be referred to law enforcement for investigation by the Appointing Authority/designee. Referrals may be made using DOC 03-505 Law Enforcement Referral of PREA Allegation.

Through discussion with various staff, the audit team learned that when there is a reported PREA incident, regardless of how the information is received, the Shift Commander completes an incident report on the Incident Report Management System (IRMS). The IRMS is monitored by WADOC headquarters staff. All PREA incident reports are reviewed by the headquarters PREA Unit to determine if the allegation meets the prima fascia of PREA. If the allegation is determined to be a PREA incident, the report is returned to the institution and assigned an investigation number. This process takes as little as a couple

of hours or as long as two days to assign an investigator. If the allegation could be criminal, the Superintendent will work with the Intelligence and Investigations Unit to make the referral to the outside law enforcement agency.

In the past 12 months, the facility reports that there have been 189 allegations of sexual abuse and sexual harassment received. Of those, 110 resulted in an administrative investigation and; one case was referred for a criminal investigation. The remaining 78 cases were determined not to be PREA. All administrative and/or criminal investigations, received during the audit review period, have been completed.

The designee for the agency head stated that all allegations are reported to the HQ PREA unit. The PREA Unit evaluates and assigns those that need an investigation to the appointing authority. The appointing authority assigns an investigator. If criminal, they contact outside law enforcement. The Appointing Authority makes the final decision on substantiated, unsubstantiated or unfounded.

In reviewing a random sample of reports of sexual abuse and harassment and documentation of investigations, including full investigative reports with findings, the audit team identified the following concerns: one case had no referral to outside Law Enforcement on a potential criminal case.

Two investigators were interviewed. Both indicated that criminal allegations of sexual abuse are referred to the Grays Harbor Sheriff Office for investigation.

Corrective action was identified for this standard. On March 26, 2020, the Superintendent and several of his staff met with staff from the Grays Harbor Sheriff Office to discuss referrals, timeframes, and requirements of PREA. This meeting was documented and the auditor was provided with a copy of the meeting minutes. Since that meeting, three cases have been referred to Grays Harbor Sheriff Office, one is currently being concurrently investigated on the administrative and criminal fronts, the second was declined for investigation by the Sheriff's Office and the third was accepted for investigation by the Sheriff's Office. No further action is required to determine compliance with this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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? ☒ 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? ☒ 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 ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ Yes ☐ No

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ 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*)

Overall Compliance Determination Narrative

The policy outlining training policies and procedures is in WADOC Policy 490.800, PREA Prevention and Reporting, which states:

B. 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.
    1. Training will address, but will not be limited to, the following:
        a. Reviewing this policy and related operational memorandums, the Prison Rape Elimination Act of 2003, RCW 9A.44.160, RCW 9A.44.170, RCW 72.09.225, and potential criminal penalties and disciplinary consequences for engaging in prohibited activities.
        b. Zero tolerance for sexual misconduct and related retaliation.
        c. Preventing and detecting sexual misconduct, including:
            1) Communicating effectively with offenders, including lesbian, gay, bisexual, transgender, intersex, and/or gender non-conforming offenders.
            2) Gender-specific issues.
            3) Examples of conduct, circumstances, and behaviors that may be precursors to sexual misconduct.
            4) Avoiding inappropriate relationships with offenders.
            5) Recognizing signs of possible/threatened sexual misconduct and staff involvement.
            6) Recognizing predatory behavior and common reactions of sexual misconduct victims.
        d. The dynamics of sexual misconduct in confinement.
        e. Reporting sexual misconduct, including:
            1) Reporting methods,
            2) Mandatory reporting for youthful offenders and offenders classified as vulnerable adults, and
            3) Disciplinary consequences for staff's failing to report.
        f. Responding to sexual misconduct, including first responder duties.
        g. Confidentiality requirements.
    2. Staff will acknowledge their understanding of the training.
        a. For online training, acknowledgment will be included in the electronic course.
        b. For in-person training, acknowledgment will be documented by signing the course roster, which will include a statement verifying participant understanding.

The PREA training curriculum was provided with the pre–audit materials. It includes all of the required subjects. The class is designed to last about two hours. The training provided by WADOC, addresses both male and female issues in some detail. Employees at SCCC receive training specific to both male and female offenders. Because of this training policy, staff does not need to be retrained when they transfer to a facility that houses offenders that are of a different gender.

Appointing authorities are required to complete an on-line course entitled: PREA for Appointing Authorities 2017.

Training is provided every year. It is provided in Annual In-Service, in a classroom setting and requires employees to sign that they understand the materials.

Of the 16 random staff interviewed, all indicated training is required yearly. Two indicated they had not had the PREA training within the last 12 months. One said he is scheduled to attend in November and the other one wasn't sure when they would be going. Most of the staff interviewed stated the training included all of the required components and were able to articulate their responsibilities under PREA.

A list of all employees and their most recent training dates and a list of security staff who completed pat search training were provided to the auditor. The auditor identified 13 staff and requested copies of the initial training acknowledgement form and the most recent (2019) training acknowledgement forms. For the initial training acknowledgement, 11 copies of signed documentation were provided, one was not provided and one of the staff was employed prior to the agency requiring the employee to acknowledge the initial PREA training although he completed training in 2014. PREA Training and signed acknowledgement forms in 2019 were completed by all 13 staff.

No corrective action was identified for this standard.

Standard 115.32: Volunteer and contractor training

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? ☒ 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)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ 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*)

Overall Compliance Determination Narrative

WADOC Policy 490.800 covers training for contractors and volunteers. WADOC Policy 530.100, Volunteer Program, states:

Volunteer Specialists will be responsible for local oversight of the Volunteer Program, and will ensure eligibility, training, and screening requirements are met.

Volunteer Training: Completion of mandatory volunteer orientation training is required before beginning services. All training requires approval from the Headquarters Correctional Program Administrator and will be provided by authorized employees or volunteers trained in the curriculum. Training components include PREA.

The WADOC requires that all contractors who have regular contact with offenders complete the same general training provided to employees. The agency allows for vendors and service providers who have limited, unescorted contact with offenders to complete form 03-478, PREA Acknowledgement, and be provided with the current PREA brochure for staff, contractors and volunteers rather than complete annual training. This typically includes individuals filling vending machines or repairing office equipment, cleaning kitchen equipment, delivering supplies, or performing short-term services in maintenance.

Volunteers and contractors, who have contact with offenders, have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. In reviewing the documentation, the facility employs a total of 23 contractors. Of those, 22 have completed training, which is 96% compliant. Total Volunteers is 186, of which 182 (or 98%) have completed training.

Three volunteers and contractors, who have contact with offenders, were interviewed. All indicated they have received training on their responsibilities under PREA. All indicated that training stresses that they are required to report to a custody officer any allegations they are made aware of or if they observe this type of behavior. They must keep the victim safe until they can be relinquished to a custody staff member. One indicted the training also included dynamics, power/control, baseline changes in the victim's behavior and information about the LGBTQI community.

Many examples of training acknowledgments were provided for contractors and volunteers. In addition, lists of all contractors and volunteers were provided that showed the most recent training date for each. The auditor identified two specific contractors and two specific volunteers, and requested copies of signed training acknowledgment forms. The auditor was provided with proof of training being completed on all four individuals.

The auditor was provided the SCCC Vendor Brochure and Acknowledgement Form Tracking. Several samples of signed acknowledgement forms were provided. In addition, the auditor received the SCCC Volunteer PREA Training Tracker. Samples of 4 documents were provided.

No corrective action was identified for this standard.

Standard 115.33: Inmate education

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

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

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ 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? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ 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? ☒ 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*)

Overall Compliance Determination Narrative

The policy requiring PREA education for offenders is in WADOC Policy 490.800 which states that 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. It requires that if an orientation video is presented in-transit, offenders will be provided an opportunity to ask questions of the facilitator during on-site facility orientation.

Policy on inmate education in accessible formats is found in WADOC 490.800 which states:

Offender Accommodations

A. 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.
    1. Offenders are not authorized to use interpretation/translation services from other offenders, family members, or friends for these purposes.
    2. The Deaf Services Coordinator is authorized to provide the same professional interpreter/translation services for sign language as contract interpreters with regard to assisting offenders in understanding this policy, reporting allegations, and/or participating in investigations of sexual misconduct.
    3. With the exception of the Deaf Services Coordinator, staff interpreters/translators will only be used for these purposes in exigent circumstances.
B. Americans with Disabilities Act (ADA) accommodations will be provided per DOC 690.400 Offenders with Disabilities.

Policy on consistently available information for inmates is also found in WADOC 490.800 which states:

Coordinate monthly checks to verify:

a. The PREA hotline telephone number is posted on or near all offender telephones.

b. 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.
c. Report of Prison Rape Elimination Act (PREA) Allegation forms are available for offenders to access.
    1) In Prisons, forms will be maintained in the living units and/or library.

WADOC Policy 310.000, Orientation, states:

All newly received incarcerated individuals will participate in a program of interviews, testing, and other activities related to the admission process at the receiving facility per DOC 310.150 Reception, Initial Classification, and Custody Facility Plan.
1. Initial reception and orientation will be completed within 4 weeks of admission to the RDC unless medical, mental health or behavioral issues prevent completion of this process.

Orientation
A. Incarcerated individuals arriving at or transferred to a Work/Training Release or Prison, including transfers between an Intensive Management Unit (IMU), will receive an orientation to the new facility unless:
    1. Medical, mental health or behavioral issues prevent completion of this process.
    2. The individual has violated a condition of their community supervision and is returning to a facility within 90 days of receiving an orientation.
B. Prison orientation will be conducted within one week of admission. Work/Training Release orientation will be conducted within 48 hours of admission.
    1. Employees will conduct the orientation by reviewing the contents of the orientation handbook/handouts and responding to questions.
    2. Information will be provided, both orally and in writing, in a manner that is clearly understood.
C. Prison orientation will, at a minimum, include information on:
    8. The PREA Individuals in Work/Training Release will be notified of all appropriate policies and procedures that affect them,

Employees will document orientation in the incarcerated individual's electronic file and the individual will acknowledge receipt of orientation and the Statewide Inmate Orientation Handbook/facility specific handbook by signing:
    1. DOC 21-992 Prison Orientation Checklist in Prison, or
    2. DOC 05-512 Work/Training Release Orientation Checklist in Work/Training Release.

One intake staff member was interviewed. He indicated the staff assigned to the intake area are responsible to provide verbal information about the zero-tolerance policy and how to report incidents of sexual abuse or harassment. The officer that was interviewed indicated that he verbally informs new arrivals of where they can find the PREA information, that the policy is zero tolerance and that every allegation will be investigated. This is generally done within 30 minutes of arrival. Offenders are required to attend intake orientation. It is provided twice weekly and offenders who arrived the prior week are scheduled to attend. During this orientation, a counselor provides verbal and written information about PREA. The offenders are required to sign documentation that they received the PREA brochure. Brochures are available in English and Spanish.

41 random offenders were interviewed. Of the 24 offenders who have been at the facility for 12 months or more, 16 indicated they received written or verbal information on PREA either the day they arrived or the next day; two stated they never got anything in writing, but the information is posted everywhere; four indicated they arrived at SCCC prior to PREA being implemented but have received information since then about PREA; and two indicated they do not recall receiving any information on PREA. Of the 17 offenders who have been at the facility for less than 12 months, 13 indicated they received information verbally or in writing on the day they arrived; two indicated the received information but not on the day they arrived; and two stated they got the information when they went to offender orientation. Of the 41

offenders interviewed, 29 indicated they received PREA information during orientation within a week of arrival at the facility, 9 indicated they don't remember attending orientation or they were here before the current process was implemented; one offender indicated that he received orientation about two weeks after arrival; and two offenders stated they received the information within a month of arrival.

The PREA Informational brochures, in English and Spanish, were provided to the auditor. All relevant information is covered.

The facility reported that 1,267 offenders, during the past 12 months (whose length of stay in the facility was for 30 days or more), received comprehensive education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.

Of those who were not educated within 30 days of intake, all but 69 of the offenders have been educated subsequently. The facility conducted subsequent comprehensive education sessions in October 2019 and all but 11 of the remaining offenders received the comprehensive education. The facility scheduled the remaining 11 offenders for a class and on March 13, 2020, provided the documentation to the auditor that the remaining offenders had received the comprehensive education.

File reviews were conducted for 21 offenders. There were 4 offenders who arrived at SCCC before the comprehensive education process began; therefore, their education was not completed within the required timeframe. The auditor received signed acknowledgement forms for 17 offenders and all but one was signed within the required timeframe.

The statewide inmate orientation handbook was provided to the auditor. It was reviewed and contains all required PREA information. English and Spanish versions of the video were provided.

WADOC has several versions of PREA brochures available for low functioning offenders. SCCC plays a video that explains the PREA policy and how to report sexual misconduct. The video is close captioned for the hearing impaired. This video is also in Spanish. The auditor was told that If an offender does not appear to comprehend the information provided, the facilitator in orientation or the offender's counselor takes additional time to explain it to them.

Corrective action was identified for this standard which required the facility to provide verification of the completion of the comprehensive training for the 70 offenders. On March 13, 2020, the auditor received proof that the offenders had received the comprehensive education, as required in the standards. No further action is required to demonstrate compliance with this standard.

Standard 115.34: Specialized training: Investigations

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 receive 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).) ☒ 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).) ☒ 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).) ☒ 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).) ☒ 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).)
  ☒ 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).)
  ☒ 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*)

Overall Compliance Determination Narrative

The policy outlining agency training is in WADOC Policy 490.800, PREA Prevention and Reporting which states:

PREA investigators will be trained in:
1. Crime scene management/investigation, 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 interviewing sexual misconduct victims, and
7. Criteria and evidence required to substantiate administrative action or prosecution referral.

WADOC Policy 880.100, Corrections Training and Development, states: Staff Training and Tracking Information System (STATIS) will be used to document all official Department training.

The first PREA investigative training offered by WADOC was in 2011. After the finalization of the PREA standards in 2012, a new class outline was created. Any PREA investigator that was already certified had to attend a booster course. This course included any relevant DOJ Policy changes, interviewing techniques and report writing. According to Policy 490.800, PREA Prevention and Reporting, the current training requires that all PREA Investigators be trained in: Crime scene management and investigation, including evidence collection in Prisons and Work Releases; Confidentiality of all investigation information; Miranda and Garrity Warnings, compelled interviews, and the law enforcement referral process; Crisis intervention; Investigation sexual misconduct; Techniques for interview sexual misconduct victims; and Criteria and evidence required to substantiate administrative action or referral for prosecution.

Per a memorandum dated September 3, 2019, authored by the Superintendent, the WADOC has established specialized investigator training that provides information regarding the conduct of all PREA-related investigations. This includes, but is not limited to; how to conduct an investigation in confined settings, techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity, and evidence collection.

Any individual assigned a PREA investigation must have completed 14 hours formal investigator training. The Appointing Authority responsible for the investigation is required to identify an appropriate investigator from the list of qualified individuals based on successful course completion. Other factors taken into consideration prior to investigator assignment include, but are not limited to: 1) Complexity and sensitivity of the investigation; 2) Experience of the Investigator; 3) Impartiality of the investigator in light of the allegation itself (e.g., outside of the investigator's chain of command, any indications of potential conflicts of interest, etc.).

A copy of the lesson plan was provided to the auditor. It was reviewed and the information contained in the lesson plan meets the requirements of the standard.

The list of investigators who have completed the comprehensive investigator training was provided for SCCC and it contains 44 names. The auditor reviewed training files for four individuals who were on the list provided by the facility.

The auditor verified completion of investigator training on the randomly selected investigations that were reviewed. All had received the training.

The two investigators interviewed indicated they had received training that was specific to conducting sexual abuse investigations in confinement settings. The training was sponsored by WADOC and was 3 days. It included information on investigations and interviewing techniques. Both indicated that the class included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, methods for sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

No corrective action was required for this standard.

Standard 115.35: Specialized training: Medical and mental health care

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

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 *or* the agency does not employ medical staff.) ☐ 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☒ Yes ☐ No ☐ NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency

does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ 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*)

Overall Compliance Determination Narrative

The policy outlining specialized medical/mental health training is in WADOC Policy 610.025 Medical Management of Offenders in Cases of Alleged Sexual Abuse or Assault. This policy states that if the report is made within 120 hours of the alleged sexual assault and the case involves penetrations and/or exchange of bodily fluids, the Department will transport the offender to the designated community health care facility. Agency staff and contractors are prohibited from conducting any forensic medical examinations. Since community health care facilities are external to and independent of the agency.

WADOC Policy 490.800, PREA Prevention and Reporting, requires that Health Service employees/contract staff, with exception of medical records, clerical, pharmacy personnel, the Dietary Services Manager, and the Psychologist assigned exclusively to sex offender treatment program, will be trained in: Detecting and assessing signs of sexual misconduct; Responding effectively and professionally to sexual misconduct victims; Completing DOC 02-348 Fight/Assault Activity Review; Preserving physical evidence; Reporting sexual misconduct; and Counseling and monitoring procedures. Additionally all of the contract medical staff must attend the same PREA training that all employees receive every year.

WADOC Policy 880.100, Corrections Training and Development, states: Staff Training and Tracking Information System (STATIS) will be used to document all official Department training.

The lesson plan “DOC PREA for Health Services” was provided to the auditor. The lesson plan was reviewed and found to contain all required content.

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 LMS. The Training and Development Unit, oversees and manages the LMS for the state.

There are 53 medical and mental health care practitioners who work at SCCC. A list of all Health Services Staff was provided that showed their dates of completion of the specialized training and the basic PREA training. It was noted that three individuals had not had current PREA annual training and one had not had the specialized training. On April 1, 2020, the auditor was provided with certificates of participation for the missing classes for the three individuals.

Two medical and mental health staff were interviewed. One indicated that she received specialized training and the other indicated he has training annually, but doesn’t remember if he had any specialized training. The auditor checked his training record and found that he completed the specialized training. The staff who recalled the training indicated that it addressed: How to detect and assess signs of sexual

abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Both staff interviewed indicated they do not conduct forensic medical exams. Offenders are taken to an outside facility for this type of examination.

No corrective action was identified for this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ 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? ☒ 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? ☒ 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? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ 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? ☒ 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? ☒ 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*)

Overall Compliance Determination Narrative

The policy addressing screening for risk of victimization and abusiveness is in WADOC Policy 490.820 PREA Risk Assessments and Assignments. It states:

Assessments

A. All PREA Risk Assessments (PRAs) will be completed in the offender's electronic file. PRAs must be completed in person with the offender.
   1. In the event the PRA cannot be completed in the offender's electronic file, Classification Counselors and Community Corrections Officers (CCOs) may use DOC 07-019 PREA Risk Assessment to document PRA information and update the electronic file as soon as practical.
   2. The PRA may be postponed if exigent circumstances make the offender unable to participate in the PRA process (e.g., significant medical/mental health issues, critical incident at the facility), provided the PRA is completed as soon as the offender is available. A chronological entry will be made documenting the reason for the PRA delay.
      a. Professional interpreter or translation services, including sign language, are available to assist offenders with the completion of PRAs per DOC 450.500 Language Services for Limited

English Proficient (LEP) Offenders. Certified staff interpreters may be used to assist with PRAs as needed.

3. The Superintendent/Community Corrections Supervisor (CCS) will establish a process to ensure PRAs are completed in the event an offender is not assigned to a Classification Counselor/CCO or the assigned Classification Counselor/CCO is not available to complete the PRA within required timeframes.
4. If an offender's PRA indicator changes from "No Risk" to "Potential Victim", "Potential Perpetrator", or "Dual Identifier" (i.e., score as both a potential victim and potential predator), the Classification Counselor/CCO will immediately review the occupants of the offender's assigned cell/room to ensure the offenders remain an appropriate match based on available information.
5. All required PRAs must be completed as outlined in this policy, regardless of the offender's housing assignment (e.g., single person cell, infirmary).
    a. Once a PRA has been initiated, it must be completed within 72 hours, to include any override approvals needed.

Initial and Intake PRAs

1. 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 from unescorted leave (e.g., out-to-court). Facilities will establish procedures to ensure completion within 72 hours, even on weekends and holidays.
    a. Initial assessments will be completed within 72 hours of arrival of the facility in which an offender is received (e.g., new commitment, violator, boarder).
    b. Intake assessments will be completed within 72 hours of transfer of any offender between Department facilities.
    c. Facilities will take into account all available information (e.g., previous PRAs, medical/mental health assessment information).

WADOC Policy 490.800 requires a follow-up PRA be completed between 21 and 30 calendar days of the offender's arrival at the facility.

The policy on reassessments for cause is also in WADOC Policy 490.800. It states:

For-Cause PRAs

1. For-cause PRAs will be completed within 10 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., previously unreported prior abuse, sexual orientation/identity).
    c. When there is a finding of guilt on certain infractions listed in the PRA, including violent infractions and infractions for sexual assault/abuse.
    d. When an employee/contract staff observes offender behavior suggesting potential for victimization or predation.
    e. For substantiated allegations of offender-on-offender sexual abuse/assault or staff sexual misconduct.
        1) The Appointing Authority will develop local procedures for notifying the assigned Classification Counselor/CCO and PREA Compliance Manager/Specialist of substantiated allegations. The PREA Compliance Manager/Specialist will be notified upon completion of the required PRA.
        2) In Prisons, PRAs will be completed for all substantiated offender victims and perpetrators.
            a) The assigned Classification Counselor(s) will refer both the perpetrator and victim to Mental Health using DOC 13-509 PREA Mental Health Notification, which will include the reasons for the referral.

3) In Work Releases, the perpetrator will be transferred to a Prison if s/he has not transferred during the investigation, released, or is already being held in a county jail. Once the Work Release Administrator/designee notifies the Superintendent of the substantiated allegation, a mental health evaluation will be requested at the Prison using DOC 13-509 PREA Mental Health Notification. The victim will be provided with community mental health contact information.
4) If the offender is transferred to another facility before the PRA is completed, the sending Appointing Authority/designee will notify the receiving Appointing Authority/designee of the substantiated allegation, and the receiving facility will complete the PRA.
5) The PREA Coordinator/designee will ensure all for-cause PRAs have been completed in response to applicable substantiated investigations. The offender's name, DOC number, case number, and role in the investigation (i.e., victim or perpetrator) will be documented in a restricted SharePoint site.

2. For-cause PRAs will not replace required initial, intake, or follow-up PRAs.

WADOC Policy 490.860, PREA Investigations, states that all PREA data containing personal identifying information will be maintained as Category 4 data per DOC 280.515 Electronic Data Classification.

WADOC Policy 280.515, states:

Category 4 Data:
Restricted Information - Data containing information that may endanger the health or safety of others or that has especially strict handling requirements by law, statute, or regulation.

a. Staff must receive authorization from the data owner prior to accessing Category 4 data.
b. Category 4 data requires Appointing Authority approval and a data sharing agreement approved through the Contracts Office to be released outside the Department, except for public disclosure or discovery/litigation hold requests or as covered in other Department policy.

Electronic data will be stored and transmitted consistent with their classification per the Data Classification Standards unless a more restrictive data sharing agreement is in place.

Staff Responsibilities
Staff is responsible for electronic data in his/her care, and will:

1. Protect data at all times to avoid unauthorized access, loss, theft, or improper disclosure,
2. Access, use, and release of Department electronic data as necessary to satisfy the business need,
3. Handle non-Department electronic data in compliance with applicable laws and data sharing agreements, and will not request electronic data unless necessary to satisfy a business need, and
4. Identify the classification of electronic data in his/her care, and maintain/release the data consistent with its classification per the Data Classification Standards.

Obligation to report
A. Staff will immediately report to the Chief Information Security Officer any:

1. Unauthorized access or release of Category 2, 3, and 4 data.
2. Lost or stolen computer equipment or portable electronic storage media (e.g., laptop, USB drive, flash drive) that contains Category 2, 3, or 4 data.

Violations

3. Failure or refusal to perform assigned responsibilities or willful violation of data classification policy or standards may result in disciplinary action, up to and including termination.

B. In addition to Department action, wrongful release of Department data which constitutes a violation of federal or state law may be prosecuted and could result in civil or criminal penalties, including fines or imprisonment.

The facility reported that there were 1295 offenders who entered the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

The facility reported that there were 1189 offenders who entered the facility (either through intake or transfer) within the past 12 months (whose length of state in the facility was for 30 days or more) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days of their arrival at the facility.

During the facility tour, the audit team learned that the transportation vehicle, which is referred to as the "Chain bus" comes in to the intake area. Offenders are strip searched in booths with curtains. Female staff in the area are notified of the searches and do not go back to this area while searches are happening. Offenders are given a clothing bag and old clothes are taken from them. Offenders see the nurse. The nurse asks if they have been the victim of sexual abuse at any other facility. If they say "yes", she asks where and when and files a report with the Shift Commander. The sergeant or officer in the area tells the offenders about zero-tolerance and how to report. The offender goes to their assigned housing unit. The housing unit officer gives them their key to their room and a kit that contains all required sundry items and written information. This kit contains a PREA brochure. Later that day or the next day, the counselor calls them out of their cell and meets with them in the office. The counselor completes the initial PRA.

The next week (8-10 days later), the offender goes to the Education Building to attend offender orientation, which is an all-day program. Responsibility to present orientation is rotated within the counselor classification. The PREA portion of orientation is about an hour in duration. The offenders watch the video and the counselor reads a script. The script includes how to report a PREA allegation, what the doorbell means, and what PREA information can be found in the binders in the Resources Room. The offenders are given an opportunity to ask questions.

WADOC Information Technology developers and contracted developers developed the offender risk assessment tool, in a restricted component within OMNI, to screen all offender risk of victimization and abusiveness. OMNI is the total system that contains all electronic information about an offender and consists of multiple components, some of which any staff can access and many of which contain confidential information that require access authorization. Information includes everything from sentencing information, general information, gang activity, health services information, behavior logs, multiple types of screenings and assessments, etc. The PREA Risk Assessment (PRA) has "yes" and "no" check boxes and data fields for the screening staff to enter data about each offender. Based on the data entered, the offender is rated on their potential for victimization or abusiveness. Nine questions are asked of the offender or observed in person or in documentation. The questions include: First incarceration; Age less than 25 years or over 65 years; Female size and stature: Less than 5' 0" and/or less than 80 pounds; Previous or current commitment for sex offence/crime with sexual motivation in which the victim was a child of 13 years or younger or am elderly person of 65 years or older; Mental impairment-developmentally or intellectually disabled, mentally ill or physically disabled; History of sexual abuse-victimization; Victim of sexual assault in confinement; Behavior characteristics or display of sexual orientation is a way that projects vulnerability; and, Offender perceives themselves as vulnerable. Nine of the ten criteria listed in PREA 115.41 (d) are included for entry in the PRA. There is not a location to enter information on civil immigration status. SCCC does not house offenders solely for civil immigration processing. The PRA also includes fields to enter information about prior acts of sexual abuse, violent offences, and history of prior institutional violence or sexual abuse.

A copy of the PRA Housing Guide was provided to the auditor. This guide provides an overview of PRA housing, how to navigate the OMNI system, screening and housing assignments, and monitoring plans.

The auditor reviewed the guide and found it provided instructions to staff on how the PRA process works. Also with the PAQ, the auditor was provided with two examples of housing compatibility chronos and two examples of completed PRAs. While on-site, the auditor requested and received the completed PRAs for 20 of the random offenders who were interviewed.

Two staff that is responsible for completing the risk screening were interviewed. Both of the staff interviewed indicated they are responsible to screen offenders, upon admission, for risk of sexual victimization or abusiveness. They stated they complete the initial screening within 72 hours of arrival. It is generally done the day the offender arrives or the next day. Both shared the initial risk screening considers prior sex offenses, prior incarcerations, vulnerability, community and in-custody victimization, criminal history, mental disabilities, infraction history, age, stature, LGBTQI status, and the offenders consideration of personal safety. Both indicated they bring the offender into their office and go through the questions with them. The information is input into the computer, while they are talking to the offender. They indicated that offenders are re-screened between 21-30 days of arrival. The OMNI system prompts the counselor to complete the reassessment. Both staff interviewed indicated they would reassess an offender's risk level if they receive a referral, request, or additional information that could change the screening and they would complete a reassessment if an offender is the victim of sexual abuse. Both indicated that offenders are not disciplined in any way for refusing to respond or not disclosing complete information while conducting the risk screening. Both of the counselors indicated that only specifically identified classifications are able to access the risk screening information. These include the counselors, sergeants, correctional unit supervisors, CPMs, associate superintendents, superintendent, and the PCM.

Of the 41 offenders interviewed, 23 indicated they had been asked the PREA questions. Of those, 15 indicated the counselor asked them either on the day they arrived or the next day; 4 indicated within their first week; one indicated within a few weeks; and three were unsure of how long after arrival they were asked the PREA questions. Seven offenders stated they were never asked the PREA questions. Eight offenders indicated they have been at the facility for a long time and have never been asked the questions. Three indicated that the questions weren't asked upon arrival, but have been asked at some point since then. In reviewing the electronic PRA forms, it is noted that of the 20 offender files that were reviewed, all but one of the offenders had received their initial screening within 72 hours of arrival.

Of the 41 offenders interviewed, six indicated they have been at SCCC a long time and the PREA questions weren't asked when they arrived; 11 stated they were not asked the questions a second time; eight indicated they didn't remember being asked the PREA questions a second time; eight indicated they were asked the PREA questions again within three weeks to a month of when they arrived; and eight indicated the questions were asked again between day two and day 10. While this is within the standard, the WADOC policy states the reassessment will be completed between 21-30 days of arrival. The electronic form will not even allow staff to complete it before day 21.

During the interview with the PREA Coordinator, she indicated that policy 490.820 identifies who has access to the PREA Screening information. Access to the PRA system in OMNI when the request is for a staff member whose classification is outside the designated job classifications must be authorized by the PREA Coordinator.

The PCM indicated that only identified classifications are allowed to access the risk screening information. These include counselors, CUS, Sergeant for housing and classification, and the CPM.

The 20 files that were reviewed contained documentation that all but one of the reassessments were completed within the required timeframes; however, in interviewing offenders, the auditors were told that the reassessments either were not done or it happens within 2 -10 days of arrival. WADOC policy requires reassessment to be completed between days 21 – 30. Because of this discrepancy, the auditor

will review a sample of completed reassessments during a portion of the Corrective Action period. In order to evaluate the time discrepancy, the acknowledgement form was modified to require an offender signature/date and a signature/date of the person completing the review.

In reviewing the sample of 12 investigative files, the auditor noted that two of the files should have had a reassessment PRA completed based on an allegation of sexual abuse or staff sexual misconduct. One was pending, so it has not been completed yet, and one document was reviewed by the auditor. The auditor monitored all allegations made during the corrective action period to ensure reassessments for cause were being completed as required and determined there was only one new allegation that required a reassessment for cause. That reassessment was completed, as required and the auditor was provided a copy of the documentation.

Corrective action was identified for this standard. The auditor selected random new arrivals and requested copies of the 30-day reassessment documents for a period of 90 days. Approximately 98% of all of the documents reviewed were completed within the required timeframe. No further action is required to demonstrate compliance with this standard.

Standard 115.42: Use of screening information

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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ Yes ☐ No

115.42 (b)

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

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of

LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ 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*)

Overall Compliance Determination Narrative

The policy that addresses the use of screening information and transgender housing assignments is in WADOC Policy 490.820 PREA Risk Assessments and Assignments. It 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 assignments will review the PRA identifier to ensure the compatibility of cell/roommates.
    1. For offenders who have not had a PRA, either at the sending facility or on a prior incarceration, a mental health employee/contract staff will review the completed DOC 13-349 Intersystem/Restrictive Housing Mental Health Screening for information impacting the offender's housing assignment.
    2. Employees will document the review in a PREA Housing chrono entry for each cell occupant.
B. Housing compatibility reviews and related PREA Housing chrono entries are not required for offenders being placed in dedicated single-person cells (e.g., Intensive Management Unit, segregation, mental health units) unless more than one offender is placed in the cell.
C. If an offender is transferring between facilities, housing reviews can be completed in advance of the offender's arrival as long as a review is done to ensure the offenders assigned to the designated cell have not changed before the arriving offender is placed in the cell.
D. An offender who scores at potential risk for sexual victimization will not be housed in the same cell/room as an offender who scores at potential risk for sexual predation or as a dual identifier.
    1. An offender who scores as a dual identifier can only be housed in the same cell/room with an offender who scores as no risk identified.
    2. Facilities with dormitory/open housing will establish procedures for appropriate bed assignments for at risk offenders.

Housing and programming will be reviewed, initially and prior to any transfer, by a local review committee for all offenders who identify as transgender or intersex. Reviews will be documented on DOC 02-384 Protocol for the Housing of Transgender and Intersex Offenders, which will be scanned into a secure site in the electronic imaging system accessible only by the PREA Compliance Manager/Specialist and the Correctional Program Manager/CCS or higher rank.

1. Initial housing reviews will be completed within 10 business days of disclosure by the offender of transgender or intersex status.
2. In Prisons:

a. The review committee will be chaired by the PREA Compliance Manager/Specialist and will include, but will not be limited to:
    1) The Captain at major facilities or Lieutenant at stand-alone minimum security facilities,
    2) The Correctional Program Manager,
    3) A representative from medical,
    4) A representative from mental health, and
    5) The assigned Classification Counselor, or Correctional Unit Supervisor if the Classification Counselor is not available.
b. At a minimum, the assigned Classification Counselor, representative from medical, and representative from mental health, if available onsite, will meet individually with the offender in a location where confidentiality can be maintained before the review committee meets.
c. The committee will meet, either in person or by phone, to discuss the case and determine its recommendation.

3. In Work Releases, the review committee will include the CCS and assigned Classification Counselor/CCO.
    a. The committee will meet, either in person or by phone, to discuss the case and determine its recommendation.
4. Housing placement recommendations will be submitted to the PREA Coordinator, who will review and forward the submission to the Prisons Command A Deputy Director for final review and approval. Local FRMT processes will be suspended until the housing review has been approved. DOC 02-384 Protocol for the Housing of Transgender and Intersex Offenders is approved by the Prisons Command A Deputy Director indicating transfer to a facility, the receiving facility will complete Part II of the form.
    a) 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, as applicable.
    b) If placement within the facility has not been approved by the Prisons Command A Deputy Director before the offender arrives at the facility, the offender will be housed as follows:
        1) In Prison, the offender will be housed in the infirmary or Extended Observation Area until the Prisons Command A Deputy Director makes a final housing decision.
    a) Exceptions to infirmary housing are permitted with approval of the Prisons Command A Deputy Director. Requests must be accompanied by a written statement from the offender that he/she feels safe remaining in general population.
    b) If the assigned facility's infirmary is full, the offender will be transferred to another facility's infirmary. The final housing decision will be based on recommendations from the local review committee.
        2) In Work Release, the offender will be housed in a single person room or a room with an offender(s) assessed as "No Risk".
5. A confidential PREA hold will be established in the electronic file as soon as an offender identifies as transgender or intersex. This hold will remain in effect until the offender releases or his/her status as a transgender or intersex offender has been revised.
6. Review committees will reassess placement and programming assignments every 6 months using DOC 02-385 Protocol for Housing Review for Transgender and Intersex Offenders to review any threats to the offender's safety.
7. A Headquarters Multidisciplinary Team (MDT) will meet to review housing assignments as determined and chaired by the Prisons Command A Deputy Director. Housing decisions requiring review by the MDT will be completed within 30 days. The MDT may include the following individuals or their designees:
    a. PREA Coordinator,
    b. Assistant Attorney General,
    c. Chief Medical Officer,
    d. Chief of Psychiatry,
    e. Emergency Operations Corrections Specialist,

f. Selected stakeholders from the community, and
g. Others as identified on a case-by-case basis.

Transgender and intersex offenders may appeal housing review decisions in writing to the:

1. Prisons Command A Deputy Director for decisions made based on facility recommendations, or
2. Applicable Assistant Secretary for decisions made after a Headquarters MDT review.

F. Facilities will develop local procedures to allow transgender and intersex offenders the opportunity to shower and dress/undress separately from other offenders. This may include individual shower stalls, separate shower times, or other procedures based on facility design.

WADOC Policy 300.380, Classification and Custody Facility Plan Review, states that Committee members will review each offender on the transfer manifest before they arrive at the receiving facility. The screening will include, at a minimum…PREA information per DOC 490.820. It further indicates that any concerns regarding work programs, treatment, education, evidence-based programs, or other activities presented after reviewing the offender's PRA 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.

One example of the Incoming Transport/Job Screening Checklist was provided with the PAQ and the auditor reviewed an additional 4 while on-site. These documents contained a significant amount of information that pertains to the offender. This information is utilized to determine appropriate housing and program assignments for the offender.

During the facility tour, the auditors noted that all of the housing units, except for G Unit have created showers with higher stall walls to allow transgender offenders modesty when showering. Housing unit staff told the auditors that transgender offenders are allowed to use any shower that they choose in their assigned pod and can request to shower during count. The height of the G Unit shower walls are addressed in 115.15.

The PREA Coordinator indicated that housing within a specific facility (e.g., to a unit / cell / bed) is made following a review of risk assessment information along with other factors such as separation orders, classification, specialized housing need (e.g., Skill Builders), etc. The review is conducted before the offender is placed in a bed at their assigned facility. They do not segregated offenders by race, ethnicity, gender identity, or gang affiliation.

During the interview with the PCM, she indicated that during the first week at the facility, the offender is seen by the Intake Transfer Job Screening committee. They review the PRA, criminal history (including history of violence), and other relevant case factors to determine appropriate housing and job placement. Until this committee review occurs, the offender is housed with another offender who is designated "no risk". The PCM indicated the offenders are screened for safety concerns. They consider if placement will ensure the offender's health and safety and whether placement would present management or security problems. She informed the auditor that transgender and intersex offender housing and programming placements are reviewed every six months. If there are issues or concerns expressed, the offender may also be reassessed for cause at any time. The PCM indicated that the transgender and intersex offender's views regarding their safety are given serious consideration in placement and programming assignments. The PCM indicated that transgender and intersex offenders may shower during count, if they request to do so. The PCM confirmed the facility does not house transgender and intersex offenders in a dedicated facility, unit or wing.

The two staff interviewed who are responsible for completing the risk screening indicated that the information from the risk screening is utilized to determine if a monitoring plan is required. The severity of the monitoring plan is based on the significance of the case factors and recommendations by staff. By

policy, offenders who are determined to be “victim likely” are not housed with offenders who are determined to be “predator likely”. Both staff indicated that placement and programming assignments are reviewed semi-annually for transgender and intersex offenders to review for any threats to safety experienced by the offender. They indicated that transgender and intersex offender’s views with respect to their own safety are given serious consideration in determining appropriate housing. Transgender and intersex offenders are given the opportunity to shower during count, if requested.

The three transgender offenders who were interviewed indicated they were asked questions about their safety, during intake screening. One stated that they were asked about sexual orientation during their recent reassessment. All three transgender offenders indicated they were asked if they feel safe in their current housing and program assignments. They are allowed to shower separately from the rest of the population, if they request to do so and are not assigned to a housing unit dedicated specifically for transgender or intersex offenders.

Per a memorandum authored by the Superintendent, prior to assigning an offender to a multi-person cell/dorm area, the PRA is reviewed to ensure the offender is not assigned to an area that would place them at risk for victimization. In addition, the PRA information is used in the following manner in classification decisions:

1) Prior to an 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 the DOC policy 300.380, Classification and Custody Facility Plan Review and DOC 490.820, PREA Assessment and Assignments, facility staff will hold a multi-disciplinary team (MDT) review of the offender's listed on the transfer manifest prior to their 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 OMNI system and entitled the Incoming Transport Job Screening (ITJS).
2) 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.
3) Classification staff will complete a PREA transfer assessment and an Intake Classification Custody Facility Plan Review within 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 OMNI system.
4) Classification staff will update the status of a monitoring plan at each classification review held either every six months or annually based on the offender’s sentence structure. This is outlined in WADOC Policy 300.380.

The auditor was told by classification staff that WADOC requires each facility to utilize the data obtained from the OMNI program to place offenders in the proper housing, bed, work, education and program assignment ensuing separation of potential victims and potential predators. Each offender is evaluated on his or her own case factors to ensure their safety.

Per policy each transgender or intersex offender is reviewed for any threats to their safety. WADOC utilizes form DOC 02-384, Protocol for the Housing of Transgender and Intersex Offenders, to evaluate each transgender and intersex offender prior to housing. The DOC 02-384 is a thorough assessment of the offender’s case factors and these reviews take into account the offender’s own view of their safety. According to the WADOC PREA Coordinator, there has been one transgender women and one transgender man housed in a facility that does not conform with their gender assigned at birth in the State

of Washington. This was completed after considering all of their case factors, physical and mental health, and the offender's request to be housed in a women's/men's facility for their safety.

Documentation of reassessment of programming assignments for each transgender or intersex offender is in compliance with the standard. Four examples of reassessments were provided with the PAQ. In addition, during the interviews with the transgender offenders, they indicated they are reassessed twice each year.

Every six months each transgender and intersex offender is re-evaluated utilizing form DOC 02-384, Protocol for Housing Review for Transgender and Intersex Offenders. These reviews are a comprehensive assessment of the offender's safety concerns, including the offender's own perceived views of his or her safety. The completed DOC 02-384 is forwarded to the Deputy Director of Prisons Command for final approval.

The auditor utilized the list of transgender and intersex offenders and reviewed housing assignments of these offenders for compliance with the standard. It is noted that these offenders live in a variety of housing units around the facility.

During the on-site review, a transgender offender notified staff that she no longer felt safe living at SCCC because her cell mate was becoming a problem. She was requesting to be housed in protective custody or be transferred to a female facility. The facility moved her to a single cell in the medical area. A meeting was held between her, the PREA Compliance Specialist, and the PCM. They brought together a multi-discipline group of staff to discuss her request. The auditor sat in on the first meeting, but it was determined that all of the staff who were required were not present and the meeting was postponed until the next day. The auditor was provided with meeting minutes from this housing review.

No corrective action was identified for this standard.

Standard 115.43: Protective Custody

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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

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? ☒ Yes ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ 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? ☒ 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? ☒ 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? ☒ 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*)

Overall Compliance Determination Narrative

The policy that addresses protective custody is in WADOC Policy 490.820, PREA Risk Assessment and Assignment. It states that offenders, who score as potential risk for sexual victimization, may be placed in Administrative Segregation if necessary to separate potential victims from potential predators. This placement shall only occur if no alternative housing is available. In the rare case that the offender is in Administrative Segregation for more than 30 days, a review will be conducted every 30 days to determine continued placement. 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 Policy 320.255, Restrictive Housing, states:

Offenders assigned to Restrictive Housing will be provided the following COCs, unless safety or security considerations dictate otherwise. If any of these conditions are refused or not provided, it will be documented on DOC 05-091 Daily Report of Segregated Offender. COCs will contain the following:

8) limited program access due to risk level;
15) Access to the following:
    a. Religious guidance
    b. Education
    c. Self-help programs
    d. Library and Law Library
    e. Grievance Program, and
    f. Offender Policy and Operational Memorandum Manuals.

Conditions of Confinement (COC) Modifications

A. COC modifications may be implemented for one or more of the following reasons:
    1. The activity or item is currently a risk to employees/contract staff, the offender's safety, or security and/or orderly operation of the Restrictive Housing unit.
    The continued use of the activity or item will result in a high probability of endangerment to self, others, security and orderly operation, and/or state property.
    The CUS/CMHUS or Shift Lieutenant in charge at the time of the imposed COC modifications will document and justify the modifications on DOC 21-632 Restrictive Housing/Secured Housing Unit Conditions of Confinement Modification Approval, which the Superintendent/designee will review and approve within one working day. Any COC modifications will be recorded in the unit log. or IMU/segregation units, the designee must be at the Associate Superintendent level.
    2. Restrictions that take place after hours will be approved through the facility Duty Officer and reviewed by the appropriate manager the next working day.
C. COC modifications can be increased or decreased without changing the offender's level/step.
    1. The IMU/ITU CUS/CMHUS will review each offender assigned to COC modification status daily. As soon as the offender's behavior no longer indicates a threat, the Correctional Program Manager (CPM)/Correctional Mental Health Program Manager (CMHPM), Captain, or higher authority may release the offender from COC modification status.
D. COC modifications lasting more than 7 days require Mission Housing Administrator (MHA) approval. COC modifications lasting more than 14 days require Assistant Secretary for Prisons/designee approval. Input from health services employees/contract staff should be considered in making a decision to extend a COC modification.
E. When an offender is placed on pen and/or paper restriction, the Unit Sergeant will address any immediate communication needs (e.g., assistance with grievance, medical, emergency legal needs) when conducting the daily cell check.

F. Alternative meal service COC modifications may not exceed a maximum of 7 consecutive days and must have the written approval of the Superintendent and Health Authority. Alternative meal service is limited to offenders who have used food or food service equipment in a manner that is hazardous to self, employees/contract staff, or other offenders. Alternative meal service must be based on health or safety considerations only and must meet basic nutritional standards.
G. The Superintendent/designee will receive daily updates on all offenders assigned to COC modification status.
H. Active COC modifications on offenders who transfer will be forwarded to the receiving facility's IMU/ITU at the time the offender is transferred.

Health Services

A. Offenders assigned to Restrictive Housing will have access to medical, dental, and mental health services.
C. Mental health, medical, and dental employees/contract staff will schedule at least one in-person assessment by the 25th month for offenders assigned to a Restrictive Housing unit for longer than 2 consecutive years and once per year thereafter.
D. Employees/contract staff observing offender behavior that may indicate a mental health issue exists should make an appropriate and timely referral using DOC 13-420 Request for Mental Health Assessment. The designated mental health provider will review the referral and take appropriate action.

WADOC Policy 320.260 Secured Housing Units, states:

I. Stand-alone minimum security facilities will, when necessary, confine offenders in the Secured Housing Unit for up to 14 days, with an extension of up to 3 days in limited circumstances as approved by the appropriate Deputy Director to accommodate transportation needs. Offenders will then be returned to general population or transferred to a more secure facility, as appropriate. Offenders assigned to a SHU will be provided the following COC, unless safety or security considerations dictate otherwise:
    - Limited program access due to program level
    - Access to health care services
    - Access to the following: Religious guidance, Education, Self help programs, Library and Law Library, Grievance Program, and Offender Policy and Operational Memorandum manuals

Program Management Activities System

A. Offenders assigned to a Secured Housing Unit will be allowed the program activities identified in the Secured Housing Unit Program Activities Grid (Attachment 1).
    1. Except for calls related specifically to access legal representation, offenders in disciplinary segregation will be allowed limited telephone privileges unless otherwise authorized by the Superintendent/designee.
    2. Legal visits and no-contact visits with immediate family members may be permitted for offenders assigned to a Secured Housing Unit per DOC 450.300 Visits for Prison Offenders. These visits will be initiated by the offender using DOC 21-787 Special Visit Request.
        a. Facilities which are unable to provide no-contact visits may arrange or schedule a no-contact visit at a more secure facility nearby.
    3. Offenders assigned to a Secured Housing Unit who require legal access, mental health services, or infirmary placement will be transferred to a facility that is able to provide the services.
    4. Offenders assigned to the Secured Housing Unit will receive daily visits from health services employees/contract staff. When an offender is placed in the Secured Housing Unit during regular business hours, medical employees/contract staff will complete DOC 13-432 Nursing Assessment of Patient Placed in Secured Housing.

Program Modifications

A. Program modifications may be implemented for one or more of the following reasons:
    1. The activity or item is currently a risk to employee/contract staff or the offender's safety, or to the security and/or orderly operation of the Secured Housing Unit.

2. The continued use of the activity or item will result in a high probability of endangerment to self, others, security and orderly operation, and/or state property.

B. The CUS/Shift Commander in charge at the time of the imposed modifications will document and justify modifications on DOC 21-632 Restrictive Housing/Secured Housing Unit Conditions of Confinement Modification Approval, which the Superintendent/designee will review and approve within one business day. Any program modification will be recorded in the unit log.
   1. The designee must be the Senior Security Manager or CPM.
C. The CUS will review each offender assigned to program modification status daily. As soon as the offender's behavior no longer indicates a threat, the Senior Security Manager, CPM, or higher authority may release the offender from program modification status.
D. Program modifications lasting up to 7 days require Superintendent/designee approval. If available, input from medical/mental health employees/contract staff should be considered in making a decision to extend a program modification. Modifications for more than 7 days require Deputy Director/designee approval.
E. When an offender is placed on pen and/or paper restriction, the Unit Sergeant will conduct a daily cell check to address any immediate communication needs (e.g., assistance with grievance, medical, emergency legal needs).
F. Alternative meal service program modifications may not exceed a maximum of 7 consecutive days and must have the written approval of the Superintendent and Health Authority. Alternative meal service is limited to offenders who have used food or food service equipment in a manner that is hazardous to self, employees/contract staff, or other offenders. Alternative meal service must be based on health or safety considerations only and must meet basic nutritional standards.
G. The Superintendent/designee will receive routine updates on all offenders assigned to a program modification status.
H. Active program modifications on offenders who transfer will be forwarded to the receiving facility's Intensive Management Unit (IMU)/Intensive Treatment Unit (ITU) at the time the offender is transferred.

According to the information provided by the facility, in the past 12 months, there were no offenders who were identified to be at risk of sexual victimization who were held in involuntary segregated housing for one to 24 hours while awaiting completion of an assessment. The facility provided a list of inmates who reported victimization during screening and the audit team randomly checked the housing history for six of these offenders while at SCCC. One was found to have been housed in protective custody while at SCCC and the auditor received information that the reason for placement in IMU was not related to his risk of sexual victimization.

During his interview, the Superintendent indicated the agency's policy prohibits placing offenders, who are high risk for sexual victimization or who have alleged sexual abuse, in involuntary segregated housing, unless no other appropriate housing can be identified. He shared that if an offender was at risk from abusers and there was no other alternative, the offender would be placed in secured housing for no longer than 24 hours while a transfer to a different facility was facilitated. The Superintendent indicated that the facility makes every effort to find alternate housing for offenders who have been identified to be at high risk for victimization or who have reported sexual abuse. He stated there have been no situations, within the last 12 months, where an offender who has been identified to be at high risk of victimization, was placed in involuntary segregated housing.

Two of the staff who supervise offenders in segregated housing were interviewed. Both indicated that, to the extent possible, offenders who are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, have limited access to programs, privileges, educations and work opportunities. Both staff interviewed indicated they are not aware of any offender being placed in in-voluntary segregated housing for sexual victimization concerns. The Correctional Unit Supervisor stated she has supervised the unit for two years and it has not happened during that timeframe. Offenders who

are placed in non-disciplinary segregation must be released within 47 days, per policy. One of the staff interviewed stated the reviews are completed in less than 30 days. The other staff indicated they are reassessed every 14 days.

At the time of the on-site visit, there were no offenders housed in segregated housing due to their risk of victimization or because they had made an allegation of sexual abuse.

Corrective action was not identified for this standard.

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ Yes ☐ No

- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ 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? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

115.51 (c)

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

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

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ 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*)

Overall Compliance Determination Narrative

The policy addressing offender reporting is in WADOC Policy 490.800, PREA Prevention and Reporting, which states:

Offenders may report PREA allegations in the following ways. Reporters may remain anonymous:

1. Through the confidential PREA hotline at 800-586-9431, or at 844-242-1201 for teletypewriter (TTY).
   a. The toll-free number will be posted on or near all offender telephones in Prisons and Work Releases and in the lobby/offender reception area in all Field Offices. Telephones will be accessible to Prison/Work Release offenders only during their free time hours.
      1) The facility/office will not record or monitor calls to the hotline.
      2) An IPIN will not be required to place a call to the hotline.
   b. Headquarters will record and monitor all calls to the hotline. Messages will be checked by Headquarters personnel each regular workday.
2. Verbally to any staff.
3. In writing, through the following processes:
   a. Offender kites.
   b. Written notes or letters to staff.
   c. Legal mail addressed to the State Attorney General, the Office of the Governor, law enforcement, and/or the PREA Coordinator, per DOC 450.100 Mail for Prison Offenders or DOC 450.110 Mail for Work Release Offenders. Legal mail to the PREA Coordinator should be sent to P.O. Box 41131, Olympia, WA 98504.
   d. Offender grievances, including emergency offender complaints, per DOC 550.100 Offender Grievance Program and the Offender Grievance Program Manual.
      1) Copies of 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 refile the grievance per DOC 550.100 Offender Grievance Program.
   e. Written report to an outside agency for Prison and Work Release offenders.

1) These reports will be made using DOC 21-379 Report of Prison Rape Elimination Act (PREA) Allegation. The offender can remain anonymous by not identifying him/herself on the form. The forms will be available:
    a) In areas accessible to offenders in Prisons, with pre-addressed envelopes attached.
    b) On bulletin boards in Work Releases.
2) In Prisons, the offender will place the completed form in the provided pre-addressed envelope and place it in any offender grievance box. When grievances are retrieved, the Grievance Coordinator will forward the form to the mailroom to be processed without opening, even if there is no return address identifying the author on the envelope.
    a) Upon request, offenders placed in restrictive housing will be provided with DOC 21-379 Report of Prison Rape Elimination Act (PREA) Allegation and a pre-addressed envelope.
        (1) Offenders can submit the completed form and envelope inside a grievance/medical envelope, which staff will place in the grievance box for processing.
        (2) When the grievance/medical envelope is opened by grievance staff, the pre-addressed envelope inside will be promptly processed through the facility's mailroom to be processed without being opened or examined.
        3) If an offender places DOC 21-379 Report of Prison Rape Elimination Act (PREA) Allegation in a grievance/medical envelope or in the facility grievance box without placing it in the pre-addressed envelope, it will be forwarded to the Shift Commander and processed the same as any other PREA allegation received.
        4) Once received, the outside agency will forward the report to the PREA Coordinator, who will respond to the allegation per DOC 490.850 Prison Rape Elimination Act (PREA) Response.

WADOC Policy 450.100, Mail for Prison Offenders, states:

Legal Mail

A. Offenders have the ability to correspond by means of legal mail. Legal mail must meet the following requirements and is subject to inspection to ensure the contents qualify as legal mail:
    1. Legal mail must be correspondence to or from one of the following, as indicated in the mailing address or return address on the front of the envelope:
        a. 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.

DOC 490.850, PREA Response, requires staff to 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. It also requires staff report incidents of retaliation and knowledge of staff actions or neglect that may have contributed to an incident. It mandates that any information must be delivered confidentially and immediately to the shift commander or hiring authority. The policy contains a flow chart for Staff to follow.

WADOC Policy 490.850, PREA Response requires staff to 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. It also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident. Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process. Staff are required to report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct immediately and confidentially to their

supervisor. Staff may report any PREA allegation directly to the Duty Officer or the Appointing Authority if they fell that it is a conflict of interest to report to their supervisor.

Information about reporting requirements is provided to offenders during offender orientation and in the offender handbook. WADOC provides several methods to report sexual abuse and sexual harassment, retaliations for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The Offender's handbook lists seven different methods for offenders to report a PREA allegation. These options include: Report verbally to a staff member, volunteer or contractor; Send a kite, written note or written statement to any staff; send a KIOSK message; Call the PREA hotline toll free; Write the Department PREA Coordinator, State Attorney General or the Governor's Office. Legal mail is an acceptable method for this purpose; Send an Offender Grievance; Send a report of Prison Rape Elimination Act Allegation form (DOC 21-379). Several of these options allow the offender to remain anonymous.

A copy of the Statewide Offender Handbook was provided in English. It is available in Spanish. The auditor saw a copy but did not get a copy. It provides a lot of detailed information about PREA. Posters and Inmate Brochures are available to the population and were provided to the auditor in both English and Spanish.

Of the 16 random staff interviewed, 6 staff provided multiple ways an offender can privately report which included telling staff, using the hotline, using the kiosk, sending a kite, writing to Colorado Department of Corrections, and filing a grievance; 3 staff indicated they could tell staff; 3 indicated they could call the hotline; 4 stated they could send a kite via paper or using the kiosk. When asked about accepting a verbal report, 13 staff indicated they would document the report, as required by the Shift Commander, and would do it immediately or as soon as possible. One staff indicated he would accept the report and forward it to the Shift Commander, but would not write a report unless instructed to do so by the shift commander. Two medical staff indicated they would record the information on appropriate medical forms and verbally report to the Shift Commander. Possible ways for staff to report privately included: chain of command; call the shift commander; use the hotline; contact the PREA Compliance Manager or PREA Coordinator; and complete a confidential IR. Most indicated they would do it in person or over the phone from a place that was private.

Of the 41 offenders interviewed, 33 indicated they would report an incident to staff or call the hotline; one indicated he would drop a kite; one indicated he would contact prison justice advocates; and four indicated they do not trust staff and would not report it to anyone at the facility. One indicated they would send it to Colorado and one stated he would send it to the Director of Corrections.

During the facility tour, it was noted that offenders have a variety of ways available to them to file a PREA allegation. There are posters in almost every building throughout the facility which describe how to report. There are a variety of different brochures available for offenders, staff, and members of the community on PREA. There is a hot-line available, which was tested by the auditors. They can send a kite or report via the kiosk. They can also send information to the Colorado Department of Corrections (CDOC). While on the tour, the auditors checked the PREA binders in the Resources Room in each housing unit, to ensure the binder contained the form and envelope that offenders can use to send a report to the CDOC. All binders contained the form and envelopes.

The Superintendent authored a memorandum, dated September 3, 2019, which informed the auditor that WADOC provides offenders with multiple reporting venues, to include a confidential toll-free hotline, verbal reports to any staff, kites, grievances, and legal mail to designated individuals. Use of the hotline does not require the offender to input a personal identifying number (PIN} and calls are exempt from recording or monitoring by the facility. He stated that offenders are also able to anonymously and confidentially send allegation information to the CDOC, 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 pre-addressed envelopes. The Superintendent indicated that employees, contractors, and volunteers are required by policy to report all allegations received, regardless of the manner in which the information was obtained. Individuals who fail to report allegations or who knowingly submit incomplete or untruthful information may be subject to corrective or disciplinary action. This information is contained in agency policy, addressed in PREA training, and included in a PREA brochure available for staff, contractors and volunteers.

The state's definition of legal mail includes correspondence to and from the agency's PREA Coordinator. Reporting methods are addressed in the offender orientation video, are detailed in offender brochures, and are included in offender handbooks.

The MOU with CDOC was provided to the auditor for review. The MOU expired on 3/1/19; however, an amendment was included that extends the date to 4/30/21. The required form is available in English and Spanish.

During her interview, the PCM stated that all PREA information is contained in a binder in the Resources Room in each housing unit. The agency utilizes the CDOC as their third party reporting agency. Within the binder, there are forms and pre-addressed envelopes that offenders can use to send an allegation to the CDOC. The form allows the offender to indicate if they wish to remain anonymous. The process is that the offender gets the form/envelope from the resources room and fills out the form. The offender seals the envelope and drops it in the grievance box. The grievance box is accessed twice weekly by one of the grievance coordinators. If there is an envelope for CDOC, the grievance coordinator takes the envelope to the mailroom, which sends it out without searching it.

When the 41 randomly interviewed offenders were asked about reporting outside of the agency, 20 indicated they could tell family or friends, one indicated he would call his lawyer, one indicated they would report it to the ombudsman's office, 9 indicated they would send the completed form to CDOC, 6 indicated they weren't sure if there was someone outside the facility who would accept a report, and four indicated there was no one outside the facility who would accept a report. When asked if they could make a report without leaving their name, one offender indicated he could not, 10 indicated they were not sure, and 30 indicated they could make a report without leaving their name. For those offenders that were unaware, the auditor informed them of the process, so they would know for the future. When asked about methods to make an internal report, 39 of the offenders interviewed were able to provide multiple ways to make a report. Two indicated they did not trust the process at this facility and would likely be retaliated against for reporting.

The auditor noted that WADOC does not detain persons solely for civil immigration purposes. They must be incarcerated on a criminal matter.

During a discussion with the shift commander, he indicated that staff is expected to accept a verbal report from an offender and when he is notified, the staff is instructed to prepare an Incident Report and submit it through the automated system.

WADOC policy allows for staff to report allegations of a highly sensitive nature (e.g., allegations against the Shift Commander or Community Corrections Supervisor or in which that person may have a conflict of interest) directly to the Appointing Authority or Duty Officer. This information is also contained in PREA training provided to all staff.

No corrective action was identified for this standard.

Best practice: Staff brochure does not address private reporting options for staff. This was brought to their attention and on April 1, 2020, the auditor received an updated copy of the staff brochure which now includes private reporting options for staff.

Standard 115.52: Exhaustion of administrative remedies

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

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.) ☒ 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.) ☒ 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.) ☒ 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.) ☒ 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.) ☒ 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.) ☒ 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.) ☒ 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.) ☒ 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.) ☒ 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.). ☒ 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.) ☒ 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.) ☒ 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.) ☒ 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.) ☒ 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.) ☒ 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.) ☒ 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*)

Overall Compliance Determination Narrative

Policy outlining exhaustion of administrative remedies and inmate grievances of sexual abuse is addressed in WADOC Policy 490.800, which states:

Offenders may report PREA allegations in the following ways. Reporters may remain anonymous. In writing, via an offender grievance, including emergency offender complaints, per DOC 550.100 Offender Grievance Program and the Offender Grievance Program Manual.

d. Offender grievances, including emergency offender complaints, per DOC 550.100 Offender Grievance Program and the Offender Grievance Program Manual.
    1) Copies of grievances alleging sexual misconduct will be forwarded immediately to the applicable authority per the PREA Reporting Process attached to DOC 490.850 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 refile the grievance per DOC 550.100 Offender Grievance Program.

WADOC Policy 550.100, Offender Grievance Program, states:

Grievances alleging sexual misconduct will be forwarded to the PREA Coordinator per DOC 490.800 PREA Prevention and Reporting and will not be reviewed through the grievance process.

The audit team was provided with a memorandum dated December 20, 2016, signed by the Secretary of the WADOC, which states that WADOC does not process PREA-related allegations through the offender grievance process.

If an offender files a grievance alleging sexual misconduct, a copy of the grievance is forwarded to the WADOC PREA unit. If it is determined that the issue of the grievance is not related to PREA, the offender may pursue the issue through the grievance process. If the issue has been determined to be PREA related, the case is referred to the Appointing Authority who assigns the case to an investigator. The investigation is pursued like any other PREA investigation. This process requires that the allegation is investigated by a PREA trained investigator and that the Appointing Authority makes the final decision.

Additionally, since PREA allegations are removed from the grievance process, offenders do not have to exhaust administrative remedies before attempting to resolve the issue through litigation. This information is available to the offenders in the grievance policy handbook and the offender handbook.

When a PREA allegation is made through the grievance process, it is taken to the Shift Commander who will create an Incident Report. The Incident Report will be forwarded to the PREA Triage Unit for evaluation. The Grievance Coordinator notifies the offender that this has occurred by returning a copy of the grievance to the offender with a sticker on it which indicates it has been submitted to the PREA Triage Unit for evaluation.

There are no time limits to reporting an allegation of sexual misconduct. Since the PREA unit forwards the grievance to the appointing authority to initiate an investigation, the grievance is not submitted to the staff member who is the subject of the complaint.

The number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed was 57. This figure was provided by the Grievance Coordinator while on-site.

Through interviews with offenders who reported sexual abuse, the auditors learned the following: one offender indicated he had not received any notice because the case is still open; one indicated he had not received any notification but understood that he should receive information about the outcome of the investigation; and the third offender indicated that he has not received any type of notification. The auditor checked with facility staff and noted that the file indicated the offender had been verbally notified of the outcome.

A sample of PREA allegations, made through a variety of reporting mechanisms, were reviewed during the on-site visit. According to the PAQ, there were no emergency grievances filed during the review period. The auditor reviewed the grievance log while speaking with the Grievance Coordinator and verified there were no emergency grievances filed which contained PREA allegations during the review period.

No corrective action was identified for this standard.

Standard 115.53: Inmate access to outside confidential support services

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? ☒ 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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ 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? ☒ 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? ☒ Yes ☐ No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ 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*)

Overall Compliance Determination Narrative

Policy outlining inmate access to outside confidential support services is in WADOC Policy 490.800, Prevention and Reporting, which states:

The PREA Coordinator will maintain a memorandum of understanding for external victim advocacy services.
Community Victim Advocates

A. Sexual assault support services may be obtained through the Office of Crime Victims Advocacy (OCVA).
   1. Offenders may call 1-855-210-2087 toll-free Monday through Friday 8:00 a.m. - 5:00 p.m. to reach an OCVA PREA Support Specialist. Calls will not be monitored or recorded, and an IPIN will not be required. Abuse of the toll-free phone line will be reported to the Superintendent or the Work Release Administrator for action as needed.
   2. In-person consultations may be available to supplement phone based support for eligible offenders.
   3. Communication between the offender and the OCVA PREA Support Specialist is confidential and will not be disclosed unless the offender signs an authorization to release information.
B. Posters and brochures provided by the PREA Coordinator, detailing the role of the OCVA PREA Support Specialist and listing the toll-free phone number, will be posted in areas accessible to offenders, including Health Services areas, Classification Counselor/Community Corrections Officer (CCO) offices, and law libraries.

Brochures about the services offered by the OCVA are available in several locations around the facility and copies were provided to the auditor in English and Spanish.

Of the 29 random offenders who were asked the questions about outside support services, 14 indicated they did not know about support services that were available to them; four indicated they knew services were available but couldn't describe what the services could be used for; 11 indicated they knew about the outside support services and had a general understanding of the services being provided. When asked if the offender knew if what they said to people from these services would remain private, eight indicated they didn't know, 16 indicated they felt it would remain private, but were unsure if there were limitations to that confidentiality; and five were aware that if they reported certain types of things, the person they were speaking with would be required to report it.

Four offenders who reported sexual abuse were interviewed. Three of the four offenders indicated they were not provided with any information about access to emotional support services. Three of the four offenders indicated they were not sure about their communications remaining confidential. One offender stated that he was aware of the confidential communications and knew some stuff had to be reported.

During the tour of the facility, the auditors noted there were posters related to the OCVA in almost every building around the facility. Through discussions with offenders, the auditors learned that most offenders didn't understand the purpose of this information. It is briefly explained in offender orientation and the auditor recommended they modify the script to more thoroughly describe the services available to offenders through this organization. On January 2, 2020, the auditor received a copy of a message that was distributed to the offender population via the Kiosk which explained the services provided through the OCVA. In addition, the auditor received the revised orientation script that was being implemented. These additional actions by the facility will provide more thorough information for the offender population, so they are aware of the services available to them.

While the information about the confidential emotional supports services was readily available to the offender population in a variety of areas and differing formats, it was clear through the interviews that most offenders did not have an understanding of the services available to them through this organization.

Corrective action was required for this standard. The facility now provides a more thorough explanation of the Emotional Support Services being offered by OCVA, during offender orientation and has added some additional language to the Offender Orientation Handbook.

Standard 115.54: Third-party reporting

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

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

Auditor Overall Compliance Determination

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

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

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

Overall Compliance Determination Narrative

The policy that addresses third party reporting is in WADOC Policy 490.800, PREA Prevention and Reporting, states:

The PREA Coordinator will maintain PREA content for the Department website, including publication of required information and documents. 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:

6. Coordinate monthly checks to verify:
   a. The PREA hotline telephone number is posted on or near all offender telephones.
   b. 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.

Visitors, offender family members/associates, and other community members can report allegations by calling the PREA hotline, writing a letter to the PREA Coordinator, or sending an email to DOCPREA@doc.wa.gov.

The auditor was provided with copies of the publicly distributed information along with the PAQ.

No corrective action was identified for this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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? ☒ 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? ☒ 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? ☒ 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*)

Overall Compliance Determination Narrative

Policy addressing staff and agency reporting duties is in WADOC Policy 490.850, PREA Response, which 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 and management decisions.
C. Staff who breaches confidentiality may be subject to corrective/disciplinary action.
Staff Reporting
A. Staff must immediately report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a Department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident.
B. 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 services 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.

E. Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process.

The Appointing Authority/designee will ensure that notification is made to:
1. Child Protective Services (CPS), if the alleged incident occurred in any correctional setting and the alleged victim is/was under the age of 18 at the time.
2. Adult Protective Services (APS), if the alleged victim is classified as a vulnerable adult.

WADOC Policy 350.550, Reporting Abuse and Neglect/Mandatory Reporting, 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.
Reporting Requirements
A. Information regarding abuse and neglect must be immediately reported to the appropriate authority, as follows:
   1. Any employee, contract staff, or volunteer who has reasonable cause to believe, based on observations made or information received in the course of his/her duties, that a:
      a. Child has suffered abuse and/or neglect, or
      b. Vulnerable adult has suffered abuse, abandonment, financial exploitation, and/or neglect.
   2. Case managers who observe or receive information that an individual with a current conviction for any of the following is residing with, proposing to reside with, or having unsupervised contact with a child unless authorized per policy:
      a. A sex offense involving a child victim, or
      b. Any other offense committed as an adult involving a child victim.
   3. Case managers who observe or receive information that an individual witha current conviction for an offense involving a vulnerable adult is residing with, proposing to reside with, or having unsupervised contact with a vulnerable adult unless authorized per policy.
B. The appropriate authorities are as follows:
   1. Reports involving a child victim will be made to the:
      a. Department of Children, Youth, and Families at 1-866-363-4276 or https://www.dcyf.wa.gov/safety/report-abuse, or
      b. Law enforcement agency with jurisdiction where the abuse/neglect is believed to have occurred.
   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 the DSHS website.

All 16 random staff interviewed indicated they have a duty to report sexual abuse or sexual harassment, retaliation against offenders or staff who reported an incident; and sexual abuse or retaliation that may be attributed to staff neglect or violation of responsibilities. 14 indicated they would report it to the appointing authority, the duty officer, the shift commander or the lieutenant. Two indicated they would tell their supervisor, who would take it up the chain.

During his interview, the Superintendent stated that the process to respond and investigate an allegation against a vulnerable adult does not differ from any other allegation. There is one additional requirement; they are mandated to report to the Adult Protective Services agency. He indicated that the facility has

not had any allegations of sexual abuse from individuals who are considered to be a vulnerable adult. All allegations of sexual abuse and sexual harassment, including those from a third party or anonymous source, are reported to the shift commander, who will forward the information to the PREA Triage Unit. The PREA Triage Unit is responsible to determine if the allegation meets the criteria under PREA and will return the allegation to the facility for it to be assigned to an investigator.

The PREA Coordinator indicated, during her interview, that the WADOC does not house offenders under the age of 18. If an allegation was made by a vulnerable adult, the facility would contact Adult Protective Services and initiate an investigation.

The auditor was provided with a copy of the document used by the clinician's to make a report when necessary. It explains the limitations of confidentiality at the initiation of services.

An audit team member reviewed the log of all PREA allegations received by SCCC and randomly selected 12 cases that were determined to be PREA allegations. The complete investigation package was reviewed.

Corrective action was not identified for this standard.

Standard 115.62: Agency protection duties

115.62 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The policy that addresses agency protection responsibilities is in WADOC Policy 490.820, PREA Risk Assessments and Assignments, which states:

Monitoring Plans
A. Classification Counselors/CCOs will develop a monitoring plan for:
   1. Offenders at increased risk for sexual victimization or predation.
   2. An offender who scores as a dual identifier.
   3. Transgender and intersex offenders.
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.
C. Elements to consider in the monitoring plan include:

1. Increased Classification Counselor/CCO initiated contact with the offender (e.g., checking in with the offender).
2. Increased offender reporting to employees (e.g., checking in with custody officer, assigned Classification Counselor/CCO).
3. Notification of screening results to a unit employee with a note to monitor the offender for changes in baseline behavior (e.g., cell change requests, giving/receiving store, depression, avoidance) and referral to mental health using DOC 13-509 PREA Mental Health Notification if changes occur.
4. Instructing the offender to immediately report any sexually motivated interactions by other offenders.
5. Encouraging the offender to maintain scheduled meetings with mental health providers, if applicable.
6. Addressing any contact made between the perpetrator and the victim in cases of substantiated staff sexual misconduct.
7. Other items that correlate with any of the specific information contained in the PRA.

D. Classification Counselors and CCOs will document the monitoring plan in a PREA Monitoring chrono entry in the offender's electronic file.
E. The monitoring plan will be reviewed during routine Facility Risk Management Team (FRMT) meetings and documented in a PREA Monitoring chrono entry.

WADOC Policy 490.850, PREA Response, states:

Appointing Authority Response

A. Offender-on-Offender Sexual Misconduct
   1. 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.
      a. In Prisons, the accused may be placed in restrictive housing per DOC 320.200 Administrative Segregation or DOC 320.260 Secured Housing Units.
         1) Placement decisions will be based on the seriousness of the allegation. Least restrictive housing options should be considered before placement in restrictive housing.
      b. In Work Releases, the accused may be transferred to a Prison.
   2. Upon receipt of an allegation of offender-on-offender sexual abuse or sexual harassment, the Appointing Authority/Shift Commander/CCS will take necessary actions to protect the alleged victim and will consider:
      a. The nature of the allegation,
      b. The expressed mental health needs of the alleged victim, and
      c. Staff observations of the alleged victim's behavior or demeanor.

B. Staff Sexual Misconduct
   1. Upon receipt of an allegation of staff sexual misconduct, the Appointing Authority/designee will direct that one-on-one contact between the accused and the alleged victim is prohibited while the allegation is investigated.
      a. The Appointing Authority may temporarily reassign and/or restrict/modify the job duties of the accused during the investigation.
      b. If the accused is a contract staff or volunteer, the AA may restrict his/her entry into the facility while the allegation is investigated.

D. The Appointing Authority/designee will attempt to minimize any disturbance to the alleged victim's housing location, program activities, and/or supervision during the investigation.
   1. In Prisons, an alleged victim will be placed in Administrative Segregation/Secured Housing per DOC 320.200 Administrative Segregation or DOC 320.260 Secured Housing Units only:
      a. At his/her documented request, or

b. If the Appointing Authority/designee has specific information that the alleged victim may be a danger to him/herself or in danger from other offenders.
    1) The placement should only be made when no suitable alternative housing exists and last only as long as necessary for the offender's protection.
2. In Work Releases, an alleged victim will be transferred to a Prison only at his/her documented request, or when community medical or mental health services are insufficient to meet his/her needs.

In the past 12 months, the facility reported there have been zero times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

The Deputy Secretary, who was the designee for the agency head, stated that each potential victim is reviewed by an intervention team. Based on the outcome of the review, the offender may require frequent monitoring and/or meeting with their assigned counselor.

The Superintendent stated, during his interview, that if he were made aware that an offender was at imminent risk of sexual abuse, he would direct the Shift Commander to have the offender interviewed. Based on what was discovered through the interview, they would take the steps necessary to ensure the offender's safety. He stated he would initiate an investigation, if deemed necessary.

All 16 of the random staff interviewed indicated they would make sure the offender was in a safe place, notify their supervisor and/or the shift commander. They stated these actions would be taken as soon as they became aware of the circumstances. Two indicated they would consider taking the victim to protective custody for his/her safety.

No corrective action is identified for this standard.

Standard 115.63: Reporting to other confinement facilities

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? ☒ Yes ☐ No

115.63 (b)

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

115.63 (c)

- Does the agency document that it has provided such notification? ☒ 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? ☒ 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*)

Overall Compliance Determination Narrative

The policy addressing reporting to other confinement facilities is in WADOC Policy 490.850, PREA Response, which requires the Appointing Authority to notify the appropriate Appointing Authority or facility administrator within 72 hours of receipt of an allegation when the alleged incident: 1) Occurred in another Department location or another jurisdiction; or 2) Involved a staff who reports through another Appointing Authority.

WADOC Policy 490.860, PREA Investigation, mandates the Department to thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department. It says that investigations will be completed even if the offender is no longer under Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department. Allegations may be referred to law enforcement agencies for criminal investigation.

The facility reported that in the past 12 months, there have been 17 allegations the facility received that an inmate was abused while confined at another facility and 4 allegations of sexual abuse or sexual harassment the facility received from other facilities. Two examples of these reports to and/or from other facilities were provided and reviewed by the auditor. Both were completed within the required 72 hours.

The Deputy Secretary stated, during her interview, that the appointing authority is tasked with making contact with the head of the other facility via electronic mail or the telephone. They are also required to report the allegation to the HQ PREA Unit.

During his interview, the Superintendent indicated that when he receives a report from another facility, he gathers all available information from the person who contacted him and notifies the shift commander to initiate a report. The report is then forwarded to the PREA Triage Unit for review and dissemination back to the facility, where it will be assigned to an investigator.

No corrective action is identified for this standard.

Standard 115.64: Staff first responder duties

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?
  ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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*)

Overall Compliance Determination Narrative

The policy addressing staff first responder duties is in WADOC 490.850, PREA Response, which outlines the agency's response plan. It addresses the response strategy, the medical response, and who is to be involved in the response. It provides checklists for staff to follow when responding to allegations of sexual abuse.

WADOC Policy 420.365, Evidence Management for Work Release, describes the methods utilized by the agency to collect and properly secure, maintain and destroy evidence collected at all crime scenes.

WADOC Policy 420.375, Contraband and Evidence Handling, describes the evidence handling process.

In the past 12 months, the facility reported that it received 15 allegations that an inmate was sexually abused. Of these allegations, there were five times when the first security staff member to respond to the report separated the alleged victim and abuser. The remaining 10 cases were allegations which had occurred in the past and the situation did not warrant moving the accused individual.

The facility reported that in the past 12 months, there were three times when the first responder was a non-security staff member. Of those allegations, the facility reported that none of the responding staff

requested the alleged victims not take any actions that could destroy physical evidence. This was because the incident was not recent, and there was no DNA evidence to be collected. In all three incidents, non-security notified security staff, according to policy.

There was five staff who acted as a first responder interviewed. All indicated they would interview the offender, separate the victim and abuser, preserve and process evidence, take the victim to medical, contact the shift supervisor and others in the chain of command, and notify Mental Health. Most interviewed did not distinguish between the victim and suspect, for evidence preservation. They indicated they would not allow either individual to take any action that might destroy evidence. To address this identified deficiency, in December 2019, the Superintendent sent out an e-mail to all staff reminding them that once the impact of their actions is explained to the victim, if they still choose to shower, change clothing, use the toilet or eat/drink something, it must be allowed. The auditor was provided with a copy of this e-mail.

All 16 random staff interviewed indicated they would keep the offender safe, notify the shift commander and would not share the information with anyone who did not have a need to know.

The team interviewed four offenders who reported sexual abuse. Two of the four offenders indicated they reported the incident immediately after it happened. One of those offenders stated staff responded but didn't want to hear anything he had to say. The other two indicated that some time lapsed before it was reported. These two offenders stated that no one seemed to care about their issues and they had very limited interaction with staff.

Corrective action was required for this standard and is documented above, training was provided to all staff on this subject matter. No further action is required to demonstrate compliance with this standard.

Standard 115.65: Coordinated response

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*)

Overall Compliance Determination Narrative

Operational Memorandums were provided to the auditor that address Prevention and Reporting, Risk Assessments and Assignments, Response, and Investigation. These appear to be addendums to the statewide policy and provide institution specific information and procedures for staff.

The policy that addresses coordinated responses to allegations of sexual abuse is in WADOC 490.850, PREA Response, which states:

PREA Response Plan
A. Each Prison, Work Release, and Field Office will maintain a PREA Response Plan providing detailed instructions for responding to allegations of sexual misconduct.
    1. The PREA Response Plan will consist of 4 sections composed of the documents listed in PREA Response Plan Contents (Attachment 7).
    2. The plan will be maintained by the PREA Compliance Manager/Specialist:
        a. In the Shift Commander's office for Prisons.
        b. With the Emergency Management Plan for Work Releases and Field Offices.

During the interview with the Superintendent, he stated the facility has a written plan to coordinate first responders, medical and mental health practitioners, investigators, and facility executive staff in response to an incident of sexual abuse.

No corrective action was identified for this standard.

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

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? ☒ 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*)

Overall Compliance Determination Narrative

The facility reported that the state agency responsible for collective bargaining has entered into or renewed collective bargaining agreements since the last PREA audit.

The auditor reviewed the CBA Federation agreement which expires on 6/30/2021 and the CBA Teamsters agreement which expires on 6/30/2021. Neither agreement contained language that will limit the agency's ability to remove staff suspected of sexual abuse from their assigned work area or of determining if discipline was appropriate and the extent of the discipline. The auditor noted the agreements state if the staff is found to be exonerated from the allegation, all information relating to that allegation shall be removed from their personnel file.

The Deputy Director indicated the current contract allows the administration to reassign employees to different posts during an investigation.

A memorandum signed by the Superintendent, dated September 3, 2019, provided the following information: The WADOC functions under the interest only arbitration system as the impasse procedure for negotiations 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.

No corrective action was required for this standard.

Standard 115.67: Agency protection against retaliation

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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
  ☒ 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?
  ☒ 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*)

Overall Compliance Determination Narrative

The policy outlining agency protection from retaliation is addressed in WADOC Policy 490.860, PREA Investigations, which states:

Retaliation

A. 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 activities, or failed to take immediate steps to prevent retaliation.
B. Staff and offenders who cooperate with an investigation will report all concerns regarding retaliation to the Appointing Authority. The Appointing Authority will take appropriate measures to address the concerns.
C. When an investigation of offender-on-offender sexual assault/abuse or staff sexual misconduct is initiated, the Appointing Authority/designee of the facility where the alleged victim is housed will monitor to assess indicators or reports of retaliation against alleged victims and reporters. If another Appointing Authority is assigned to investigate, s/he or his/her designee will notify the applicable Appointing Authority to initiate monitoring.
    1. Indicators of retaliation may include, but are not limited to:
        a. Disciplinary reports,
        b. Changes in grievance trends,
        c. Housing/program changes and reassignments, or
        d. Negative performance reviews.
    2. The Appointing Authority of the facility where the alleged victim is housed will notify the following employees, as applicable, when monitoring is required, but will not provide specific details regarding the allegation and investigation:
        a. The PREA Compliance Manager/Specialist at the facility where the report was made will ensure alleged victims and offender reporters are monitored and met with at least monthly.
        b. The local Human Resource Manager/Community Corrections Supervisor will monitor employee reporters.
        c. The PREA Compliance Manager/Specialist at the facility where the report was made will monitor contract staff and volunteer reporters.
    3. Any report of retaliation expressed or indicated during the monitoring period will be immediately reported to the Appointing Authority, who will take appropriate action.
    4. Retaliation monitoring will continue for 90 days following notification, or longer if the Appointing Authority determines it is necessary.
        a. The PREA Compliance Manager/Specialist will complete and submit DOC 03-503 PREA Monthly Retaliation Monitoring Report to the Appointing Authority each month. No monitoring-related activities will be documented in chronological entries or supervisory files.
        b. If a reporter or alleged victim transfers to another facility during the monitoring period, the PREA Compliance Manager/designee at the sending facility will notify the PREA Compliance Manager/designee at the receiving facility. The receiving facility will assume monitoring responsibilities and provide monthly monitoring documentation to the sending facility.
        c. Monitoring activities may be discontinued if the allegation is determined to be unfounded or the offender is released from incarceration.
        d. The Appointing Authority will notify the PREA Compliance Manager/Specialist or Human Resource Manager when monitoring activities are no longer required.
D. For allegations of sexual harassment, retaliation monitoring for reporters and alleged victims may occur at the discretion of the Appointing Authority.

The staff member charged with monitoring retaliation is the PREA Compliance Specialist. At times, she completes the retaliation monitoring and at other times, she assigns it to the Corrections Unit Supervisor assigned to the housing unit where the offender lives.

The designee for the agency head indicated that facility staff will monitor offenders and staff who report or witness an incident of sexual abuse or sexual harassment for a minimum of 90 days. If retaliation is suspected, they will separate the individuals involved and investigate the information. She stated that if someone who cooperated with the investigation expresses a fear of retaliation, they will be monitored for a minimum of 90 days. The facility Superintendent will ensure the safety of the individual and take disciplinary action, if needed.

The Superintendent stated, during his interview, that if the monitoring is for a staff member, human resources staff checks on them to ensure there is no disciplinary or corrective action taken. If it is an offender who is being monitored, staff will be assigned to ensure there are no grievances filed against the offender, no changes to jobs or housing, and/or no inappropriate infractions filed against the offender. He indicated that if he believes retaliation is occurring, he will ensure the individual being retaliated against is safe and initiate an investigation.

The staff member interviewed indicated that she monitors for a minimum of 90 days or longer if the investigation is taking longer. She has a set of questions that she asks and reports responses to the PCM. In determining if retaliation is occurring she looks to see if they are being singled out in any way, infracted, punished, changes in job or housing or negative behavior observations. She also looks for changes in their baseline behavior. She indicated she will initially talk with them on the day she is notified of her monitoring duties. She will set up future contacts based on her initial discussion with the offender. She lets them know she is available to speak with them, at any time.

Of the four offenders who made an allegation of sexual abuse that were interviewed, three stated they have been monitored by the PREA Compliance Specialist. Three indicated they do not feel safe against retaliation but when clarified by the auditor, they knew to report all instances of retaliation immediately. The other offender didn't answer this question.

Eight copies of completed retaliation monitoring forms were provided with the PAQ. The auditor also reviewed retaliation monitoring for three offenders who reported sexual abuse.

In reviewing the investigative files, there were five cases that should have had retaliation monitoring completed. Of these, there were two cases where the monitoring was stopped prior to the end of the 90 day period and neither of the cases was determined to be unfounded.

The facility reported that, in the past 12 months, there were three incidents of retaliation identified.

Corrective Action has been identified for this standard. The auditor reviewed the allegation tracking report for 90 days and selected a number of cases to review each month the monitoring occurred. During these reviews, the auditor noted the monitoring reports were not being thoroughly completed. This was brought to the attention of the PREA Coordinator and the PCM. The PCM is providing additional scrutiny on the monitoring documents and returning them to the staff member who completed it when needed for additional information. This process has improved the quality of the documents the auditor is receiving. No further action is required to demonstrate compliance with this standard.

Standard 115.68: Post-allegation protective custody

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? ☒ 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*)

Overall Compliance Determination Narrative

The policy addressing post-allegation protective custody is in WADOC Policy 490.850, PREA Response, which states:

D. The Appointing Authority/designee will attempt to minimize any disturbance to the alleged victim's housing location, program activities, and/or supervision during the investigation.
   1. In Prisons, an alleged victim will be placed in Administrative Segregation/Secured Housing per DOC 320.200 Administrative Segregation or DOC 320.260 Secured Housing Units only:
      a. At his/her documented request, or
      b. If the Appointing Authority/designee has specific information that the alleged victim may be a danger to him/herself or in danger from other offenders.
         1) The placement should only be made when no suitable alternative housing exists and last only as long as necessary for the offender's protection.
   2. In Work Releases, an alleged victim will be transferred to a Prison only at his/her documented request, or when community medical or mental health services are insufficient to meet his/her needs.

The Superintendent stated that it is policy and his staff makes every effort to safely house victims without placing them in involuntary segregation. They have had no instances, within the last 12 months, of offenders who are at high risk of victimization being placed in involuntary segregated housing.

Both of the staff who supervise offenders in segregated housing, who were interviewed, indicated they have not had any offenders identified to be at high risk of sexual victimization placed in involuntary segregated housing during the review period.

At the time of the on-site visit, there were no offenders housed in involuntary segregated housing, based on their risk for victimization or reporting sexual victimization.

The auditor reviewed housing history for two offenders who made sexual abuse allegations. Neither were placed in segregated housing as result of their allegation.

No corrective action was identified for this 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).] ☒ 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).] ☒ 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? ☒ 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? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

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

115.71 (f)

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

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ 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? ☒ 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? ☒ 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).) ☒ 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*)

Overall Compliance Determination Narrative

The policy addressing criminal and administrative agency investigations is in WADOC Policy 490.800, PREA Prevention and Reporting, which states:

PREA investigators will be trained in:
1. Crime scene management/investigation, 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 interviewing sexual misconduct victim; and
7. Criteria and evidence required to substantiate administrative action or prosecution referral.

WADOC Policy 490.860, PREA Investigations, states:

Investigations
A. The Prison Rape Elimination Act (PREA) Coordinator/designee will review all allegations, determine which allegations fall within the definition of sexual misconduct, and forward those allegations to the appropriate Appointing Authority for investigation.
    1. The Appointing Authority will develop local procedures to ensure the alleged victim is notified of formal review decisions (e.g., case initiated, appended to existing case, not PREA).
        a. The Work Release Administrator will make notifications if the alleged victim is housed in a Work Release. If notification cannot be made in person, the United States Postal Service will be used to make notification.
    2. The Appointing Authority/designee may review the allegation with the PREA Coordinator/designee if s/he disagrees with a decision to open an investigation.
    3. All allegations that appear to be criminal in nature will be referred to law enforcement for investigation by the Appointing Authority/designee. Referrals may be made using DOC 03-505 Law Enforcement Referral of PREA Allegation.
        a. Investigation reports received from law enforcement will be an attachment to the final PREA investigation report submitted.
L. 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.

The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the Department.
A. Investigations will be completed even if the offender is no longer under Department jurisdiction or authority and/or the accused staff, if any, is no longer employed by or providing services to the Department.
B. Allegations may be referred to law enforcement agencies for criminal investigation.

Investigators will submit the investigation report and DOC 02-382 PREA Data Collection Checklist to the appropriate Appointing Authority/designee. All reports will follow DOC 02-351 Investigation Report Template.
    1. Photocopies/photographs of all physical evidence and evidence cards will be included in the investigation report.
    2. Electronic evidence (e.g., video recording, JPay message, telephone recording) used as part of an investigation will be submitted with the investigation report.

D. The committee will review policy compliance, causal factors, and systemic issues using DOC 02-383 Local PREA Investigation Review Checklist.

Record Retention

A. Records associated with allegations of sexual misconduct will be maintained according to the Records Retention Schedule.
    1. PREA records may include, but will not be limited to:
        a. Incident reports
        b. Investigation reports
        c. Electronic evidence
        d. Investigation findings/dispositions
        e. Law enforcement referrals
        f. Criminal investigation reports
        g. Required report forms
        h. Documentation of:
            1) Local PREA Review Committees,
            2) Completed DOC 02-382 PREA Data Collection Checklists, and
            3) Ongoing notifications.
B. The Appointing Authority/designee will maintain original PREA case records as general investigation reports per the Records Retention Schedule.
C. The PREA Coordinator/designee will maintain electronic PREA case records per the Records Retention Schedule.
    1. Prior to destruction, all investigation records will be reviewed to ensure the accused has been released from incarceration or Department employment for a minimum of 5 years. If a review of the investigation records reveals that the accused individual does not meet this 5 year requirement, the records will be maintained until this requirement is met, even if it exceeds the established retention schedule.

WADOC Policy 420.375, Contraband and Evidence Handling, states:

Evidence Handling

A. The Shift Commander/investigator will ensure evidence collected is handled using standard precautions. Employees/contract staff must wear gloves whenever handling evidence.
    1. Suspected illegal/unauthorized drugs will be handled per DOC 420.385 Presumptive Drug Testing.
    2. Each facility will develop procedures for drying damp/wet (e.g., body fluid) evidence. Evidence will be dried at room temperature and in a secure location immediately after being collected.
        a. Plastic bags or containers may only be used to transport damp/wet evidence from the collection area to the drying location.
        b. Areas used to dry evidence will be cleaned using a 10 to one water and bleach solution.
    3. Clothing evidence must be removed while the individual is standing on a large sheet of clean paper.
    4. Dry evidence will be completely wrapped in paper and packaged in a paper evidence bag. Only one piece of evidence will be secured in each bag.
C. Investigators will be assigned by the Appointing Authority/designee and must be trained per DOC 490.800 PREA Prevention and Reporting. Investigators will:
    1. Interview alleged victims, accused offenders/staff, and witnesses. Individuals interviewed will be provided and asked to sign DOC 03-484 Interview Acknowledgment.
    2. Refer the offender for mental health assessment using DOC 13-509 PREA Mental Health Notification if the investigation uncovers new information that the offender was the victim of any physical and/or emotional trauma of a sexual nature, whether in an institutional setting or in the community.

3. Collect any additional evidence per DOC 420.375 Contraband and Evidence Handling, DOC 420.365 Evidence Management for Work Release, or DOC 420.395 Evidence/Property Procedures for Field, as applicable.

E. The Appointing Authority will review the report and prior complaints/reports of sexual misconduct involving the accused, when available, and ensure DOC 02-382 PREA Data Collection Checklist is completed.
   1. Previous complaints/reports of sexual misconduct involving the alleged victim may be reviewed, as applicable.

All PREA allegations that appear to be criminal in nature are referred to local law enforcement or the Washington State Patrol for a criminal investigation per DOC Policy 490.860 - PREA Investigation. Referrals are documented utilizing DOC Form 03-505 Law Enforcement Referral of PREA Allegation. Subsequent referrals for prosecution are made by the responding law enforcement agency. WADOC investigators will only conduct compelled interviews after the local enforcement or the Washington State Patrol have completed their investigation; or if they have declined to investigate.

The WADOC does not have statutory authority to conduct criminal investigation as no staff members are authorized for law enforcement certification. As a result, WADOC conducts only administrative investigations. Criminal allegations are referred to law enforcement officials as follows:

- Referral to city law enforcement officials if the facility is within city limits
- Referral to county law enforcement officials if
  (1) The facility is not within city limits, or
  (2) 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 declined by local law enforcement. No Department of Justice component conducts investigations within WADOC.

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

Two staff who are assigned to conduct PREA investigations were interviewed. Both indicated that the allegation is reviewed as soon as possible. The allegation is then forwarded to the PREA Triage Unit at headquarters and they generally receive notification to initiate the investigation within one to two days, if the case is determined to meet the PREA criteria. Both indicated that anonymous and third party allegations are handled in the same manner as any other PREA investigation. The two investigators interviewed indicated they had received training that was specific to conducting sexual abuse investigations in confinement settings. The training was sponsored by WADOC and was 3 days in duration. It included information on investigations and interviewing techniques. They stated that when an investigation is assigned to them, they formulate a plan to complete the investigation. They identify the victim, witnesses, the reporting employee, and suspects to be interviewed. They gather evidence which might include video, and documents (log books, post orders, notes). They type the report and identify inconsistencies in statements. They address staff actions or inactions, include only the facts of the case, and do not make a conclusion. They indicated they would contact Greys Harbor Sheriff's Office before conducting compelled interviews. Both investigators interviewed indicated they evaluate the evidence based on what can be supported by other facts/evidence (supporting witness statements, consistent statements by multiple involved individuals). All determinations are made based on the evidence and facts available. Both indicated they would never require an offender to submit to a polygraph examination as a condition for proceeding with the investigation. Both investigators stated they prepare a written report for administrative investigations. These reports will include a chronological

order of events, summary of the facts, summary of the interviews, names of witnesses, victims and suspects. They indicated they check post orders, video and interviews to determine if staffs actions were in compliance with operational procedures and their post orders. The two investigators interviewed indicated that when the evidence indicates that a criminal act has occurred, they notify the appointing authority that is responsible to make the referral to Grays Harbor Sheriff's Office. They stated if the alleged abuser or victim were to be removed from the facility, they would continue and complete the investigation. The individual no longer being housed at SCCC or employed at SCCC is not a factor. Both investigators stated they act as a liaison for the Grays Harbor investigators. They also provide any documents requested and coordinate access to offenders or staff for interviews.

Excerpts from the specialized investigator training curriculum were provided to the auditor. It states all cases that appear to be criminal in nature will be referred for law enforcement investigation by the Appointing Authority/Designee using DOC 03-505, Law enforcement Referral of PREA Allegation. Investigation reports received from outside law enforcement should be included in your final report.

Per a memorandum authored by the Superintendent, dated September 3, 2019, when sexual abuse is alleged, only those staff who have completed specially designed investigator training are 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 of 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 follows:

1. The assigned investigator submits the investigation report to the Appointing Authority to review for completeness.
2. 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.
3. 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.

While interviewing four offenders who reported sexual abuse, two of the offenders indicated they were not required to take a polygraph test. The other two offenders didn't answer this question.

There was one substantiated allegation of sexual misconduct that was determined to be criminal that were referred for prosecution since the last PREA audit. There was at least one other case that should have been referred, that was not.

In reviewing the investigative files, it was noted that no offenders were required to take a polygraph to submit a PREA allegation. One criminal investigation was completed by Grays Harbor Sheriffs Office and the documentation was provided to the facility and the audit team. It included a summary of interviews, summary of evidence, and description of what happened.

The audit team reviewed a random sample which included 12 completed investigations. Through this review the auditor identified the following deficiencies: referrals to outside law enforcement on potential criminal cases were not made; no attempt to address if staffs actions or in actions contributed to incident;

no attempt to find additional witnesses; no reliability statements; investigators do not always check for video evidence and pull it; reports are not thoroughly completed.

The record retention schedule was provided with the PAQ. It states: Investigations – PREA, records will include, but are not limited to: incident and investigation reports; copies of evidence cards; photographs; and interview acknowledgment forms. Retain for 50 years after close of investigation then destroy.

The Superintendent stated that he requires the investigators assigned to the I&I Unit to act as liaison with Grays Harbor Sheriff's Office, when they are working on a facility investigation. He also has regularly scheduled meetings with the Sheriff, where he can get updated information.

The PREA Coordinator indicated the appointing authority is expected to monitor the investigation when it has been accepted by an outside law enforcement agency. The PREA Unit in HQ also monitors the length of time investigations are open.

The PCM stated that I&I staff acts as the liaison between the facility and the outside law enforcement agency. The superintendent will also follow up at regularly scheduled meetings.

Corrective action was identified for this standard. During the corrective action period, the auditor received the tracking list of new allegations on a monthly basis and randomly selected investigations to review. The auditor provided written summaries of the reviews she conducted after the first and second months. A power point presentation was created by the PREA Compliance Manager and the PREA Compliance Specialist and training was provided to the investigators utilizing the new power point presentation. The auditor continued to review investigation through months three, four, and five of the corrective action period and found much improvement in the reports. The auditor also monitored reports that should have been referred to the Grays Harbor Sheriff's Office and found that three reports met the criteria for referral and all were referred.

Standard 115.72: Evidentiary standard for administrative investigations

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*)

Overall Compliance Determination Narrative

The policy outlining evidentiary standards for administrative investigations is in WADOC Policy 490.860, PREA Investigations, which 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,
2. Unsubstantiated: Evidence was insufficient to make a final determination that the allegation was true or false, or
3. Unfounded: The allegation was determined not to have occurred.

RCW 72.09.225, Sexual misconduct by state employees, contractors, states:
(1) When the secretary has reasonable cause to believe that sexual intercourse or sexual contact between an employee and an inmate has occurred, notwithstanding any rule adopted under chapter 41.06 RCW the secretary shall immediately suspend the employee.
(2) The secretary shall immediately institute proceedings to terminate the employment of any person:
(a) Who is found by the department, based on a preponderance of the evidence, to have had sexual intercourse or sexual contact with the inmate; or
(b) Upon a guilty plea or conviction for any crime specified in chapter 9A.44 RCW when the victim was an inmate.

Both investigators who were interviewed indicated the standard of evidence utilized for PREA investigations is preponderance of the evidence or 51%.

A review of the findings of the investigations that were evaluated demonstrated that the proper standard of proof was utilized and the findings were appropriate.

No corrective action was identified for this standard.

Standard 115.73: Reporting to inmates

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? ☒ 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.) ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ 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*)

Overall Compliance Determination Narrative

The policy outlining inmate notifications is in WADOC Policy 490.860, PREA Investigation, which states:

VIII. Ongoing Notifications to Alleged Victims

A. The Department will make the following notifications, in writing, to alleged victims until they are no longer under 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 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 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 sexual misconduct within the facility.
        b. The appointing authority/designee will track all cases, make required notifications, and forward copies to the PREA Coordinator.

B. Notifications will be provided to alleged victims in a confidential manner through legal mail or by another method determined by the Appointing Authority.

G. Once the Appointing Authority has made a determination, the alleged victim will be notified of the findings.
    1. The Appointing Authority/designee of the facility where the offender is housed will inform the offender of the findings in person, in a confidential manner.
        a. Notification may be provided in writing if the offender is in restrictive housing.
    2. If the offender has been released, the Appointing Authority will inform the offender of the findings in writing to the offender's last known address as documented in his/her electronic file.

Two staff who conduct PREA investigations were interviewed. Both indicated the investigation is initiated as soon as possible. The allegation is sent to the PREA Triage Unit and the facility typically receives notification to initiate the investigation within one to two days. Both indicated that anonymous and third party allegations are handled in the same manner as any other investigation.

The auditor reviewed a sample of alleged sexual abuse investigations completed by the facility and noted that responses are provided to the offenders for alleged sexual abuse investigations completed by agency. Notifications to victims are made verbally by either the CUS or the PREA Specialist. The notification is documented on the investigative report. Notification of suspects is made utilizing a form. This is a requirement of a lawsuit that WADOC has settled.

The auditor also reviewed the only sexual abuse investigation completed by the Grays Harbor Sheriff's Office. In reviewing the cases, it was noted that there were one or two others that probably should have been referred.

Any criminal investigation conducted by a law enforcement entity is forwarded to the Appointing Authority responsible for the investigation. The Appointing Authority will also ensure an administrative investigation is completed. The Appointing Authority will then determine investigation findings based on evidence, witness testimony, prior complaints and reports, and witness credibility. These findings are documented on the investigative finding sheet along with documentation of notification to the victim offender.

During the audit documentation period a total of 96 investigations were closed. Of these, a criminal investigation was conducted in 1 case. Victim offenders were notified in 89 or 93.1% of these cases. In the remaining cases, the victim was unknown or no longer in the custody of WADOC.

The audit team interviewed four offenders who had reported sexual abuse. Of the four offenders interviewed, none of their allegations were against staff. Therefore, there was no information provided

to them. For the allegations against other offenders, the offenders reported that they did not receive any notification about the status of their case. In researching this information, the auditor noted that none of the cases were substantiated and therefore, none were referred to the prosecuting attorney's office.

No corrective action was identified for this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

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

115.76 (b)

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

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ 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? ☒ 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*)

Overall Compliance Determination Narrative

The policy that addresses staff disciplinary sanctions is WADOC Policy 490.800, PREA Prevention and Reporting, which states:

The Department recognizes the right of offenders to be free from sexual misconduct.

A. 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 Policy 490.860, PREA Investigations, states:

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.

Staff Discipline

A. Employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies.

WADOC Policy 450.050, Prohibited Contact, states:

Restriction Process for Staff Sexual Misconduct/Harassment

A. Presumptive restrictions for contact between an individual found to have engaged in staff sexual misconduct and any offender, except an offender who is the staff's non-victim family member, are as follows:
    1. Substantiated allegations of sexual intercourse, as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting, will result in:
        a. Permanent restriction on visitation, which may be appealed after 3 years.
        b. An 18 month restriction on telephone and mail communication, including e-Messaging.
    2. All other substantiated allegations of staff sexual misconduct will result in a one year restriction on telephone and mail communication, including e-Messaging, and a 2 year restriction on visitation.
B. At the time the allegation is substantiated, the Appointing Authority will ensure notification is made to the mailroom, Visiting, and the Intelligence Officer to ensure the restrictions are put in place.
C. With Deputy Director or Work Release/Residential Administrator approval, the Appointing Authority may grant a request for an exception to the presumptive restrictions, but only when extraordinary circumstances support the request and granting the requested exception will not undermine the Department's zero tolerance of all forms of sexual misconduct.
    1. Before exception or lifting of restriction will be considered, the offender must submit a signed DOC 21-067 Request for Visitation/Release, confirming s/he is freely participating in communication with the individual.
    2. Appointing Authorities will consult with the Deputy Secretary for possible pursuit of a no contact order between the individual and the offender.
D. Violation of restrictions may result in an extension of the restriction.

The facility reported that four staff from the facility has violated agency sexual abuse or sexual harassment policies. Of those staff, one has been terminated. She was found guilty through criminal proceedings and is now serving time in a WADOC correctional facility. The other three have received appropriate corrective or disciplinary action.

No corrective action was required for this standard.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ 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? ☒ 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*)

Overall Compliance Determination Narrative

The policy outlining contractor/volunteer notification requirements is in WADOC Policy 490.860, PREA Investigation, which states:

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.

Staff Discipline

A. Employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies.
B. Contract staff and volunteers who are found to have committed staff sexual misconduct will be terminated from service and prohibited from contact with offenders. For any other violations of Department PREA policies, appropriate actions will be taken.
    1. For contract staff terminations:
        a. The Appointing Authority will notify the contract staff/organization in writing with a copy to the PREA Coordinator/designee, who will alert all facilities of the termination.
        b. Facilities will establish procedures to track contract staff terminations and notify appropriate control points to ensure facility access is not granted to terminated individuals.
    2. Volunteer terminations will be tracked per DOC 530.100 Volunteer Program.

WADOC Policy 450.050, Prohibited Contact, states:

Restriction Process for Staff Sexual Misconduct/Harassment

A. Presumptive restrictions for contact between an individual found to have engaged in staff sexual misconduct and any offender, except an offender who is the staff's non-victim family member, are as follows:
    1. Substantiated allegations of sexual intercourse, as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting, will result in:
        a. Permanent restriction on visitation, which may be appealed after 3 years.
        b. An 18 month restriction on telephone and mail communication, including e-Messaging.
    2. All other substantiated allegations of staff sexual misconduct will result in a one year restriction on telephone and mail communication, including e-Messaging, and a 2 year restriction on visitation.
B. At the time the allegation is substantiated, the Appointing Authority will ensure notification is made to the mailroom, Visiting, and the Intelligence Officer to ensure the restrictions are put in place.
C. With Deputy Director or Work Release/Residential Administrator approval, the Appointing Authority may grant a request for an exception to the presumptive restrictions, but only when extraordinary circumstances support the request and granting the requested exception will not undermine the Department's zero tolerance of all forms of sexual misconduct.
    1. Before exception or lifting of restriction will be considered, the offender must submit a signed DOC 21-067 Request for Visitation/Release, confirming s/he is freely participating in communication with the individual.
    2. Appointing Authorities will consult with the Deputy Secretary for possible pursuit of a no contact order between the individual and the offender.
D. Violation of restrictions may result in an extension of the restriction.

There was one investigation which involved a contractor/volunteer. It resulted in a substantiated finding of failure to report an incident of sexual harassment. As a result of this investigation, the volunteer was required to re-attend PREA training.

The Superintendent indicated that the actions taken against a contractor or volunteer who was found to have violated the department's PREA policy would depend on the severity of the substantiated allegation.

No corrective action was identified for this standard.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, 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.) ☒ 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*)

Overall Compliance Determination Narrative

The policy addressing inmate disciplinary sanctions is in WADOC Policy 490.860, PREA Investigation, which states:

Offender Discipline

A. Prison and Work Release offenders may be subject to disciplinary action per DOC 460.050 Disciplinary Sanctions or DOC 460.135 Disciplinary Procedures for Work Release for violating Department PREA policies.

1. For substantiated allegations against an offender, an infraction must be written against the perpetrator for the applicable violation listed:
    a. 635 - Committing sexual assault against another offender, as defined in Department policy (i.e., aggravate sexual assault or offender-on-offender sexual assault)
    b. 637 - Committing sexual abuse against another offender, as defined in Department policy
    c. 659 - Committing Sexual harassment against another offender, as defined in Department policy.
2. If the accused offender transfers to another facility before a hearing is held, the sending Appointing Authority/designee will forward an electronic copy of the investigation report to the receiving Appointing Authority/designee.
3. Hearings on PREA-related infractions will be heard by the primary Hearing Officer.
    a. The Superintendent/designee may assign one alternate Hearing Officer per DOC 460.000 Disciplinary Process for Prisons.
4. The Hearing Officer may request access to review the investigation report from the Appointing Authority/designee. The review will be conducted in the location where the records are maintained. Copies will not be made for this purpose.
5. Appeals of findings or sanctions imposed for PREA-related violations will be submitted to the Prisons Command B Deputy Director The offender will be notified of the appeal decision on DOC 09-197 Disciplinary Hearing Appeal Decision.

B. Alleged victims are not subject to disciplinary action related to violating PREA policies except when:
    1. An investigation of staff sexual misconduct determines that the staff did not consent to the contact.
    2. The formal PREA investigation resulted in a determination that the allegation was unfounded.
        a. A 549 violation may be written and served upon completion of the investigation.
        b. A report of sexual abuse made in good faith will not constitute providing false information, even if the investigation does not establish sufficient evidence to substantiate the allegation.

WADOC Policy 460.000, Disciplinary Process for Prisons, requires offenders to be notified of the hearing at least 24 hours before the hearing. Is requires the offender be provided a copy of the infraction report, supporting non-confidential documents, and summaries of supporting evidence and any confidential information. It describes, in a thorough manner, the steps to be completed including scheduling timeframes, the processes required to conduct the hearing, the process to be followed by the Disciplinary Hearing Officer in reaching a decision, and requirements for reporting to law enforcement.

WADOC Policy 460.050, Disciplinary Sanctions, states:

General Requirements

A. The Disciplinary Hearing Officer will determine the appropriate sanction(s) when an offender is found guilty of a violation.
    1. The following will be used to determine appropriate sanctions:
        a. Disciplinary Violations for Prison and Work Release (Attachment 1) provides the categories and levels of violations, including loss of classification points.
        b. Prison Sanctioning Guidelines (Attachment 2) provides guidelines for imposing sanctions based on the number and frequency of violations received during a designated time period.
    2. The offender's disciplinary record, prior conduct, mental status, overall facility adjustment, and employee/contract staff recommendations may be considered.
    3. For any offense, up to the maximum sanction allowed may be imposed per WAC 137-28-240, WAC 137-28-350, and Attachment 2, regardless of whether it is a first or subsequent offense.

PREA Violations

A. For substantiated PREA allegations against an offender, an infraction report must be written against the accused per DOC 490.860 PREA Investigation.
B. An offender who is found guilty of a 611, 613, 635, or 637 violation may be sanctioned to a multidisciplinary Facility Risk Management Team review for consideration of available interventions

(e.g., Mental Health therapy, Sex Offender Treatment and Assessment Program, Anger Management).

The Disciplinary Violations Chart and the Violation Categories and Range of Sanction Options chart were provided to the auditor.

In the past 12 months, the facility reported there were no administrative findings of guilt on inmate-on-inmate sexual abuse and no criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility.

During his interview, the Superintendent indicated that discipline would be assigned according to the policy. He stated sanctions are consistent for the same types of offenses.

There were two medical and mental health staff interviewed. One stated if the court orders participation, they would require it, otherwise, they do not require it. The other staff indicated that if the offender has been found guilty of an infraction, then yes. If the offender is in denial, then they are not allowed to participate.

Six case numbers were provided to the PCM for offenders who were disciplined due to offender-on-offender sexual harassment substantiated findings. Five were received and reviewed. One of the cases didn't exist in the facilities data base; they indicated it appeared to have been dismissed. The offender was released on 8/26/19. One of the cases was dismissed because of a procedural error and the remainder showed the offender was found guilty and disciplined.

No corrective action was identified for this standard.

MEDICAL AND MENTAL CARE

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

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.)
  ☒ 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.) ☒ 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? ☒ 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? ☒ 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? ☒ 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*)

Overall Compliance Determination Narrative

The policy outlining medical/mental health treatment is in WADOC Policy 490.820, PREA Risk Assessments and Assignments, which states:

Prison Mental Health Services
A. At the time the PRA is completed, Classification Counselors will complete referrals for mental health services using DOC 13-509 PREA Mental Health Notification if the screening indicates that the offender has perpetrated sexual abuse and/or has experienced prior sexual victimization, whether in an institutional setting or in the community.
B. 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.

WADOC Policy 630.500, Mental Health Services, states:

Routine Mental Health Services
A. Assessment
   a. A mental health employee/contract staff will complete DOC 13-376 Mental Health Appraisal per DOC 610.040 Health Screenings, Appraisals, and Status.
      1) In order for an offender to qualify for outpatient mental health services or admission to a Residential Treatment Unit (RTU), DOC 13-376 Mental Health Appraisal or DOC 13-476

Mental Health Update must be completed and the offender must have a qualifying condition as defined by the OHP.

WADOC Policy 610.025, Health Services Management of Offenders in Cases of Alleged Sexual Misconduct, 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.

Reporting

C. 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.

Medical and Mental Health Treatment Services

A. When an offender reports that s/he has been a victim of sexual misconduct, s/he will be offered medical and mental health treatment services as follows:
    1. If a report of aggravated sexual assault is made within 120 hours of the alleged assault and involves penetration and/or exchange of bodily fluids, the facility will attempt to transport the offender to the designated community health care facility within 2 hours of the report, unless an appropriate health care provider determines a forensic medical examination is not needed due to the nature of the alleged assault.
        a. In facilities with health care services employees/contract staff onsite, the offender will be assessed in person by an appropriate health care provider before transport. The health care provider will:
            1) Only provide emergency medical care per DOC 890.620 First Aid Emergency Medical Treatment to identify potential medical and mental health needs.
            2) Make every effort to preserve forensic evidence during the initial response.
            3) Give the offender information regarding the need for further medical evaluation to determine the:
                a) Extent of injuries,
                b) Testing for and treatment of sexually transmitted infections,
                c) Need for post-exposure prophylaxis for sexually transmitted infections, and
                d) Need for pregnancy prevention, if applicable.
            4) Advise the offender if a forensic medical examination to collect evidence is indicated, and explain to the offender the procedures used.
            5) Request the alleged victim not destroy physical evidence on their bodies (e.g. no washing, brushing teeth, changing clothes, drinking, eating, urinating, defecating, smoking) unless directed by medical or as needed for transport.
        b. The offender will be evaluated at the community health care facility according to their established sexual assault protocol. Department employees of the opposite gender will not be present during the examination unless security concerns require otherwise.
        c. Information about the examination and treatment provided at the community health care facility will be returned with the offender or communicated electronically to Department Health Services.
        d. Upon return to the facility from the forensic medical examination:
            1) The offender will be offered a mental health appointment and, unless the patient declines, will be seen by mental health within one business day.
    2. If a report of sexual assault or staff sexual misconduct is made more than 120 hours after and within 12 months of the alleged incident, offenders will be referred for medical follow-up. The health care provider will evaluate and treat the offender as medically necessary, including testing

for and treatment of sexually transmitted infections and prevention of pregnancy, if applicable. The offender will also be offered a mental health appointment and, unless the patient declines, will be seen by mental health within 14 days.

3. For all other sexual misconduct related reports (.e.g., assault outside of 12 months, abuse, harassment), the offender will be offered a mental health appointment and , unless the patient declines, will be seen by mental health within 14 days.

Follow-Up Procedures

A. Follow-up appointments with a health care practitioner and mental health professional will be offered within a clinically appropriate timeframe to:
   1. Assess the offender's physical and emotional status.
   2. Review the consultation sheet from the community health care facility to determine if all the medical aspects of the evaluation were completed.
   3. Provide any additional evaluation and treatment that is medically necessary, including testing, prophylaxis, and treatment of sexually transmitted diseases. [4-4406]
   4. Offer pregnancy testing and other lawful pregnancy-related medical services, if applicable.
   5. Provide additional crisis intervention, mental health treatment, and follow-up for trauma as clinically indicated.

WADOC Policy 490.800, requires information related to allegations/incidents of sexual misconduct be treated as confidential and only be disclosed when necessary for related treatment, investigation, and other security and management decisions. It states that staff who breach confidentiality may be subject to corrective and/or disciplinary action.

The facility reported that in the past 12 months, 100% of offenders who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. More than 10 referrals for mental health were provided to the auditor with the PAQ. Some of the examples showed the offender refusing follow-up services with mental health; therefore, the forms were not sent to MH and in some examples the inmate accepted the referral and the referral was forwarded to mental health. In all examples provided, the offender was seen within the required 14 days.

Two of the three offenders interviewed, who disclosed prior victimization during risk screening, indicated they were offered a referral to mental health. One indicated he was seen within a week. The second indicated it was more than a month before he was seen. The third offender indicated he was not offered a referral when he shared the prior victimization with staff, but has since been seen by mental health.

Two staff was interviewed who conduct the PREA risk screening. Both staff indicated a referral is made utilizing the DOC 13.509, PREA Mental Health Notification form. Neither of the staff interviewed were sure of the time frame for the meeting to be held with the offender. Both indicated referrals are done for offenders who previously perpetrated sexual abuse utilizing the DOC 13.509 form. Neither were sure of the timeframe required for the offender to be seen. To ensure staff awareness of the required timeframes, the PCM and PREA Specialist drafted an e-mail outlining the process, timeframes for referrals, and timeframes for the offender to be seen, once referred. The information was shared with the appropriate staff during the month of March, 2020.

Both medical and mental health staff interviewed indicated they obtain informed consent from offenders prior to reporting information to the facility. The facility does not house offenders under the age of 18.

Per a memorandum authored by the Superintendent, dated September 3, 2019, WADOC completes PRAs in the OMNI System. If the offender scores yes for any of the applicable identified questions, the individual completing the risk assessment completes a DOC 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/she wishes to be seen by a mental health practitioner, the notification form is forwarded to Health Services for scheduling within 14 days of the assessment. The practitioner then documents on the form when the offender was seen and signs the form, which is then maintained in the offender's health record.

The auditors questioned staff about access to these electronic records and were told that only certain classification are able to view the information. Housing Unit officers were not able to review this information. A small sample of files was reviewed while on-site.

The auditor requested a sample of consent documentation or logs and was informed that the mental health staff have not had any offenders disclose incidents of sexual abuse that did not occur in an institutional setting, during the review period.

No corrective action is required for this standard.

Standard 115.82: Access to emergency medical and mental health services

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?
  ☒ 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? ☒ Yes ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ 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? ☒ 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?
  ☒ 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*)

Overall Compliance Determination Narrative

The policy addressing medical/mental health treatment for sexual abuse is in WADOC 490.850, PREA Response, which states:

Response to Allegations of Sexual Misconduct

A. 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.
B. For allegations of aggravated sexual assault, the Shift Commander/CCS/designee will initiate the Aggravated Sexual Assault Checklist (Attachment 1), and the PREA Response Team will conduct a coordinated, multidisciplinary response to the allegation.
    3. Prisons and Work Releases will maintain PREA response kits for responding to allegations of aggravated sexual assault, which contain the items listed in Attachment 6. The PREA Compliance Manager/designee will immediately replace any used items and inspect the kits regularly.
    4. In Prisons, forensic examinations will be conducted per DOC 610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct.
    5. Work Releases will develop local procedures to ensure alleged victims of aggravated sexual assault are provided with emergency medical care to include forensic medical examinations, as applicable.
    6. 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 Offenders in Cases of Alleged Sexual Misconduct.
    7. Each Prison, Work Release, and Field Office will develop procedures for victims to receive ongoing medical, mental health, and support services as needed.

Medical and Mental Health Services

A. All medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender.
    1. Offenders housed in facilities with onsite health services will receive timely access to medical and mental health services per DOC 610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct.
    2. Medical and mental health services for all other offenders will be coordinated by the Work Release Administrator or applicable Field Administrator or their designees.

WADOC Policy 600.000, Health Services Management, states:

Offenders will be provided health services per RCW 72.10 and in accordance with:

A. All applicable Department policies, and
B. The Health Services Division Standard Operations and Procedure Manual, including the Offender Health Plan and DOC-DOH Health, Environmental, & Safety Standards established under RCW 43.70.130(8).
    1. Medical and mental health services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800 PREA Prevention and Reporting will be provided at no cost to the offender.

WADOC Policy 600.025, Health Care Co-Payment Program, states that medical and mental health services related to sexual misconduct as defined in WADOC Policy 490.800, PREA Prevention and Reporting, are exempt from a co-payment.

The two medical and mental health staff interviewed indicated sexual abuse victims receive timely access to emergency medical treatment and crisis intervention services. They indicated these services are typically offered as soon as possible, but always within two hours, per policy. Both staff stated offenders are offered timely information about access to sexually transmitted infections.

Five staff who have acted as a first responder were interviewed. All stated they would notify the shift commander, who would instruct them of the steps they should take. Two indicated they would also notify medical staff to be aware the offender was being brought to the clinic. When this question was discussed with the third shift, shift commander, the auditor was told that he evaluates the situation and if there were injuries or the assault occurred within 120 hours, he instructs the staff to escort the offender to health services.

Three of the four offenders who reported sexual abuse indicated they were seen by medical after making their report. The fourth indicated he was not, but turned in a request to see medical and has seen them since the incident. Two of the inmates interviewed should have been provided with information about sexually transmitted infections. One of them indicated that he was spoken to by medical staff about this but wasn't given any information. The other said no one talked to him about this or provided him with information.

Per a memorandum authored by the Superintendent, dated September 3, 2019, offenders who meet with SAFE/SANE nurses in the community are provided with information regarding emergency contraception and sexually transmitted infection prophylaxis, which is followed-up by facility health services personnel.

During the audit documentation period and the corrective action period, there were no allegations received that indicated the need for a forensic medical examination. As a result, there was no documentation applicable to this standard.

No corrective action was identified for this standard.

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

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? ☒ 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? ☒ Yes ☐ No

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ 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*)

Overall Compliance Determination Narrative

The policy outlining on-going medical and/or mental health treatment for victims and abusers is in WADOC Policy 490.850, PREA Response, which states:

Medical and Mental Health Services

A. All medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender.
    1. Offenders housed in facilities with onsite health services will receive timely access to medical and mental health services per DOC 610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct.
    2. Medical and mental health services for all other offenders will be coordinated by the Work Release Administrator or applicable Field Administrator or their designees.

WADOC Policy 600.000, Health Services Management, states:

Medical and mental health services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800 PREA Prevention and Reporting will be provided at no cost to the offender.

Health Services

A. The Health Services Division Standard Operations and Procedure Manual, approved by the Assistant Secretary for Health Services and Chief Medical Officer, includes the current operational procedures and standards that are expected practice for health services employees and contract staff. The Manual includes, but is not limited to:
    1. Offender Health Plan

WADOC Policy 610.025, Health Services Management of Offenders in Cases of Alleged Sexual Misconduct, directs that when a report of sexual assault or staff sexual misconduct is made more than 120 hours after and within 12 months of the alleged incident, offenders be referred for medical follow-up. The health care provider will evaluate and treat the offender as medically necessary including testing for and treatment of infections and prevention of pregnancy, if applicable.

WADOC Policy 610.040, Health Screening and Assessments, states:

Health Services at Release

A. Primary care practitioners will review health records and current medications for each individual scheduled for release.
    1. Release prescriptions will be ordered per DOC 650.035 Medications for Transfer and Release.
B. Medically necessary durable medical equipment and applicable 30 day supplies will be provided.
C. The Headquarters Nurse Desk and/or psychiatric social worker will assist with release planning for community supervision violators with extraordinary medical or mental health needs.

WADOC Policy 630.500, Mental Health Services, states:

Mental Health Services Provided Under the Offender Health Plan

A. Crisis Services
    1. Crisis services are provided for offenders with symptoms of an acute mental disorder that impair the offender's ability to function in areas such as self-care, social functioning, communication, and/or judgment. The offender may pose a safety risk to themselves and/or others. In addition to the services that are provided under DOC 630.550 Suicide Prevention and Response, crisis services may include:
        a. Emergent/urgent mental health crisis screening, which will be the basis for prioritizing the offender for further mental health assessment.
        b. Immediate access to services if a crisis exists at the time of evaluation.

c. Delivery of emergent/urgent psychiatric services and/or psychotropic medications per DOC 610.010 Offender Consent for Health Care and/or DOC 630.540 Involuntary Antipsychotic Administration.
d. Delivery of brief crisis counseling services.

B. Routine Mental Health Services
1. Assessment-A mental health provider will assess the need for mental health services in cases where the offender reports sexual abuse or has been identified as a victim or perpetrator of sexual abuse and is requesting mental health services.

Release Planning for Offenders with Serious Mental Illness

A. Six months prior to the offender's Earned Release Date (ERD), the mental health employee/contract staff designated to facilitate care coordination will review seriously mentally ill offenders, along with supporting information, to determine which offenders will need community mental health aftercare.
1. For offenders identified, the mental health employee/contract staff designated to facilitate care coordination will:
a. Assist with referrals to community supports and appropriate benefits or entitlements, and
b. Collaborate with Classification Counselors and Community Corrections Officers in planning and preparation for offender transition into the community.

B. Three months prior to ERD, the mental health employee/contract staff designated to facilitate care coordination, in collaboration with the supervising psychologist, will identify offenders that may be eligible for Department of Social and Health Services (DSHS) disability-based benefits and will:
1. Assist identified offenders in completing their application for expedited Medicaid eligibility for medical benefits as required in RCW 74.09.555 by submitting an application through DSHS.
2. Coordinate with the offender to identify mental health services in their community and schedule an intake appointment with a mental health provider.

C. Release planning for offenders who are designated for the ORCS Program must be provided per DOC 630.590 Offender Reentry Community Safety (ORCS) Program Review. This includes participation in the planning meetings and responding to all information requests by ORCS Program employees/contract staff.

Upon intake and as needed, the offender who notifies staff of prior victimization is offered a mental health referral. When the PRA is being completed, and "yes" is marked to the question about prior victimization, the referral form automatically pops up on the screen.

Per a memorandum authored by the Superintendent, dated September 3, 2019, he informed the auditor that 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 DOC 13-509 PREA Mental Health Notification forms, which also documents the offender's declination of services.

In addition, the following mental health process has been implemented to ensure continuity of care for 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 (DSHS} benefits, a Behavioral Health Discharge Summary will be completed and uploaded into SharePoint.
- The Primary Therapist or social worker will document referral efforts and results via a 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 transfer form.

Two medical and mental health staff was interviewed. Both indicated that offenders are sent out for the Forensic Examination. Upon return, the offenders are referred to medical and mental health for follow-up care. During preparation for parole, the offender's assigned medical and mental health professional works to develop a continuity of care plan with outside providers. Both staff stated that services provided are consistent with the community level of care. Staff interviewed stated they conduct a mental health evaluation of all known offender-on-offender abusers as soon as possible, but within 60 days per policy.

Four offenders who reported sexual abuse were interviewed. None of the offenders were able to provide the auditor with a summary of what the medical/mental health staff spoke about with them. Two of the offenders, who should have been offered information about sexually transmitted infections, stated they were not offered any information. It was noted that one of these incidents was reported after almost two years had elapsed. Two offenders stated there was no cost to them. The other two offenders did not answer this question.

During the writing of the interim report, the auditor requested copies of medical records that demonstrate victims receive follow-up services and appropriate treatment plans and, when necessary, referrals for continued care following their transfer to or placement in other facilities, or their release from custody. On December 11, 2019, copies of the requested documentation were received and reviewed by the auditor.

Per a memorandum authored by the Superintendent, dated September 3, 2019, there were no substantiated cases of offender on offender sexual abuse during the review period. A copy of the log was provided as proof. This documentation was reviewed and confirmed there were no substantiated cases of offender on offender sexual abuse.

No corrective action was required for this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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? ☒ Yes ☐ No

115.86 (b)

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

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ 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? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ 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*)

Overall Compliance Determination Narrative

The policy addressing sexual abuse incident reviews is in WADOC Policy 490.860, PREA Investigations, which states:

Multidisciplinary PREA Review

A. For each substantiated or unsubstantiated finding of offender-on-offender sexual assault/abuse and staff sexual misconduct, the Appointing Authority/designee will convene a local PREA Review Committee to examine the case.
   1. Investigations that result in a determination that the allegations was unfounded and any investigation of sexual harassment may be reviewed at the discretion of the Appointing Authority.
   2. For Prisons, if the Superintendent of the facility where the allegation took place is not the Appointing Authority, the Superintendent or his/her designee will be on the committee.
B. The committee will meet every 30 days, or as needed.
C. The committee will be multidisciplinary and include facility management, with input from supervisors, investigators, and medical/mental health practitioners.

1. Hearing Officers cannot serve as a PREA Review Committee member for any violation(s) for which they conducted the hearing.

D. The committee will review policy compliance, causal factors, and systemic issues using DOC 02-383 Local PREA Investigation Review Checklist.

The facility indicated that in the past 12 months, there have been 9 criminal and/or administrative investigations of alleged sexual abuse or staff sexual misconduct completed at the facility, which resulted in a finding of substantiated or unsubstantiated.

The auditor was provided several copies of the documentation of incident reviews. The examples provided were from a variety of different types of allegations. In reviewing the materials, the auditor noted: 1) the date the document was forwarded to the PREA Coordinator was blank on all documents that were reviewed; 2) three did not have line supervisors represented at the meeting; 3) four did not have a representative from medical or mental health present at the meeting; 4) one did not have an investigator present at the meeting; 5) five cases contained a recommendation and no documentation of the recommendation being followed-up on was included. In addition, one of the incident reviews, based on the dates on the form, seems to have been conducted before the Superintendent determined the findings of the case.

During his interview, the Superintendent indicated they have an incident review committee which includes upper level managers, line supervisors, investigators, and medical/mental health staff. He indicated that changes are made based on the issues identified by the committee. He further indicated they consider all factors identified in the standard.

The PCM indicated that they conduct incident reviews and she is part of the committee. She stated that all factors identified in the standard are discussed and considered by the committee. They prepare a report of their findings. A copy is forwarded to the PREA Unit at HQ. She stated that recommendations made by the committee are implemented, if approved.

The two staff that are routinely on the incident review committee were interviewed. They stated that the committee considers whether the incident was motivated by race, gender identity, gang affiliation or was motivated or otherwise caused by other group dynamics at the facility. They also evaluated the staffing levels at the time of the incident and at other times of the day. They consider whether monitoring technology should be expanded to assist in supervision. One of the staff interviewed indicated they don't always go to the site. It depends if all staff are knowledgeable and aware of the location. They can also look at the area via camera.

Corrective action was identified for this standard. The auditor required the facility to provide minutes for meetings which occur during the corrective action period. She reviewed the minutes for thorough documentation of the actions taken by the committee including reviewing documentation supporting implementation of recommendations or the reasons for not implementing recommendations. She reviewed documentation for at least 90 days and provided feedback. Each month the reviews were more thoroughly documented. In addition, she ensured the date the forms were forwarded to the PREA Coordinator is included on the documentation. Based on the significant improvement in the documentation, the auditor determined the facility had demonstrated substantial compliance with the standard.

Standard 115.87: Data collection

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? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ 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? ☒ 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? ☒ 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.) ☒ 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 ☐ 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*)

Overall Compliance Determination Narrative

The policy outlining sexual abuse data collection is in WADOC Policy 280.310, Information Technology Security, which states:

Department Information Technology resources are Department property, and the department is obligated to protect them. The Department will take physical and technical precautions to prevent misuse, unauthorized use, and accidental damage to IT resources, including equipment and data. IT use and access must follow state law, regulations, and Department policies and IT Security Standards.

Access Rights and Privileges

A. Mandatory criminal history background checks, as required in DOC 810.015 Criminal Record Disclosure and Fingerprinting, must be completed and cleared prior to granting access to IT resources.
B. Access rights and privileges to IT resources will require prior authorization.
    1. New or transferred employee user accounts and deletion of employee user accounts will be generated by the Human Resources Management System (HRMS) through the IT service request process.
        a. If the request has not been generated before the employee needs access, the supervisor, Appointing Authority, or Logon Identification (LID) Coordinator may send an email to the Account Administrative Unit to request.
        b. DOC 08-076 Information Technology Security Data Request will be used if immediate deletion of an employee's user account is required.
    2. The LID Coordinator will use DOC 08-012 IT-DOC Systems Access Request (SAR) to request user account creation or suspension for contract staff and volunteers.
    3. For other non-Department personnel, authorization to use IT resources requires approval from the appropriate Appointing Authority and the Chief Information Officer (CIO)/designee. Access to electronic data will be considered a release of data outside the Department and requires a data sharing agreement per DOC 280.515 Electronic Data Classification.

Authentication Process

A. Passwords or other means of authenticating user identity will be required for access to IT computer resources. At a minimum, every user accessing a Department computer will be required to authenticate with a unique login name and password.

Obligation to Protect

A. Passwords, keys, or any access control device will be stored in a secure manner and will be used only by the person to whom they are assigned.
B. Removal of IT resources from Department premises must be authorized by the supervisor.
C. Employees who are assigned mobile computing devices must take reasonable precautions to protect the devices from potential theft and misuse.
D. All users with access to confidential Department data must maintain the integrity of the data per DOC 280.515 Electronic Data Classification.

WADOC Policy 490.860, PREA Investigation, states:

Data Collection and Reporting

A. All PREA data containing personal identifying information will be maintained as Category 4 data per DOC 280.515 Electronic Data Classification.
B. Data will be collected by the PREA Coordinator/designee for each allegation of sexual misconduct.
    1. 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.
    2. Data will be analyzed to identify factors contributing to sexual misconduct in Department facilities and offices.
C. The PREA Coordinator will generate an annual report of findings. The report requires Secretary approval. Approved reports will be made available to the public through the Department 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.

Record Retention

A. Records associated with allegations of sexual misconduct will be maintained according to the Records Retention Schedule.
    1. PREA records may include, but will not be limited to:
        a. Incident reports
        b. Investigation reports

c. Electronic evidence
d. Investigation findings/dispositions
e. Law enforcement referrals
f. Criminal investigation reports
g. Required report forms
h. Documentation of:
    1) Local PREA Review Committees,
    2) Completed DOC 02-382 PREA Data Collection Checklists, and
    3) Ongoing notifications.

B. The Appointing Authority/designee will maintain original PREA case records as general investigation reports per the Records Retention Schedule.

C. The PREA Coordinator/designee will maintain electronic PREA case records per the Record Retention Schedule.

1. Prior to destruction, all investigation records will be reviewed to ensure the accused has been released from incarceration or Department employment for a minimum of 5 years. If a review of the investigation records reveals that the accused individual does not meet this 5 year requirement, the records will be maintained until this requirement is met, even if it exceeds the established retention schedule.

The agency aggregates the incident-based sexual abuse data at least annually. The auditor reviewed the annual report for 2017 and 2018.

No corrective action was identified for this standard.

Standard 115.88: Data review for corrective action

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? ☒ 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? ☒ 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? ☒ 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 ☒ 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? ☒ 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? ☒ 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*)

Overall Compliance Determination Narrative

The agency reported that it reviews 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, and training, including:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

The Deputy Secretary indicated that the data collected is signed off by the Secretary. The data is evaluated to determine if policies need to be changed. She stated the Secretary of Corrections approves the annual report before it goes to the Governor's Office.

The PREA Coordinator stated that corrective actions can be taken based on the annual analysis of the data. She stated the agency prepares an annual report from the data reviewed. It includes any corrective actions taken for each facility and for the agency as a whole. She said there is no confidential information included in the annual report; therefore, no need to redact information.

During the interview with the PCM, she stated they use the data to identify areas of concern and come up with a plan to correct the identified issues.

No corrective action was identified for this standard.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? ☒ 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? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ 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? ☒ 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*)

Overall Compliance Determination Narrative

The policy outlining PREA data storage is in WADOC Policy 280.310, Information Technology Security, which states:

Department Information Technology (IT) resources are Department property, and the Department is obligated to protect them. The Department will take physical and technical precautions to prevent misuse, unauthorized use, and accidental damage to IT resources, including equipment and data. IT use and access must follow state law, regulations, and Department policies and IT Security Standards.
Access Rights and Privileges

A. Mandatory criminal history background checks, as required in DOC 810.015 Criminal Record Disclosure and Fingerprinting, must be completed and cleared prior to granting access to IT resources.
B. Access rights and privileges to IT resources will require prior authorization.
    1. New or transferred employee user accounts and deletion of employee user accounts will be generated by the Human Resources Management System (HRMS) through the IT service request process.
        a. If the request has not been generated before the employee needs access, the supervisor, Appointing Authority, or Logon Identification (LID) Coordinator may send an email to the Account Administrative Unit to request.

b. DOC 08-076 Information Technology Security Data Request will be used if immediate deletion of an employee's user account is required.

2. The LID Coordinator will use DOC 08-012 IT-DOC Systems Access Request (SAR) to request user account creation or suspension for contract staff and volunteers.
3. For other non-Department personnel, authorization to use IT resources requires approval from the appropriate Appointing Authority and the Chief Information Officer (CIO)/designee. Access to electronic data will be considered a release of data outside the Department and requires a data sharing agreement per DOC 280.515 Electronic Data Classification.

The facility reports that the agency ensures that incident-based and aggregate data are securely retained. Policy requires that aggregated sexual abuse data from facilities under the agency's direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website. The auditor reviewed the WADOC PREA website and found all required data available for review. The agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection.

The PREA Coordinator indicated that all information is maintained on a back-up system which can only be accessed by her and the Information Technology staff.

No corrective action was required for this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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.*) ☒ 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 ☐ 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.) ☐ 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 ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ 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? ☒ 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*)

Overall Compliance Determination Narrative

During the prior three-year audit period, the agency ensured that each facility was audited at least once. This is the first year of the current audit cycle and the agency has scheduled audits for at least one-third of its facilities.

The auditor had access to and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor was permitted to conduct private interviews with offenders. Offenders were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

Standard 115.403: Audit contents and findings

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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28

C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ 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*)

Overall Compliance Determination Narrative

The agency has published, on the agency website, all Final Audit Reports within 90 days of issuance by the auditor. The review period is for prior audits completed during the past three years preceding this facility audit.

AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

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.

Click here to enter text. **Click here to enter text.**

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.