

# PREA Facility Audit Report: Final

**Name of Facility:** Larch Corrections Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 11/30/2021

**Date Final Report Submitted:** 05/17/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Michele Morgenroth	<b>Date of Signature:</b> 05/17/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Morgenroth, Michele
<b>Email:</b>	MMorgenroth@mt.gov
<b>Start Date of On-Site Audit:</b>	10/19/2021
<b>End Date of On-Site Audit:</b>	10/21/2021

FACILITY INFORMATION	
<b>Facility name:</b>	Larch Corrections Center
<b>Facility physical address:</b>	15314 NE Dole Valley Rd, Yacolt, Washington - 98675
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Bobby Greene
<b>Email Address:</b>	bjgreene@doc1.wa.gov
<b>Telephone Number:</b>	3606673618

Warden/Jail Administrator/Sheriff/Director	
<b>Name:</b>	James C. Miller Jr.
<b>Email Address:</b>	jcmiller@doc1.wa.gov
<b>Telephone Number:</b>	360.667.3635

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Bobby Greene
<b>Email Address:</b>	bjgreene@doc1.wa.gov
<b>Telephone Number:</b>	O: 360.667.3635
<b>Name:</b>	Zack Wilcox
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<b>Name:</b>	Shawn Piliponis
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<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Shaun Smith
<b>Email Address:</b>	sesmith1@doc1.wa.gov
<b>Telephone Number:</b>	3602606300

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	480
<b>Current population of facility:</b>	245
<b>Average daily population for the past 12 months:</b>	366
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18-65
<b>Facility security levels/inmate custody levels:</b>	Minimum Security
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	124
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	34
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	32

AGENCY INFORMATION	
<b>Name of agency:</b>	Washington Department of Corrections
<b>Governing authority or parent agency (if applicable):</b>	State of Washington
<b>Physical Address:</b>	7345 Linderson Way Southwest, Tumwater, Washington - 98501
<b>Mailing Address:</b>	
<b>Telephone number:</b>	3607258213

Agency Chief Executive Officer Information:	
<b>Name:</b>	Dr. Cheryl Strange
<b>Email Address:</b>	cheryl.strange@doc.wa.gov
<b>Telephone Number:</b>	360-725-8810

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Beth Schubach	<b>Email Address:</b>	blschubach1@doc1.wa.gov

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
45	
<b>Number of standards not met:</b>	
0	

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-10-19
2. End date of the onsite portion of the audit:	2021-10-21

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International, Clark County YWCA, and Clark County Sheriff's Office

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	480
15. Average daily population for the past 12 months:	366
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

### Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

#### Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	232
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	6
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	2

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	2
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	2
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	#40 and #41 are the same 2 inmates. Total of 12 inmates met criteria for targeted interviews.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	115
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	16
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	35
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	14
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	Auditor requested a list of inmates by housing unit. Randomly selected multiple inmates from each unit.
<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	<p>Inmate interviews consisted of both randomly selected inmates as well as targeted interviews based on inmate demographics required by the audit process. A total of 20 inmates were interviewed. For targeted interviews, there were a total of 12 inmates who fit any of the specialized interview categories. 10 targeted inmate interviews are required by the audit process for the population of this facility.</p> <p>The audit team attempted to interview all 12 of these inmates. Six refused to be interviewed so only six targeted interviews were completed. These targeted interviews included one inmate who was blind, deaf, or hard of hearing, one who is limited English proficient, two with cognitive disabilities, and two who identify as gay or bisexual. The facility reported they do not currently have anyone who is transgender or intersex, or anyone segregated for risk of sexual victimization, or who alleged to have suffered sexual abuse. To meet the total required inmate interviews, 14 random inmates were interviewed. The inmates who refused to be interviewed refused to the audit team member conducting interviews. They were questioned if they were fearful or had been told not to talk to the audit team. None of the inmates who refused indicated any type of fear. They simply did not wish to participate.</p> <p>The limited number of inmates who fit the targeted categories was expected given the facility type and size. All inmate interviews were conducted in a private room.</p>
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	6

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p><b>59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b></p>	<p>0</p>
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<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
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<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Confirmed by staff interviews and the nature of the facility as a work center.</p>
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<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
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<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
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<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
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<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Multiple staff mentioned in interviews that they did not currently have any transgender or intersex inmates, nor could they recall the last time that the facility did house a transgender or intersex inmate.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Confirmed by review of current cases/allegations.</p>



<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Discussions with staff, risk assessments, etc.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Facility does not have long term segregated housing.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>For targeted interviews, there were a total of 12 inmates who fit any of the specialized interview categories. 10 targeted inmate interviews are required by the audit process for the population of this facility. The audit team attempted to interview all 12 of these inmates. Six refused to be interviewed so only six targeted interviews were completed. These targeted interviews included one inmate who was blind, deaf, or hard of hearing, one who is limited English proficient, two with cognitive disabilities, and two who identify as gay or bisexual. The facility reported they do not currently have anyone who is transgender or intersex, or anyone segregated for risk of sexual victimization, or who alleged to have suffered sexual abuse.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Staff interviews consisted of both randomly selected staff and staff responsible for specific duties. Prior to arriving at the facility, the audit team conducted telephone or virtual interviews with a contract administrator, the Deputy Secretary, a Human Resources employee, the facility Superintendent, and the PREA Coordinator. Onsite interviews were conducted in a private setting. While onsite, 12 staff were randomly selected from the shift roster for the random staff interviews. These interviews represented all three shifts and included both security and non-security staff. The night shift was included by requesting that any staff held over for overtime from the nightshift be identified by the facility. This allowed for the night staff to be interviewed without burdening the facility with additional overtime to accommodate these interviews during non-assigned hours. The audit team interviewed staff responsible for specific duties such as unannounced supervisory rounds, first responder duties, performing risk assessments, retaliation monitoring, incident reviews, intake, grievances, and investigations. Two contractors and two volunteers were also interviewed. Following the onsite portion of the audit, additional interviews were conducted with staff in supervisory positions who were unavailable during the audit, this included the medical clinician. Details of staff interviews are discussed in each applicable standard in this report. In total, at least 20 staff/volunteer/contractor interviews were conducted in addition to the 12 randomly selected staff.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>20</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No  <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Agency contract administrator</li> <li><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</li> <li><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</li> <li><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</li> <li><input checked="" type="checkbox"/> Medical staff</li> <li><input checked="" type="checkbox"/> Mental health staff</li> <li><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</li> <li><input checked="" type="checkbox"/> Administrative (human resources) staff</li> <li><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</li> <li><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</li> <li><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</li> <li><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</li> <li><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</li> <li><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</li> <li><input checked="" type="checkbox"/> First responders, both security and non-security staff</li> <li><input checked="" type="checkbox"/> Intake staff</li> <li><input checked="" type="checkbox"/> Other</li> </ul>
<p><b>If "Other," provide additional specialized staff roles interviewed:</b></p>	<p>Grievance</p>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of VOLUNTEERS who were interviewed:</b></p>	<p>2</p>

<p><b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of CONTRACTORS who were interviewed:</b></p>	<p>2</p>
<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>Staff interviews consisted of both randomly selected staff and staff responsible for specific duties. Prior to arriving at the facility, the audit team conducted telephone or virtual interviews with a contract administrator, the Deputy Secretary, a Human Resources employee, the facility Superintendent, and the PREA Coordinator.</p> <p>Onsite interviews were conducted in a private setting. While onsite, 12 staff were randomly selected from the shift roster for the random staff interviews. These interviews represented all three shifts and included both security and non-security staff. The night shift was included by requesting that any staff held over for overtime from the nightshift be identified by the facility. This allowed for the night staff to be interviewed without burdening the facility with additional overtime to accommodate these interviews during non-assigned hours. The audit team interviewed staff responsible for specific duties such as unannounced supervisory rounds, first responder duties, performing risk assessments, retaliation monitoring, incident reviews, intake, grievances, and investigations. Two contractors and two volunteers were also interviewed. Following the onsite portion of the audit, additional interviews were conducted with staff in supervisory positions who were unavailable during the audit, this included the medical clinician. Details of staff interviews are discussed in each applicable standard in this report. In total, at least 20 staff/volunteer/contractor interviews were conducted in addition to the 12 randomly selected staff.</p>

**SITE REVIEW AND DOCUMENTATION SAMPLING**

## Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

Yes

No

**Was the site review an active, inquiring process that included the following:**

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

**89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**

The audit team arrived onsite on 10/19/21. A briefing meeting was held with the Superintendent, PREA Compliance Manager, a Sergeant, Human Resources Consultant, the PREA Compliance Specialist, and the Plant Manager. The audit process was explained, and the auditor answered any questions the facility staff had regarding the audit process and what to expect.

During the onsite portion of the audit, the auditor and support staff (audit team) inspected all areas of the facility where inmates are allowed. This included housing areas (tiers) where the inmates live, bathrooms, maintenance areas, medical clinic, kitchen, dining area, visitation, administration building, programming, and work areas. During the inspection, the auditor informally questioned staff regarding inmate supervision, movement, and physical plant. The audit team noted PREA posters or brochures with reporting and advocacy information in key areas such as near the phones, the library, medical clinic, day rooms, etc. The facility has a camera system that covers key areas. Although there are cameras in the dormitories, inmates are advised not to fully undress in the dorm and are advised to change in the bathroom/shower areas. Posters notify inmates in these areas that female staff may observe the camera system in the dorm. Staff report they have never viewed inmates completely undress in the dorm area and that inmates have an unwritten rule among themselves that they do not undress in the dorm setting, even in front of other inmates. This is a common cultural norm in facilities with dormitory housing. The bathrooms in each unit are one large bathroom with a door and a narrow window in the door. Inside the bathroom, the individual shower stalls have doors, the toilet stalls have doors, and the urinal is positioned so that staff cannot see the inmate from the window of the bathroom door. The doors on showers and toilet stalls still allow someone entering the bathroom to see that there is only one individual in each stall. If a staff member were to view an inmate in the bathroom area in a state of undress, they would have to enter the bathroom or stand very close to the window and in a clear and obvious way, peer into the bathroom from a particular angle. In addition, the female staff are announcing their presence upon entering the unit and the bathroom is near the entrance so inmates should hear this announcement. The audit team observed the process for opposite gender announcements when entering the housing units. An overhead/intercom announcement is made when female staff enter the building, there is a doorbell for each tier/unit, and female staff also verbally announce when walking into the unit. Mirrors were observed in numerous locations to assist with visibility in areas with blind spots. The facility has large windows in almost all doors to ensure good visibility. Several areas had motion detecting lights that turn on whenever someone enters the area. In addition, areas that are unauthorized or may be high risk areas have very descriptive signs to ensure access is limited or controlled. In particular, there are a lot of areas with signs that require a 2:1 ratio to enter as well as radio to control that someone is entering or leaving those areas. Three items were noted during the inspection which needed correction. A storage room in the dining hall is an unauthorized area that needed a sign to say inmates are unauthorized in the area. The library was missing some of the posters noted throughout the rest of the facility. In the control building, a staff bathroom needed a sign on the door designating it as a staff bathroom. These were corrected and pictures sent to the auditor on 10/26/2021.

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b>	<p>Pre-audit documents were submitted to the auditor via the Online Audit System (OAS) on 09/08/2021. These documents included policies, procedures, logs, memos, contracts, lesson plans, training records, etc. All documents were reviewed by the auditor prior to the onsite portion of the audit. Additional documentation was requested throughout the course of the pre-audit to supplement documents submitted with the pre-audit questionnaire. Throughout this report, the auditor mentions a review period or a 12-month review period. The 12-month review period was from July 2020 to July 2021 which was the timeframe the facility used to submit documents and data to the auditor in the OAS. The auditor requested additional documents from July 2021 through the onsite phase of the audit in October 2021 to ensure review of more recent documentation. This timeframe in addition to the 12-month timeframe is referred to throughout the report as the review period.</p> <p>Documentation reviewed onsite and/or after the onsite portion of the audit included investigation case files, inmate records, and personnel records. The auditor viewed applicable portions of the Offender Management Network Information (OMNI) system for inmate records. In conformity with standard auditing methods which rely on reviewing a sample representation of documents*, the audit team randomly selected employee, contractor, volunteer, and inmate files for review. The employee files were selected by choosing five random employees from the staff roster in addition to the eight new hires from the previous 12 months, for a total of 13 employee files. One of the new hires quit the same day they started so that file provided limited information. The auditor ensures the minimum number of employee files reviewed meets or exceeds the minimum number of random staff interviews required, which is 12. 15 inmate files were randomly selected from the inmate list. An additional four were reviewed with the pre-audit documents or because of questions the auditor had regarding certain inmates that were identified in the pre-audit documents.</p> <p>The auditor ensures the minimum number of inmate files reviewed meets or exceeds the minimum number of random inmate interviews required for this size of facility which is 10. The auditor randomly selected four volunteers and four contractors from the facility roster of volunteers and contractors and requested files for those individuals. Descriptions of documents reviewed are included in each applicable section of this report. *Please note that standard audit practices rely on reviewing a sample or random selection of documents related to each standard. If the samples conform to the requirements, no additional documents are reviewed. This allows the audit team to focus their efforts on areas where concerns are noted and not on areas that are meeting substantial compliance.</p> <p>At the conclusion of the onsite portion, the audit team met with agency and facility staff, including the Superintendent, PREA Coordinator, PREA Compliance Manager, PREA Compliance Specialist, two Unit Supervisors, the Plant Manager, and a Human</p>
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Resources Consultant. The auditor provided a preliminary overview of any areas of concern and items still in ongoing consideration regarding compliance. Following the onsite portion of the audit, the auditor reviewed all information gathered from interviews, documents, and the onsite inspection to triangulate the data and ensure all three components were met, where applicable, for each standard. As part of this process, the auditor requested and received additional documents from the facility or the PREA Coordinator.

It is important to note the facility does not house anyone under the age of 18, therefore, any standards or audit protocols applicable to youth do not apply to this audit. All standards were assessed for compliance based on review of documentation (policy, procedure, reports, logs, forms, etc.), visual observations during the facility inspection, and interviews with staff, inmates, contractors, and volunteers. Where policy or procedure is directly quoted, this is to show evidence of compliance with the standards where the facility or agency has clearly adopted the standard in written documentation and instruction to staff members.

Due to different terminology used throughout WADOC policies, "inmate", "offender", and "individual" are used interchangeably throughout this report. Agency, Department of Corrections (DOC), and WADOC are used interchangeably throughout this report.

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

#### 92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	2	0	2	0
<b>Staff-on-inmate sexual abuse</b>	2	0	2	0
<b>Total</b>	4	0	4	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	2	0	0	0
<b>Total</b>	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	1	1	0
<b>Staff-on-inmate sexual abuse</b>	0	0	1	1
<b>Total</b>	0	1	2	1

### Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	4
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

**Inmate-on-inmate sexual abuse investigation files**

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

**Staff-on-inmate sexual abuse investigation files**

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2

<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>Reviewed all 6 <b>closed</b> case files from the previous 12 months. Some of these are not reflected in the data charts above because the allegation was not made in the previous 12 month period prior to the onsite. Therefore, the data may not match. One additional staff on inmate investigation was closed during corrective action which was also reviewed but not counted in this data.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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### Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
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## AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input checked="" type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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<b>Identify your state/territory or county government employer by name:</b>	Montana Department of Corrections
<b>Was this audit conducted as part of a consortium or circular auditing arrangement?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>(a) DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting section I.A states, "The Department has zero tolerance for all forms of sexual misconduct." WADOC has five policies that cover all areas of the PREA standards including prevention and reporting, risk assessments, response, investigation, and transgender/intersex/gender non-conforming policies.</p> <p>(b) DOC Policy 490.800 section II.A outlines the expectations of the PREA Coordinator. This includes develop and implement PREA related policies; identify, monitor, and track incidents of sexual misconduct; coordinate and track referrals to law enforcement and prosecutors; implement a system to audit facilities; keep management informed of PREA-related issues, etc. The PREA Coordinator reports to the Prisons Director, Command B. The Prisons Director reports to the Assistant Secretary Prisons Division. The PREA Coordinator position description outlines the responsibilities of the position including development, implementation, and maintenance of policies and procedural operations for PREA. The PREA Coordinator was interviewed by the audit team. She confirmed that she has the time and authority to fulfill her duties. She described her communication with staff at all levels of the agency and her ability to seek immediate corrections to compliance issues when needed. She communicates with all PREA compliance managers throughout the agency on a regular, almost daily, basis. WADOC also has a PREA advisory council with representatives from each facility, mental health, policy staff, and others. They meet to talk about issues with PREA compliance, brainstorm solutions, etc.</p> <p>(c) DOC Policy 490.800 section II.B outlines the requirements for PREA Compliance Managers. The Superintendent for each facility will designate a PREA Compliance Manager. This position is required by the policy to serve as the point of contact for the PREA Coordinator; coordinate audit preparation activities and corrective actions; oversee PREA vulnerability assessments; review compliance with PREA training requirements; oversee the work of a PREA Compliance Specialist, etc. The PREA Compliance Manager reports to the facility Superintendent.</p> <p>During the onsite audit and in the interview with the PREA Compliance Manager, it is clear that she does not have the time and often does not have the authority to complete tasks related to PREA compliance. She described difficulties obtaining documents from various departments to ensure ongoing compliance with the standards and limited time to complete the requirements of this role along with all the other job duties she holds. Specific examples include obtaining HR/hiring records, medical and mental health follow up from risk assessments, and not receiving timely notification of allegations or status of investigations. When asked, she reported she was not involved in the most recent staffing review from April 2021 for compliance with Standard 115.13. The auditor noted that her name was on the memo submitted saying she was part of the process for this review. When asked to clarify, she stated that although her name is on the list, she does not recall specifically being part of what was discussed in the memo. Although she has a PREA Compliance Specialist to assist in PREA compliance tasks, that position also holds other responsibilities. These two individuals also came into these roles during the pandemic and report receiving very little training on the standards and what is expected to be in compliance with each. It is essential that the PREA Compliance Manager have access to all records associated with PREA compliance at the facility level, not only for audits, but on an ongoing basis. Ensuring ongoing compliance also requires dedicated time. The auditor notes the PREA Compliance Manager's job description does not include PREA as a task or responsibility. Without this being assessed in the job description, the amount of time needed to dedicate to the task is not being taken into consideration for that position. Nor is the authority granted to the position to ensure PREA compliance. It also limits the agency's ability to hold the position accountable to ensuring ongoing compliance.</p> <p>Supporting Documents:</p> <p>DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting</p> <p>DOC Policy 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments</p> <p>DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response</p> <p>DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation</p> <p>DOC Policy 490.700 Transgender, Intersex, and/or Gender Non-Conforming Housing and Supervision</p>



Department of Corrections Prisons Division Org Chart

PREA Coordinator Position Description

LCC Org Chart

Corrective Action Plan:

(c) Ensure the PREA Compliance Manager has the time and authority to ensure ongoing PREA compliance. This can be accomplished through review and update of the job description, reassignment of duties, assigning additional assistance, creating a new position, etc. The PREA Compliance Manager should be given authority to request all documentation necessary and be part of all PREA processes to include investigations, staffing reviews, etc. The facility and agency will work with the auditor to determine a specific corrective action plan that meets all needs. Documentation of corrective action must be submitted to the auditor no later than 150 days from the facility's receipt of the interim report to allow the auditor sufficient time to review the provided documents.

Corrective Action Completed:

A memo was submitted to the auditor by the PCM on 1/11/2022. It outlines the areas of compliance that she will delegate to the PCS as needed. It also states that she has authority to delegate her other duties as needed when PREA compliance tasks take precedence. A follow-up interview was conducted with the PCM on 1/14/2022 to ensure she has the time and authority now to complete her tasks under PREA. She stated that she feels much better about the process and feels she has been given approval to delegate as needed. She stated she already has access to and is receiving more documentation and information than she was at the time of the onsite. The PCM submitted a monthly log showing the PREA-related activities and hours spent over the course of each month to demonstrate her increased involvement in PREA compliance for the facility. This was submitted for January and February. The PCS has also taken on several compliance tasks and set up tracking systems to maintain compliance. He was also interviewed again and stated that things are working much better now. Together, the PCM and PCS are meeting the requirements for this standard.

Based on supporting documents, interviews, and completed corrective action, the facility is compliant with this standard.

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<p data-bbox="242 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 273 1493 432">(a) DOC Policy 490.800 section IX.A states, "Any new or renewed contracts for the confinement of individuals will include the requirement that the contracted facility comply with federal PREA standards and allow the Department to monitor PREA compliance." WADOC currently contracts with American Behavior Health Systems (ABHS). The contract with ABHS was initiated in 2015 and has been extended by amendments through June 2023. Section VII of the contract requires the contractor to comply with PREA.</p> <p data-bbox="242 521 1493 779">(b) DOC Policy 490.800 section IX.A states, "Any new or renewed contracts for the confinement of individuals will include the requirement that the contracted facility comply with federal PREA standards and allow the Department to monitor PREA compliance." The ABHS contract, section VII states "The department is required to monitor the Contractor's compliance with the PREA standards. Monitoring may include, but is not limited to site visits, access to contractor's data, and review of applicable documentation." The contract also states that should the contractor fail to comply with PREA standards, the Department will terminate the agreement. The auditor reviewed the website for ABHS at <a href="https://www.americanbehavioralhealth.net/prea/">https://www.americanbehavioralhealth.net/prea/</a>. The website has PREA audit reports, annual reports, and reporting information.</p> <p data-bbox="242 869 1493 1162">A contracts administrator was interviewed via telephone by the audit team. This person confirmed that the language required by the standard is included in each contract for confinement. WADOC utilizes interstate compacts for the transfer of inmates between state confinement agencies. However, only two have been updated since 2012. Those agreements are with Minnesota and Iowa and contain language that they must comply with PREA. Their compliance is monitored by checking those state agency's websites for completed PREA audit reports. The PREA Coordinator was interviewed for this standard. She reports that every contract has a contract monitor. For the ABHS contracts the monitor is the agency substance abuse administrator. She oversees general compliance with the contract terms. In addition, the PREA Coordinator is in regular contact with the ABHS agency administrator. She can go to any of the ABHS facilities at any time, she checks their PREA audit reports, and receives data from the ABHS facilities.</p> <p data-bbox="242 1252 480 1279">Supporting Documents:</p> <p data-bbox="242 1308 1078 1335">DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting</p> <p data-bbox="242 1364 879 1391">Contract No. K10802 with American Behavioral Health Systems</p> <p data-bbox="242 1420 394 1447">ABHS Website</p> <p data-bbox="242 1476 467 1503">Iowa Contract K10681</p> <p data-bbox="242 1532 549 1559">Minnesota Contract CDOP448</p> <p data-bbox="242 1648 1409 1711">Based on review of policy, contracts, and other documentation, as well as interviews, the facility is compliant with this standard.</p>

## 115.13 Supervision and monitoring

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

(a) DOC Policy 490.800 section VI.A states, "Each Superintendent and Work/Training Release CCS will use the PREA Compliant Staffing Plan template maintained on the PREA Audit SharePoint site to develop, maintain, and annually review a staffing plan that includes an objective analysis of the facility's staffing needs and established staffing model." The facility reports that WADOC maintains custody and non-custody staffing models for all prison facilities. The custody staffing model has been approved by the Legislature following a review of national correctional practices. The model shows custody posts based on type of facility, facility design, population, etc. Custody posts include captains, lieutenants, sergeants, and correctional officers. The staffing plan was reviewed by the auditor. Included in the plan is consideration of generally accepted detention and correctional practices, the composition of the inmate population, physical plant vulnerability assessment of high-risk areas and blind spots, number and placement of supervisory staff, institutional programming schedule, State or local law considerations, prevalence of incidents and other relevant factors. For program/work areas, the plan requires two employees, contract staff, or volunteers to be present and minimum requirements for the number of inmates to be present to keep the program open. LCC has not had any judicial, federal investigative, internal, or external oversight findings of inadequacy. Additional documents are attached to the staffing plan to include programming schedule, staff schedules/rosters, etc.

(b) The staffing plan states LCC had to deviate from regular staffing due to COVID-19 response. DOC Policy 400.210 outlines requirements for filling posts, including which posts are non-relievable. The auditor reviewed samples of the Daily Staff Roster where deviations from the staffing plan are documented. Mandatory posts are filled via overtime. Some posts, such as recreation and programming, can be closed if there are not enough staff to fill the mandatory posts. If the facility reaches critical staffing levels, these posts can be closed, and mandatory overtime can be implemented. The facility will log the reason for why the posts closed. The Daily Staff Roster details how the post was filled, by whom, and the reason the normally assigned staff was not present, i.e., administrative leave, sick time, vacation, etc. The facility reports they did not drop below the minimum staffing level required in the staffing plan over the review period for this audit.

(c) DOC Policy 490.800 section VI.A.2 states, "Reviews will document consultation with the PREA Coordinator, who will be provided with a copy of the completed PREA Compliant Staffing Plan." A memo from April 2021 states the facility's staffing plan was reviewed for 2021. The memo was submitted to the agency PREA Coordinator and attachments include the detailed staffing plan. The review included evaluation of the resources available to the facility. A similar memo was reviewed from June 2020 for the 2020 staffing plan review. The PREA Coordinator confirmed in her interview that the staffing plan review is submitted to her annually. She also has input if positions, especially if relevant to PREA compliance, are added. She also discussed the vulnerability assessment that facilities completed and how those are updated when there are major changes at a facility or audit changes.

(d) DOC Policy 110.100 states, "Superintendents will ensure that each member of the facility executive management team make unannounced tours of selected areas of the facility at least weekly." "Employees are prohibited from alerting one another that these tours are occurring..." "Facility executive management team members will routinely modify their work schedules to conduct tours and interact with employees on all shifts." Included in the documents submitted by the facility were two memos describing how these rounds should be conducted and documented. The auditor reviewed logbooks for documented unannounced rounds from a variety of days, shifts, and areas of the facility over the last year. In total, samples from nine different months were reviewed. The audit team interviewed two staff responsible for unannounced rounds. They described how they will go into different areas at different times and note the round in the logbook. They understood that these rounds are to check on staff. They stated that due to the small size of the facility, staff are often aware that they are doing the rounds. However, they know that staff are prohibited from alerting others that the round is being conducted and would take steps to address that behavior if detected. Several random staff were asked if they see supervisory staff making unannounced rounds. They confirmed that supervisory staff do conduct rounds and they see them on a regular basis.

The facility administrator described the staffing plan review process in his interview. He stated there is a yearly review, including visits to different shifts to ensure adequate staffing. They talk to staff and even other similar facilities to determine where needs may exist, how to address concerns, etc. He stated LCC needs an additional position for a control post which has been requested each year for review. Like most agencies, these requests may be denied due to budgetary concerns, limits on full time positions, etc. He described the video monitoring system, including locations they are currently placed and

areas that need cameras to improve monitoring. LCC was recently allocated money to add cameras. He discussed how these cameras will improve safety for staff and residents. To ensure compliance with the staffing plan, the facility administrator described the process for unannounced rounds to check staffing. He also encourages other staff not responsible for these rounds to move throughout the facility and note any concerns. He described the documentation via IMRS (incident statements) when a post must be closed due to staff shortages. In these situations, the IMRC is forwarded to him and agency headquarters. Before a post is closed, either the facility administrator, the lieutenant, or the duty officer is consulted. As noted in 115.11, the PREA Compliance Manager does not recall being part of the staffing plan review. This standard does not require the PREA Compliance Manager to be part of the review. However, it would be helpful if that position is included as they can provide additional relevant information.

Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 400.210 Custody Roster Management

DOC Policy 110.100 Prison Management Expectations

Custody Staffing Model

Non-Custody Staffing Model

2021 Staffing Plan

LCC Staffing Plan 2020

Daily Staff Roster

Based on review of the facility staffing plan, annual staffing plan review, policy, staffing plan deviations, logs for unannounced supervisory rounds, and interviews with multiple staff, the facility is compliant with this standard.

## 115.14 Youthful inmates

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

RCW 72.01.410 states an offender under age 18 may be housed in a unit containing offenders 18 or older but they must be kept physically separate from other offenders at all times. LCC does not house offenders under age 18. This was confirmed during the onsite inspection and during multiple interviews with staff. DOC Policy 320.500 states youthful offenders under Department jurisdiction will be housed at a Department of Social and Health Services' Juvenile Rehabilitation Administration facility.

The PREA Coordinator confirmed in her interview that WADOC does not house anyone under the age of 18. The facility administrator confirmed youth are not housed at LCC.

Supporting Documents:

Revised Code of Washington (RCW) 72.01.410

DOC Policy 320.500 Youthful Offender Program

Based on the supporting documents and interviews, this standard does not apply at this facility. Therefore, the facility is compliant with this standard.

## 115.15 Limits to cross-gender viewing and searches

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

(a) The facility reports that cross-gender strip searches or visual body cavity searches would only be conducted in an exigent circumstance. DOC Policy 420.310 requires strip searches to be conducted by two trained employees. For male offenders, one of the employees must be male. If the second employee conducting the search is female, she is to position herself to observe the employee conducting the search but not be in direct line of sight of the offender. If a strip search is conducted that does not meet these gender requirements, a confidential report is to be completed. The report is sent to the PREA Coordinator. DOC Policy 490.700 outlines the requirements for searches of transgender, intersex, or gender non-conforming inmates. The search will be conducted in accordance with the stated preference of the inmate unless circumstances do not allow for the preference to be implemented. If the facility is unable to accommodate the request, the shift commander/duty officer will consider appropriate alternatives and an incident report is to be completed. The facility does not currently have anyone who identifies as transgender, intersex, or gender non-conforming. DOC Policy 420.312 states that unless a health care practitioner determines a body cavity search is emergent as a lifesaving procedure, the search will occur at a community healthcare facility. If the search must be conducted onsite, everyone participating in the process will be of the same gender as the offender. Approval for a body cavity search must come from the Superintendent. The facility reports it has not conducted any cross-gender strip or body cavity searches over the 12-month review period.

(b) This substandard is not applicable as the facility does not house female offenders.

(c) Strip searches are documented on the Strip Search Log. Details include the date and time of the search, the inmate's name and ID, reason for the search, if contraband was found, and the name and gender of the search staff and the observer staff. The facility reports there have been no cross-gender strip or body cavity searches in the 12-month review period. Random strip search logs, one from each month from 08/01/2020 to 07/31/2021 were reviewed by the auditor. Additional logs were reviewed while onsite. All demonstrated male staff conducting the strip searches.

(d) DOC Policy 490.800 section VIII.A states, "Individuals 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." Section VIII.C states, "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 individuals to disrobe or change their clothing (e.g., bathrooms, showers)." All staff interviewed confirmed inmates can shower, change clothes, and use the bathroom without staff of the opposite gender viewing them. Staff and inmates confirmed that female staff announce their presence when entering the housing units. This was also observed by the audit team onsite.

(e) DOC Policy 490.820 section VII.C states, "Employees/contract staff will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it will be determined by health care providers during conversations with the offender, by reviewing medical records, or, if necessary, as part of a broader medical examination conducted in private by a health care practitioner." All random staff interviewed stated they would never search someone for the purpose of determining genital status.

(f) DOC Policy 490.800 section X.D states, "Employees/contract staff who may conduct pat searches will be trained in cross-gender searches and searches of transgender and intersex individuals." The facilitator guide for pat search training was reviewed by the auditor. It includes instructions for training employees on conducting cross-gender and transgender searches that are in accordance with this standard. Staff who volunteer to conduct searches of inmates based on the inmate's stated gender complete specialized training. The training instruction guide was reviewed by the auditor. The back of the hand/blade of the hand technique is taught. Of the 12 random staff who were interviewed, five stated they were unsure how to conduct a cross-gender or transgender pat search. Several staff stated they had not had pat search training since they started with the Department years or even decades ago and did not recall receiving updated training. Although this training is required, and the agency provided documentation from academy or online training showing staff were trained, it is more significant that staff report they are unsure how to do this type of search. Therefore, the facility will need to provide

additional training. See corrective action section below.

Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments

DOC Policy 490.700 Transgender, Intersex, and/or Gender Non-conforming Housing and Supervision

DOC Policy 420.310 Searches of Offenders

DOC Policy 420.312 Body Cavity Search

Strip Search Logs

Facilitator Guide: Pat Searches

Instructional Guide Strip Searches of Transwomen

Training Records

Corrective Action Plan:

(f) The facility will need to re-train staff responsible for pat searches on how to conduct cross-gender and transgender pat searches. The facility will provide a training plan, schedule for completing training, and proof that staff attended/participated to the auditor. Documentation must be submitted to the auditor no later than 150 days from the facility's receipt of the interim report to allow the auditor sufficient time to review the provided documents.

Corrective Action Completed:

On 3/1/2022 the facility submitted documentation showing that 53 officers/employees completed cross-gender/transgender pat search training during the months of January and February. Four employees did not complete the training due to being on extended leave. This represents a strong majority of the correctional staff who were employed at the time of the onsite audit. This training included the video which the auditor viewed during the audit and is in compliance with this standard.

Based on the training records provided during corrective action, as well as search logs, policy, and training curriculum, the facility is compliant with this standard.

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

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

(a) DOC 310.000 outlines orientation including that inmates are given information on ADA accommodations. Orientation is provided in Spanish and closed-captioned. The orientation script is also provided in both English and Spanish for individuals to read. The offender handbook is provided in English and Spanish. DOC Policy 690.400 outlines the process of identifying individuals with disabilities and providing reasonable accommodations. DOC Policy 490.800 states the confidential PREA hotline is available for teletype (TTY) for inmates who are deaf or hard of hearing. PREA posters and brochures are provided in English and Spanish and this was noted during the inspection.

(b) DOC Policy 490.800 section II.A states, "Professional interpreter or translation services, including sign language, are available to assist individuals in understanding this policy, reporting allegations, and/or participating in investigations of sexual misconduct per DOC 450.500 Language Services for Limited English Proficient Individuals." A list of agency sign language contract interpreters was provided. WADOC also has a Deaf Services Coordinator and a position description for this job was provided to the auditor. LCC reports they have not had the need to utilize interpreter services over the 12-month review period. They maintain a Language Log to document when services are provided. The facility provided interpreter service contract information and a list of available interpreters for a variety of languages. Interpreters are available by phone and in-person. In random staff interviews, 6 out of 12 staff were unsure of how to obtain interpreter services for inmates who are limited English proficient. When pressed, they stated the shift commander would probably have the information. Staff must be provided this information and know how to access it more readily.

(c) DOC Policy 490.800 states individuals are not authorized to use interpretation/translation services from other individuals, family members, or friends for the purposes of understanding PREA policy, reporting allegations, and/or participating in investigations. The policy guides staff to use professional interpreter or translation services. The facility reports no inmate interpreters were necessary over the review period for this audit. All 12 employees who were interviewed expressed an understanding of the safety risk in utilizing another inmate.

An individual responsible for PREA education for inmates was interviewed. They reported very few inmates at LCC would have severe disabilities or limitations due to the remote location and work assignments such as being on a fire crew.

However, if they did receive someone who required accommodations, they would receive that information from headquarters prior to the inmate arriving. This individual knew about the various resources described above for anyone who would need accommodations and also expressed that additional resources could be requested from headquarters as needed. Four inmates with identified disabilities and/or limited English proficient were interviewed. All stated they were provided information regarding PREA in a manner they were able to understand and did not express any concerns.

### Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 310.000 Orientation

DOC Policy 690.400 Individuals with Disabilities

DOC Policy 450.500 Language Services for Limited English Proficient Individuals

Facilitator Guide for Offenders with Limited Intellectual Capacities (includes cartoons)

PREA Language Log

Spanish Brochure

Spanish Posters

PREA Orientation script in Spanish and English

Offender Handbook



Corrective Action Plan:

(a and b) All staff must be informed of the interpreter services available for inmates who are limited English proficient and how to utilize it. Contact information for these resources must be made readily available for all staff on all shifts. The facility will provide documentation to the auditor to show staff were advised of this resource and how the information will be posted. Documentation must be submitted to the auditor no later than 150 days from the facility's receipt of the interim report to allow the auditor sufficient time to review the provided documents.

Corrective Action Completed:

On 1/28/2022 an email was sent to the auditor with information on how interpreter service information was shared with employees at LCC. Employees were provided a memo explaining how to access interpreter services for offenders. This information has also been posted in post orders and the duty stations for easy access.

The facility completed corrective action and is compliant with this standard.

## 115.17 Hiring and promotion decisions

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

(a) DOC Policy 490.800 section V.A.1 states, "To the extent permitted by law, the Department will not knowingly hire, promote, or enlist the services of anyone who: a. Has engaged in sexual misconduct in a Prison, jail, lockup, community confinement facility, juvenile facility or other institution as defined in 42 U.S.C. 1997, b. Has engaged in sexual misconduct with an individual on supervision, c. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or d. Has been civilly or administratively adjudicated to have engaged in the activity described above." The Sexual Misconduct and Institutional Employment/Service Disclosure form asks the applicant the questions related to this standard for both hire and promotion. Contractors are required in the contract language to comply with the PREA standards and to certify that they have not engaged in the acts listed in this subsection. All eight of the newly hired staff from the last year completed the disclosure form. Two out of the four contractors reviewed did not have the disclosure form.

(b) DOC Policy 490.800 section V.B states, "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 the individuals under its jurisdiction." The reference check form asks the applicant's reference, "Are you aware of any corrective or disciplinary action, including sexual harassment?" The PREA database obtained in OMNI is reviewed prior to a person being hired or promoted to ensure there are no investigations or allegations. The HR staff interviewed stated that consideration when sexual harassment is disclosed is on a case-by-case basis. The position that the individual will be taking is part of the consideration, as well as the severity and circumstances of the harassment.

(c) DOC Policy 810.800 requires completion of DOC 03-506 Sexual Misconduct and Institutional Employment /Service Disclosure and completion of a criminal background check. The disclosure form requires applicants to provide the names and locations of any previous institutions they have worked in. DOC Policy 810.800 states, "To the extent possible for external candidates, including former employees/contract staff/volunteers, all previous institutional employers will be contacted for information on substantiated allegations of sexual misconduct or any resignation pending investigation of alleged sexual misconduct." DOC Policy 810.015 requires a criminal background check and fingerprinting prior to hire. This check is a Washington State Identification System, Washington Crime Information Center, and National Crime Information Center (NCIC) national database check. DOC Policy 810.800 also has an attached hiring checklist to remind the hiring manager to ensure the steps required in this standard are completed. All eight of the employees hired in the last year had a criminal background check completed. Only one worked at a previous institution and documentation showed the previous institution was contacted for a reference check in compliance with this standard.

(d) DOC Policy 810.015 states, "Any contract staff or intern will be fingerprinted if, as part of his/her duties s/he has access to offenders and/or Department criminal records." Fingerprints are processed by the Washington State Patrol. DOC Policy 400.320 requires a full criminal background check for all contractors and volunteers. Four contractor files were reviewed, and all had record of criminal background check at start of service. All four volunteers also had criminal background checks.

(e) DOC Policy 810.015 requires a criminal background check at least every five years. Annual criminal background checks are required for all armed employees. This was confirmed by the HR representative who was interviewed. The most recent five-year background check was reviewed for the four additional employee files who were not hired in the previous year. All four had record of a background check completed in 2018. In addition, the auditor viewed the HR tracking sheet and five-year record checks binder kept by HR onsite. In addition, DOC Policy 810.015 requires employees to report all arrests, criminal citations, and court-imposed sanctions that may affect their fitness for duty.

(f) During annual PREA training, employees are required to answer the questions required under this substandard on the online learning center. This system also requires an acknowledgment that they understand they have a continuing affirmative duty to disclose information related to this standard. DOC Policy 810.015 requires employees to report all arrests, criminal citations, and court-imposed sanctions that may affect their fitness for duty. All four additional employee files reviewed who were hired prior to the review period for this audit had records of annual disclosure forms over the last several years. All eight of the newly hired employees disclosed this information during the hiring process as documented in their

personnel/hiring records.

(g) DOC Policy 810.015 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." The Sexual Misconduct and Institutional Employment/Service Disclosure form which is filled out and signed by applicants states, "I understand that, if hired, untruthful or misleading answers or deliberate omissions may be cause for rejection of my application, removal of my name from eligible registers, or dismissal, if employed or serving as a contract staff or volunteer."

(h) DOC Policy 810.800 states HR has provided results from the Offender Management Network Information PREA database for information on substantiated allegations of sexual misconduct or resignations pending investigation. The facility had two examples where they provided this information to another agency for former employees from the 12-month review period. In addition, the auditor was aware that Montana Department of Corrections had recently made several requests to WADOC for these reference checks for other former WADOC employees. An HR representative in Montana was interviewed and she stated they had received several reference checks over the last several months from WADOC and all the PREA related information was provided. She also provided two example reference checks from WADOC for the auditor's documentation. Combined, this shows proof of practice at both the facility and agency level.

The facility hired eight employees in the period from August 2020 through July 2021. All eight of those hiring records were reviewed by the auditor. An additional four records were reviewed for staff hired prior to this timeframe. Four contractor and four volunteer records were also reviewed.

A Human Resources Consultant who works at LCC was interviewed. He confirmed the processes outlined in policy for background checks, hiring processes, and institutional reference checks. He stated that 5-year background checks are on a schedule starting in 2014 with the next scheduled check in 2024. LCC is provided a list from headquarters of those individuals who are due for a background check.

Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 810.800 Recruitment, Selection, and Promotion

DOC Policy 810.015 Criminal Record Disclosure and Fingerprinting

DOC Policy 400.320 Terrorism/Extremism Activity

Applicant Authorization to Release Information form

Washington General Service Hiring Checklist

Pre-Employment Reference Check form

Sexual Misconduct and Institutional Employment/Service Disclosure form

Contract shell language

Hiring Checklist

Corrective Action Plan:

(a) Review the list of current contractors and ensure all have completed the PREA disclosure form. For those who have not, require them to complete this form. Provide a list of all contractors who did not have the form to the auditor to select a random sample for review once completed. Update the onboarding/tracking practices to ensure this is completed for all future contractors. Provide the plan and any updating tracking sheets to the auditor. Documentation must be submitted to the auditor within 150 days of the facility's receipt of the interim report to allow the auditor sufficient time to review the provided documents.

Corrective Action Completed:

A memo from the PREA Compliance Manager was submitted to the auditor on 1/14/22 which outlined what positions will be responsible for ensuring disclosure forms are completed, dependent on if the individual is a contractor, volunteer, employee, etc. The memo further stated where documents would be saved and that copies will be sent to the PREA Compliance Specialist for tracking. An Excel spreadsheet was developed to track background checks and disclosure forms for all approved contractors. This was submitted to the auditor on 2/15/22. A follow-up phone call was conducted with the PCS to clarify the information that was submitted. He stated that the list includes all identified contractors who may be at the facility. They are not approved to be onsite until the background check and disclosure form are completed. The auditor requested five examples of completed disclosure forms from the list provided and these were emailed the same day.

The facility continued to submit memos to the auditor regarding new contractors brought into the facility each month to demonstrate ongoing compliance with the new process. No new contractors were hired in January. In February, 5 contractors were approved to enter the facility. The PREA disclosure form 03-506 was completed by all 5. Eleven new contractors were approved in March. The auditor requested to see completed forms for four of these. All were completed.

Based on documentation submitted during corrective action, supporting documents, and interviews, the facility is compliant with this standard.

**115.18 Upgrades to facilities and technologies**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) DOC Policy 490.800 section VII.B states, "The Department will consider possible effects on its ability to protect individuals from sexual misconduct when: 1. Designing or acquiring a new facility, 2. Planning substantial expansions or modifications of existing facilities..." The facility reports there has been no substantial expansion or modification to existing facilities since the last audit.

(b) DOC Policy 490.800 section VII.B states, "The Department will consider possible effects on its ability to protect individuals from sexual misconduct when: ...3. Installing or updating video monitoring systems, electronic surveillance systems, or other monitoring technology." The facility reports there have been no new cameras or updates to video monitoring systems since the last audit.

The Deputy Secretary confirmed in his interview that whenever changes are considered to the physical plant and/or technology of a facility, consideration is given to the ability to protect inmates from sexual abuse. This is done through the design process as things are considered such as line of sight, camera placement, location of substantiated incidents, etc. He also detailed the vulnerability assessments that are completed at each facility to determine where improvements are needed.

The facility administrator confirmed there have been no substantial upgrades to physical plant or monitoring technology since the last audit and no new plans are pending. The new cameras mentioned in his interview have been planned/requested for several years and those cameras are going to be placed in areas that have been identified as areas of concern and will help to improve sexual safety in the facility.

Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

Based on policy, interviews, and onsite inspection which showed no evidence of pending or recent upgrades, the facility is compliant with this standard.

## 115.21 Evidence protocol and forensic medical examinations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

(a) The agency conducts administrative investigations. Criminal investigations are conducted by Clark County Sheriff's office. A referral can also be made to the Washington State Patrol. The facility reports that none of the allegations during the audit documentation review period were referred to law enforcement. The Aggravated Sexual Assault Checklist, PREA Response and Containment Checklist, and Crime Scene Containment/Preservation/Processing Checklist attached to DOC Policy 490.850 outline steps for staff to take to preserve evidence, including asking the victim to not destroy evidence, photographing the crime scene, securing and maintaining the crime scene, preserving evidence and turning it over to law enforcement. These are the type of instructions and processes correctional staff would typically follow, given the department is not responsible for criminal investigations. The auditor also reviewed the Sexual Assault Evidence Collection: Uniform Evidence Protocol. This document appropriately outlines the process to collect evidence. WADOC also has forensic medical exam transport staff procedures to ensure proper evidence handling during transport to a forensic exam.

(b) The Sexual Assault Evidence Collection: Uniform Evidence Protocol used by WADOC is developmentally appropriate to all ages and appropriate for all genders. The facility would not collect forensic evidence in the form of a sexual assault exam. That would be collected at a community health care facility. Evidence collection conducted by staff would be limited to collection of clothing, and anything found in the cell or location of the incident. The facility does not house youth.

(c) Forensic medical exams are conducted at community health care facilities and are not conducted on-site. DOC Policy 490.850 requires forensic exams to be performed only at designated health care facilities in the community by a SAFE/SANE or a qualified medical practitioner. LCC would transport the victim to Peace Health Vancouver.

(d) DOC Policy 490.800 section XI.D states, "If an individual requires a forensic medical exam, the CSAP (Community Sexual Assault Program) Victim Advocate will be notified prior to transport to the designated community health care facility." The policy goes on to state, "Unless the individual declines services directly to the advocate, the advocate will be present during the exam and any investigatory interview..." WADOC has an interagency agreement with the Office of Crime Victims Advocacy to provide services described under this standard.

(e) A contact at the YWCA Clark County was contacted by the auditor on 10/27/2021. She described the process in place to provide an advocate. If someone is taken to the hospital for a forensic exam, the hospital will call the YWCA hotline and request a PREA approved advocate. A PREA approved advocate is approved by the facility, largely to ensure they know who may be arriving at the hospital to verify their identity before having contact with the victim. They are also provided some additional training through the state coalition and Just Detention International on PREA specific information. Although the YWCA has not been called to respond for LCC in the last year plus, they do have good communication with the facility. The YWCA representative reported participating in drills with LCC to practice their response to an incident of sexual assault. The agreement by which the YWCA works with LCC is through the Office of Crime Victims Advocacy interagency agreement.

DOC 490.800 Section XI.D.3.b states, "If the community health care staff determine a forensic medical exam is not needed, an advocate will not be scheduled by the facility during subsequent investigatory interviews." Standard 115.21(e) requires, as requested by the victim, for an advocate for investigatory interviews and does not qualify that this is based on the need for a forensic exam. This language and process will need to be updated to meet the standard. In addition, six of the applicable allegations over the review period did not have documentation showing an advocate was offered.

(f) DOC Policy 490.800 requires each superintendent to meet with law enforcement officials annually to review investigation requirements under the PREA standards, establish procedures for conducting criminal investigations, and establish points of contact. WADOC maintains an MOU with the Washington State Patrol in the event they must respond to a criminal event at a WADOC facility. LCC shared email communications with Clark County Sheriff's Office that detail how to request assistance, evidence handling, and the basic roles of each entity.

(g) DOC Policy 490.800 requires each superintendent to meet with law enforcement officials annually to review investigation requirements under the PREA standards, establish procedures for conducting criminal investigations, and establish points of contact. WADOC maintains an MOU with the Washington State Patrol in the event they must respond to a criminal event at a WADOC facility. LCC shared email communications with Clark County Sheriff's Office that detail how to request assistance, evidence handling, and the basic roles of each entity. For criminal cases, state law outlines rights of victims and how sexual assault investigations must be conducted. Related state laws were reviewed by the auditor.

(h) LCC utilizes community-based advocates. YWCA of Clark County requires all volunteers to complete a minimum of 12 hours of YWCA core training and a criminal background check. For the sexual assault program, volunteers must complete a comprehensive 30-hour pre-service training and 12 hours of continuing education annually. This was confirmed by the YWCA contact who was interviewed. She also stated they received additional PREA-related training through the state coalition and Just Detention International. They also participate in drills with the facility.

#### Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response

Aggravated Sexual Assault Checklist

PREA Response and Containment Checklist

Crime Scene Containment/Preservation/Processing Checklist

Sexual Assault Evidence Collection: Uniform Evidence Protocol

Forensic Medical Exam Procedures – Transport Staff

K11494 Office of Crime Victims Advocacy interagency agreement

Revised Code of Washington 7.69.030

YWCA Clark County website

#### Corrective Action Plan:

(e) The policy and process described in part (e) must be updated to ensure advocates are provided as requested during investigatory interviews for sexual abuse even if a forensic exam does not occur. For any current open cases, an advocate should be offered, if applicable, and the documentation provided to the auditor. Documentation must be submitted to the auditor within 150 days of the facility's receipt of the interim report to allow the auditor sufficient time to review the provided documents.

#### Corrective Action Completed:

The PREA Compliance Specialist submitted documentation to the auditor on 12/29/2021 showing the two victims, who should have been offered advocacy services based on the type of allegation over the previous 12-months, had been released from custody. The facility submitted a memo stating that in all future cases, advocacy services will be offered at the beginning of the investigation. For the allegations received by the facility during corrective action, advocacy services were not applicable.

On 4/14/22 the auditor received confirmation from the PREA coordinator that the policy and process concerning section (e) of this standard was corrected. Included in the documents submitted were updated policies. DOC 490.800 section XI.E now states an alleged victim may request to have a victim advocate present during an investigatory interview of sexual abuse by notifying the assigned investigator. DOC 490.800 I.C details how investigators are to arrange for a victim advocate. The victim advocacy brochure was updated to include information about advocates being available during an investigation and how an offender can request this service. Victim Advocates Responsibilities provided to staff and advocates now lists responsibilities during the investigative process. The agency developed and is in the process of distributing an updated bulletin to all existing PREA-trained investigators, which will also be incorporated into the investigator training prior to the next class. The information is also included in the triage results letter provided to the applicable offender whenever an allegation

is received. The updated documents and instructions were distributed to all PREA Advisory Council members to ensure they are distributed to all responsible parties.

Based on documents provided during corrective action, other supporting documents, and interviews, the facility is compliant with this standard.



## 115.22 Policies to ensure referrals of allegations for investigations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

(a) WADOC completes administrative investigations. Criminal investigations for LCC are completed by Clark County Sheriff's Office or the Washington State Patrol. All allegations are triaged to determine if it falls within PREA definitions. Allegations are then returned to the appointing authority for investigation or referral to law enforcement.

(b) DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation is published on the agency website at: <https://www.doc.wa.gov/information/policies/showFile.aspx?name=490860>. This policy states that all allegations that appear to be criminal in nature will be referred to law enforcement. The referral to law enforcement noted in the Investigation Report should include the date/time of the referral, name of agency, assigned case number, name and phone number of contact person, and list of dates/times follow-up contacts were made and if none, reason for no contact. When the auditor requested documentation of investigations and referrals to law enforcement for substantiated allegations, the facility discovered referrals were not made for three allegations over the last year. This was corrected by notifying the Clark County Sheriff's Office on 10/18/21. A memo was provided to the auditor with the details of this notification. Although notification was eventually made to law enforcement on the three cases identified, it was not until the audit occurred that this error was discovered.

(c) DOC Policy 490.860 outlines the referral process to law enforcement and that investigation reports from law enforcement will be attached to the final PREA investigation report submitted internally.

(d) For criminal cases, state law outlines how sexual assault investigations must be conducted. Related state laws were reviewed by the auditor. Criminal investigations for LCC are conducted by the Clark County Sheriff or Washington State Patrol. These officers would be required to complete basic law enforcement training. Revised Code of Washington (RCW) 36.28A.435 has provisions for providing victim-centered, trauma-informed training for law enforcement as part of the sexual assault kit initiative project. RCW 43.101.272 Sexual assault – Training for persons investigating adult sexual assault outlines additional provisions for training to be research-based, victim-centered, etc. RCW 43.101.270 states that each year the criminal justice training commission shall offer an intensive, integrated training session on investigating and prosecuting sexual assault cases.

(e) This substandard is not applicable.

An email was sent to Clark County Sheriff's Office by the auditor requesting information related to sexual abuse investigations at LCC. A detective for Clark County Sheriff's Office called the auditor. He stated that Clark County has the right of first refusal for criminal cases at LCC. He only recently was contacted regarding PREA allegations at LCC. Due to caseload and the time since the alleged incidents occurred, he contacted the Washington State Patrol to ask if they would typically handle these investigations. Overall, it appears the facility/WADOC, Washington State Patrol, and Clark County Sheriff's Office, need to determine exactly how criminal cases will be investigated, and by whom. In addition, it is clear allegations need to be reported to law enforcement at the beginning of the investigation if there appears to be any criminal element involved and not at the end of an administrative investigation. This ensures integrity of the criminal investigation, especially where compelled interviews may be involved. It will also be important when the facility calls Clark County to make a report that they state they are requesting an investigation for alleged "sexual abuse" or "sexual assault." If the request is to investigate a "PREA allegation" there can be confusion on what type of investigation is being requested and Clark County may interpret this as a request to conduct an administrative investigation.

Supporting Documents:

Agency Website

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

Revised Code of Washington

Corrective Action Plan:

(b) The facility must develop a plan to ensure law enforcement notifications are made in a timely manner. The facility will provide this plan and any related documents, emails, etc. to the auditor. The facility needs to show documentation of communication with Clark County and Washington State Patrol to clarify the process at LCC. The facility does not receive many allegations, and especially not many that require notification to law enforcement. This corrective action item will be held open while other corrective action items are open. If any new allegations requiring notification occur during that time, the facility will provide this documentation to the auditor. If none occur, this item will be closed out when all other items are corrected. All documentation must be submitted to the auditor within 150 days of the facility's receipt of the interim report to allow the auditor sufficient time to review the provided documentation.

Corrective Action Completed:

The agency PREA Coordinator submitted documentation showing a new review process implemented by WADOC for closure of PREA administrative cases. The PREA Coordinator now reviews all IMRS reports to ensure notification to law enforcement and reviews PREA case files, prior to closure, to ensure each element of reporting, notifications, etc. are completed in compliance with numerous standards. Relevant to this standard, this review will also ensure law enforcement was notified when applicable. Documents provided included an updated PREA Investigation Checklist which now includes "Documentation of law enforcement referral, including results and applicable criminal investigation reports." An explanatory PowerPoint presentation was submitted to the auditor. This was provided to responsible parties within WADOC, so they understand the new review process. The PREA Coordinator also has two tracking mechanisms, one for IMRS (at the front end of a report) and one for investigation reports (at the end of an investigation) to document where issues are noted. This will help to fix concerns more immediately, as well as identify trends to improve training.

LCC had no new allegations for January, February, or March. Three cases in April were referred to the appropriate law enforcement office. One of these referrals was not a new allegation but one that law enforcement requested to be notified once the facility completed their investigation. Documentation of these referrals was provided to the auditor.

On 4/12/22, the auditor received a memo from the facility detailing their communication with Clark County Sheriff's Office. The memo includes the agreed upon process by both parties or how criminal allegations will be referred, to whom, and primary contacts for each agency. It was also outlined that the facility would report information as soon as it was evident that an event is a potential criminal case. Supporting emails showing communication between the two agencies were also provided.

Based on documentation provided during corrective action, supporting documents, and interviews, the facility is compliant with this standard.

## 115.31 Employee training

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

(a) DOC Policy 490.800 section X.B states, "All new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training. When initial training is not conducted prior to assignment, the person will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity."

This form includes that they have been provided copies of the PREA policies and it details how to report allegations. The policy goes on to list the required elements of training as outlined in items 1-10 of this substandard. The facility reports new employee training is provided through the online Learning Center. The PREA 101 Online Training which is used for new employee orientation was reviewed by the auditor. The course covers all the elements required in this standard. All 12 employee files that were reviewed showed these employees received PREA training at the start of service. In addition, all 12 random employees who were interviewed stated they received PREA training and were well versed in the topics covered.

The auditor is satisfied the facility is compliant with this standard given the familiarity and knowledge of PREA demonstrated in employee interviews, employee verification of ongoing PREA training, and the coverage of the requirements of this standard in the training documents.

(b) DOC Policy 490.800 states PREA training provided will include gender-specific issues. A review of training presentations shows training covers information for working with both male and female offenders. Therefore, employees do not need additional training if reassigned.

(c) The facility reports annual PREA training is provided either in the classroom or through the online Learning Center. PREA 102 is the annual training. The curriculum was reviewed by the auditor and it covers the same topics as the new employee training. The refresher training appears to be styled in a manner to engage staff in conversation, critical thinking, etc. rather than typical lecture-style training. The random employees who were interviewed recalled being trained on PREA topics within the last year and most referenced the online training due to COVID-19 restrictions for in-person training. The four employee records reviewed who were not recently hired also showed PREA training was provided to them annually as the agency came into compliance with the standards over the last decade.

(d) DOC Policy 490.800 states staff will acknowledge their understanding of the training. DOC PREA Training Acknowledgment form states, "By signing below, I am verifying that I have reviewed and understand all sections of this Prison Rape Elimination Act (PREA) training course." When a staff member attends in-person training they will sign the acknowledgment form. If they take online training through the Learning Center, they complete an electronic acknowledgment form. They can only complete the course by completing the acknowledgment. Therefore, if the employee's training record shows completion, they have fulfilled documentation requirements. Employee training records for eight new hires and four tenured employees were reviewed by the auditor.

Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC PREA Training Acknowledgment form

PREA 101 Online Training

PREA 102 Curriculum and Facilitator Guide

Based on review of policy, training curriculum, training records, and interviews with employees, the facility is compliant with this standard.

**115.32 Volunteer and contractor training**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) DOC Policy 490.800 section X.B states, "All new employees, contract staff, and volunteers will receive initial PREA training upon hire/assignment, followed by annual refresher training. When initial training is not conducted prior to assignment, the person will sign DOC 03-478 PREA Acknowledgment and will complete training at the earliest opportunity." DOC Policy 530.100 lists PREA training as one of the required elements of volunteer training. The PREA and Sexual Misconduct training for contractors and volunteers was reviewed by the auditor. This training is provided as a web-based training to certain identified contractors based on their level of service and to all volunteers. The training covers prevention, detection, response, and reporting.

(b) DOC Policy 490.800 section X.C states, "Vendors and service providers with limited unescorted contact with individuals under the Department's jurisdiction are not required to attend PREA training, but must sign DOC 03-478 PREA Acknowledgment." Training is based on the level of contact with offenders and the individual's role. Those with regular contact complete the same training as employees. WADOC PREA Acknowledgment form is filled out for "persons who may have direct contact with supervised individuals and have not been provided Department PREA training..." This form, signed by the individual, outlines the zero-tolerance policy, how to report, provision of related PREA policies, and provision of the PREA informational brochure. The PREA Disclosure and Training Acknowledgment (03-523) form requires the individual to acknowledge completion of the PREA volunteer training. The PREA brochure includes the zero-tolerance statement, including inmates' right to be free from sexual abuse, sexual harassment, and retaliation for reporting. The brochure lists signs of abuse, reporting mechanisms, and additional resources.

(c) Documentation is maintained via signature on the forms mentioned in this section. In some cases, especially with the onset of COVID-19 protocols, in-person training and/or paper formats of documentation have been suspended. In those cases, individuals acknowledge this information electronically. The auditor reviewed four volunteer files and four contractor files. All eight individuals received PREA information or training at the beginning of their service at the facility. In addition, the audit team interviewed an additional two contractors and two volunteers. All four stated they were trained on PREA protocols, the inmate's right to be free from sexual abuse and harassment, and the agency's zero tolerance policy. None of these individuals has ever had a report made to them but they were confident they knew what to do should this occur.

Department of Natural Resources (DNR) employees accompany and supervise LCC inmate fire crews. The interagency agreement with DNR was reviewed by the auditor. It states DNR employees who may have "custodial authority" are required to take PREA training and complete initial hire and five-year background checks. While onsite, the audit team viewed the PREA response kit and PREA posters that are kept with the trailers that go with the fire crews.

#### Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 530.100 Volunteer Program

WADOC PREA Acknowledgment form

PREA Disclosure and Training Acknowledgment (03-523) form

PREA Brochure for Staff, Volunteers, and Contractors

Volunteer and Contractor files

Volunteer Orientation checklists

PREA and Sexual Misconduct training for contractors and volunteers

Department of Natural Resources Interagency Agreement

Based on review of policy, volunteer and contractor training documentation, other relevant documents, and interviews with contractors and volunteers, the facility is compliant with this standard.

**115.33 Inmate education**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) DOC Policy 490.800 section XII requires the facility to provide individuals with an informational brochure during intake. The brochure is available in English and Spanish. It includes how to report incidents, victim service information, the agency's zero-tolerance policy, and inmate's right to be free from retaliation for reporting. A staff member responsible for intake and orientation PREA education described that inmates view the PREA video on the bus ride to the facility. All inmates arrive from other WADOC facilities and have also received PREA information at those facilities. Most new inmates arrive at LCC on Fridays. This staff member stated that he will meet with the new intakes in the secure housing unit, give them the PREA brochure, and answer any questions.

(b) DOC Policy 490.800 section XII requires the facility to provide additional PREA information during formal orientation. At LCC this typically occurs the following Monday after intake. Inmates will watch the PREA video again, they are given a business card with PREA information on it, and they are asked if they have any questions about how to report.

(c) Offenders transferring between WADOC facilities are provided a PREA orientation video either while in transit or within a short time after arrival at a facility. All inmates arriving at LCC are arriving from another WADOC facility. All the reporting mechanisms and other information would be the same for all WADOC facilities. There are no inmates at LCC who would have been there prior to the standards being implemented in 2012 so all inmates have received education on PREA.

(d) Brochures and posters are provided in English and Spanish. The orientation video is closed-captioned and has an English and Spanish transcript for those who are Deaf or hearing impaired. DOC Policy 490.800 states targeted orientation will be provided on a case-by-case basis, taking into consideration reading comprehension, mental health, cognitive abilities, and language barriers. For additional information see notes for standard 115.16.

(e) WADOC maintains documentation of orientation and PREA training in the Offender Management Network Information (OMNI) system. Offenders sign the Prison Orientation Checklist whereby they acknowledge receiving PREA information. These checklists were reviewed by the auditor for 15 randomly selected inmates. All of them received PREA education either at LCC or just days prior to their transfer to LCC at the intake processing facility. The information from that facility to LCC would not vary.

(f) Posters and the Offender Handbook in English and Spanish include information on how to report incidents. Posters and brochures were viewed throughout the facility during the inspection.

During all 14 random inmate interviews, the inmates stated they had received PREA information during intake and orientation.

Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

Prison Orientation Checklist

Offender Handbook

PREA information business card

Based on review of policy, inmate records, the audit team's onsite inspection, and interviews with staff and inmates, the facility is compliant with this standard.

## 115.34 Specialized training: Investigations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

(a) DOC 490.860 states that investigators will be assigned by the Appointing Authority and that they must complete the regular employee training as outlined in DOC Policy 490.800.

(b) DOC Policy 490.800 section X.H states, "PREA investigators will be trained in: 1. Crime scene management/investigation, including evidence collection in Prisons and Work/Training 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." Investigators who completed training prior to 2013 were required to take a booster which started in November 2013. Since November 2013, all new investigators complete an updated training. The majority of LCC investigators have completed the new training and do not need the booster. The Administrative Investigations training presentation was reviewed by the auditor. It includes the preponderance of the evidence, required documentation for investigations, principles of evidence, investigative steps, interviewing, Miranda, Garrity, and a host of other topics related to completing an investigation. Two investigators were interviewed. Both stated they received the training described above.

(c) The agency currently has 17 employees who have completed the investigator training and may be tasked with completing a PREA investigation at LCC. The auditor reviewed documentation showing that all 17 have received specialized training.

(d) Criminal investigations for LCC are conducted by the Clark County Sheriff or Washington State Patrol. These officers would be required to complete basic law enforcement training. Washington Administrative Code 139-05-250 outlines the basic law enforcement training curriculum. Revised Code of Washington (RCW) 36.28A.435 has provisions for providing victim-centered, trauma-informed training for law enforcement as part of the sexual assault kit initiative project. RCW 43.101.272 Sexual assault – Training for persons investigating adult sexual assault outlines additional provisions for training to be research-based, victim-centered, etc.

### Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

Administrative Investigations presentation

Training records

Washington Administrative Code

Revised Code of Washington

Based on policy, training documentation, and interviews with investigators, the facility is compliant with this standard.



**115.35 Specialized training: Medical and mental health care**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) DOC Policy 490.800 section X.G states, "Health Services employees/contracted staff, with the exception of medical records, clerical, pharmacy personnel, the Dietary Services Manager, and the Psychologist assigned exclusively to sex offender treatment programming, will be trained in: 1. Detecting and assessing signs of sexual misconduct, 2. Responding effectively and professionally to sexual misconduct victims, 3. Completing DOC 02-348 Fight/Assault Activity Review, 4. Preserving physical evidence, 5. Reporting sexual misconduct, and 6. Counseling and monitoring procedures." The individuals excluded in the requirement do not have regular, private contact with offenders. The DOC PREA for Health Services training was reviewed by the auditor. Topics include how to report, role of medical and mental health staff when responding to incidents, how to detect and assess signs of sexual misconduct, and how to preserve evidence. PREA 101 is a prerequisite for this class and all health services employees are trained in both regular PREA training and specialized training.

(b) DOC Policy 490.850 requires forensic exams to be performed only at designated health care facilities in the community by a SAFE/SANE or a qualified medical practitioner. Therefore, this substandard is not applicable at this facility.

(c) There are currently six medical staff and one temporary mental health staff at LCC. Training documentation for the medical and mental health staff was reviewed and all have completed specialized training.

(d) PREA 101 is a prerequisite for the Health Services training and all health services employees are trained in both regular PREA training and specialized training. This was confirmed in interviews with medical and mental health staff.

Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response

DOC PREA for Health Services Training

Training records

Based on policy, training records, and interviews, the facility is compliant with this standard.

## 115.41 Screening for risk of victimization and abusiveness

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

(a) DOC Policy 490.820 section I.B requires a PREA Risk Assessment (PRA) to be completed during intake and upon transfer. Most inmates interviewed recalled the risk assessment being conducted when they arrived at the facility. Two inmates who could not recall the assessment being completed stated they arrived at the facility more than 18 months ago. This may explain why they do not recall the assessment occurring. In addition, staff responsible for the risk assessments stated they often complete the assessments in conjunction with other intake assessments. This may be why these inmates do not recall the specific questions being asked if they were asked for a lot of information at once. 15 randomly selected inmate files were reviewed. 14 had completed risk assessments within one day of arrival at the facility. One inmate was assessed on the fourth day after arrival. Overall, this demonstrates substantial compliance with the standard.

(b) DOC Policy 490.820 section I.B. states, "Classification Counselors and designated Work Release employees will complete a PRA within 72 hours of arrival for all offenders arriving at any Department facility." LCC has a PREA Risk Assessment tracker with dates of arrival and due dates for 72-hour and 30-day risk assessments. This allows them to monitor compliance on a regular basis. 14 out of 15 inmate files showed the intake risk assessment was completed within 72 hours. One was on the fourth day. This shows substantial compliance, and that the assessment is "ordinarily" completed within 72 hours.

(c) The WADOC PREA Risk Assessment is an objective screening tool. The tool uses a points/scoring system for each item assessed. Each item is weighted based on correlation to risk (i.e., if the individual has previously been sexually assaulted while incarcerated, more points are given toward potential risk than something with a lower correlation to risk, such as age or physical stature). Overrides are allowed by policy but must be approved by the Appointing Authority/designee. Justification for overrides must be documented. Policy instructs staff to complete the PRA by meeting face-to-face with offenders and obtaining information from available file information or other reliable sources. The PRA is typically completed electronically in the OMNI system. If the system is down for any reason, the assessment is completed on paper and entered in the system later. The PRA Assessment Guide gives instructions to anyone completing these assessments. A standardized set of instructions, along with a points/scored assessment ensures the assessments are completed in a manner that is consistent and objective. An employee responsible for completing risk assessments was interviewed. He stated the standard process for completing a PRA is to review relevant documentation prior to meeting with the offender. This allows him to answer any of the static or obvious questions prior to meeting with the offender (i.e., age, first time incarcerated, etc.). When he meets with the offender it is in a private setting and he asks the questions that he could not find in records or which may change, such as the offender's perception of their safety at the facility.

(d) The PREA Risk Assessment used by WADOC covers all requirements listed under this substandard. The employee interviewed regarding risk assessments also confirmed these items are covered in the PRA.

(e) The PREA Risk Assessment used by WADOC covers all requirements listed under this substandard. The employee interviewed regarding risk assessments also confirmed these items are covered in the PRA.

(f) DOC Policy 490.820 section I.C states, "A follow-up PRA will be completed between 21 and 30 calendar days after the offender's arrival at the facility." LCC has a PREA Risk Assessment tracker with dates of arrival and due dates for 72-hour and 30-day risk assessments. This allows them to monitor compliance on a regular basis. 11 of the inmate files randomly selected showed the reassessment was completed within 30 days. Four of the inmates had not been at the facility for 30 days. The employee interviewed regarding risk assessments stated he would meet with the offender and look for any new information in the offender's records. He stated that often they will have completed the offender's intake classification review between the intake assessment and reassessment so they will know if there is any additional information that could influence the outcome of the PRA.

(g) DOC Policy 490.820 section I.D outlines the requirements of "for-cause PRAs". These are to be completed when additional information is received, if the offender discloses information that could impact the assessed risk, when the offender

is found guilty of infractions listed on the PRA, when an employee/contractor observes offender behavior suggesting potential for victimization or predation, and for substantiated allegations. The facility reports there were no for-cause PRAs over the 12-month review period due to a substantiated allegation. A for-cause assessment was completed due to a disciplinary infraction that may have changed the offender's risk. This assessment was reviewed by the auditor. The employee responsible for PRAs confirmed they would conduct for-cause assessments. They will be notified via the electronic system when one is requested.

(h) DOC Policy 490.820 section I.E.2 states, "Offenders are not obligated to answer PRA questions and cannot be disciplined for refusing to answer or not disclosing complete information in response to assessments." The employee responsible for PRAs confirmed this in his interview.

(i) PRAs are completed in OMNI with access restricted to classification counselors, selected facility staff, IT staff, and PREA staff. The outcome of the risk assessment (potential predator, potential victim, etc.) is available on the face sheet in the general status portion of OMNI for staff making housing, program, and work assignments. DOC Policy 280.310 and 280.515 outline the requirements for information security, data classification, and sharing. The design document for risk assessments in OMNI was reviewed by the auditor. This document outlines access, security, how the data is managed, etc. The PREA Coordinator explained in her interview how access is granted. She said it is determined on the job classification. Dependent on position, the individual may have either view or edit ability. If access is not automatically granted based on a person's job classification, they may make a request to IT. The PREA Coordinator reviews all those requests before access is granted to the assessments. Several employees confirmed in interviews that the outcome of the assessment (potential victim or potential predator) is accessible to all staff to ensure safety. But the assessment itself with responses to each question is limited to select staff who need to know. WADOC has taken steps to ensure the information within assessments is controlled and accessed by only those with a need to know.

Supporting Documents:

PREA Risk Assessment

DOC Policy 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments

DOC Policy 280.310 Information Technology Security

DOC Policy 280.515 Data Classification and Sharing

OMNI system

OMNI PREA Risk Assessment High Level Design

OMNI PREA Risk Assessment Assessors Guide

Based on review of policy, completed PRAs, and interviews with staff and inmates, the facility is compliant with this standard.

## 115.42 Use of screening information

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

(a) DOC Policy 490.820 outlines how information from PREA Risk Assessments (PRAs) will be used. Monitoring plans are developed for offenders at increased risk for sexual victimization and/or predation and transgender and intersex offenders.

The policy goes on to state that PRA information will be used when making job and programming assignments as well as housing in any multi-person cell/room. The PRA Housing Guide outlines how to house offenders based on the assessment. If no assessment has been completed, they are only to be housed with someone who has no identified risk or housed in a single cell. The Housing Guide goes on to define a formulation for how to house offenders who are assessed as potential victims, potential predators, or both. The PREA Compliance Manager confirmed information is used for housing, work, and programming assignments.

(b) DOC Policy 300.380 requires intake screening committees to review each offender on the transfer manifest before they arrive at the facility. Their review must include the PRA and any history of predatory sexual offenses. If concerns are noted, they are to document this in the Incoming Transport/Job Screening Checklist, including any applicable mitigation strategies. An Incoming Transport/Job Screening Checklist for several inmates was reviewed by the auditor. Housing decisions with consideration for PRA information is documented in OMNI in the chrono section. The auditor reviewed these chronos for several offenders. PREA Monitoring Plans are implemented for anyone who is at risk for victimization or predation. This plan is entered in an OMNI chrono. The auditor reviewed a sample of monitoring plans as documented in OMNI and they appear to be individualized to each offender's needs. A staff member familiar with PRAs and offender assignments was interviewed. This staff member explained that PRAs are reviewed during the weekly Multidisciplinary Team meetings. This team reviews work assignments and makes individual assessments on work and programming assignments for each inmate.

(c) DOC Policy 490.820 section VII.D states, "Housing and programming will be reviewed, initially and prior to any transfer, by a local review committee for all offenders who identify as transgender or intersex." Housing recommendations from the local committee are submitted to the PREA Coordinator who will review and forward the recommendations to the Prisons Command A Deputy Director for final review and approval. DOC Policy 490.700 outlines housing for transgender, intersex, and gender non-conforming offenders. A confidential hold is placed on any offender who identifies as transgender, intersex, or gender non-conforming. This hold ensures the offender is reviewed prior to transfer to another facility. The Housing Protocol for Transgender, Intersex, and Gender Non-Conforming Individual form considers details related to the offender's mental health needs, medical considerations, safety and security risks to the offender and to others they may be housed with. The PREA Coordinator also described this process in her interview. LCC does not currently house any transgender or intersex inmates. During interviews with staff, they could not recall ever housing a transgender or intersex inmate or at least not over the last 12+ months. The PREA Compliance Manager confirmed they would consider a transgender or intersex inmate's placement on a case-by-case basis, taking into consideration the individual's personal concerns.

(d) DOC Policy 490.820 section VII.D.6 states, "Review committee will reassess placement and programming assignments every 6 months..." DOC Policy 490.700 requires the facility multidisciplinary team to reassess placement and programming assignments every 6 months to review any threats to the individual's safety. The facility reports they have not housed any offenders over the review period for this audit who would need to have this 6-month review. The PREA Compliance Manager stated all inmates are reviewed every six months. Since there have not been any transgender or intersex inmates at LCC in the last 12+ months, there were no specific records to review.

(e) The Housing Protocol for Transgender, Intersex, and Gender Non-Conforming Individuals form asks about the individual's own view with respect to showering arrangements and safety for housing options. A Preferences Request is filled out at intake screening if the individual identifies as transgender, intersex or gender non-conforming (DOC Policy 490.710). This form allows the offender to disclose preferred pronoun, preferred gender to conduct searches, safety concerns, etc.

(f) DOC Policy 490.820 section VII.G states, "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." DOC Policy 490.700 also requires facilities to develop procedures to allow individuals the opportunity to shower separately. All showers at LCC are separated by stalls with doors. The PREA Compliance Manager stated they would also ensure a separate shower time without other inmates in the bathroom if the individual wanted to do this.

(g) WADOC does not place individuals in dedicated facilities, units, or wings based on their identification. Language specific to this prohibition will be added to DOC Policy 490.700 on its next revision. A memo regarding this change was provided to the auditor. The PREA Coordinator confirmed in her interview that lesbian, gay, bisexual, transgender, and intersex individuals are not housed on the basis of sexual orientation, genital status, or gender identity. All individuals are housed based on risk and need. PCMs regularly review housing of these individuals to ensure they are not housed solely based on this status.

Supporting Documents:

DOC Policy 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments

DOC Policy 300.380 Classification and Custody Facility Plan Review

DOC Policy 490.710 Transgender, Intersex, and/or Gender Non-Conforming Housing and Supervision

Protocol for the Housing of Transgender and Intersex Offenders

Protocol for Housing Review of Transgender and Intersex Offenders

PRA Housing Guide

OMNI Chronos

Based on policy and risk assessment review, the audit team's facility inspection, and interviews with staff, the facility is compliant with this standard.

## 115.43 Protective Custody

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

(a) DOC Policy 490.820 section VI.D states offenders at high risk of victimization may be placed in administrative segregation for more than 24 hours only if no suitable alternative housing exists and will only last until alternative placement can be made. Every alternative housing considered and the reasons it was determined unsuitable is to be documented in a PREA Housing chrono.

(b) DOC Policy 490.820 states, "Offenders on this type of placement [administrative segregation due to risk] 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."

(c) DOC Policy 490.820 states, "In the rare event that placement lasts more than 30 days, a review will be conducted every 30 days to determine the continued need for the placement." LCC reports, due to its location and physical plant, it cannot house offenders in secured housing for more than 14 days. In limited circumstances, a 7-day extension may be approved by the Mission Housing Administrator in order to accommodate transportation needs. If suitable housing could not be found at LCC, the offender would be transferred to a different facility to accommodate their needs and ensure safety.

(d) DOC Policy 490.820 requires every alternative housing considered and the reasons it was determined unsuitable to be documented in a PREA Housing chrono.

(e) DOC Policy 490.820 states, "In the rare event that placement lasts more than 30 days, a review will be conducted every 30 days to determine the continued need for the placement."

The facility reports they have not had to house anyone in administrative segregation for the purposes outlined in this standard over the 12-month review period. Therefore, there was no specific documentation to review other than policy.

The facility administrator confirmed that if someone had to be housed in segregated housing, it would be for a very limited time. An alleged victim or someone at risk would typically only be housed there for 24 hours and if they could not move them back into general population, they would transport them to a nearby camp which is the same security level, privileges, etc. This is a lateral move that would allow them to not be housed in segregation, especially given the small size of the facility and limited options for housing. A staff member who works in segregated housing also confirmed that inmates would only be held in segregated housing involuntarily for 24 hours until arrangements could be made to move them to a similar facility, provided safe housing could not be found at LCC.

Supporting Documents:

DOC Policy 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments

Based on policy, interviews, and the design and purpose of LCC to not house inmates long-term in secured housing, the facility is compliant with this standard.

## 115.51 Inmate reporting

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

(a) DOC Policy 490.800 section XIII.B provides the ways that individuals can make reports. This includes via a confidential PREA hotline, verbally to any staff, in writing via kite or note to staff, through legal mail to the State Attorney General, Governor's office, law enforcement, Just Detention International, or the PREA Coordinator. Individuals can also report via grievances and through an outside agency. The Offender Handbook, PREA posters, and PREA brochure in both English and Spanish have information on how to report allegations. In interviews, inmates knew they could report sexual abuse and harassment and could identify at least one way in which they could do this.

(b) DOC Policy 490.800 outlines how individuals can make a report to an agency that is not part of WADOC. Reports can be made on DOC 21-379 Report of PREA Allegation to an Outside Agency. The policy allows for individuals to remain anonymous by not identifying themselves on the form. Completed forms are to be placed in the provided pre-addressed envelopes and put in the grievance box. The grievance coordinator is to forward the forms to the mailroom to be processed without opening. The form used has an address in Colorado Springs, CO where the reports are sent. The grievance coordinator stated in his interview that when he receives one of these envelopes in the grievance box, he delivers it to the mailroom, and they send it out. It is not read or tracked in any way. The form also has the name of the reporter as optional. This form is provided in English and Spanish. The Intergovernmental Agreement (Contract) between WADOC and Colorado Department of Corrections for outside reporting was reviewed by the auditor. The agreement allows offenders to report anonymously and requires Colorado DOC to immediately forward the allegations to the WADOC. Instructions for this reporting mechanism are in the offender handbook and PREA brochure where inmates are advised they can remain anonymous. The auditor reviewed two reports that were made to Colorado Department of Corrections and submitted back to WADOC for triage. The forms and envelopes were readily available to inmates throughout the facility. The staff interviewed were also familiar with this reporting mechanism and knew the forms were available in the housing unit for inmates. While onsite, the auditor filled out a form and put it in the grievance box to send to Colorado DOC. It was processed and the auditor received confirmation of its return to WADOC on 11/1/2021. WADOC does not detain individuals solely for civil immigration purposes.

(c) As noted in previous sections, the policy provides that the agency/facility will accept reports verbally, in writing, anonymously, and from third parties. Third party mechanisms were tested by the auditor and responses were received in a timely manner. Staff are advised via policy, PREA training, and in the staff PREA brochure that they are required to accept and forward reports. DOC Policy 490.850 states, "Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately..." All 12 staff randomly selected for interviews knew about the many reporting mechanisms available to inmates. They all stated they would take reports in any form and all would be treated the same way. All staff reported they would document the information in a confidential incident report as soon as it was safe to do so following first responder duties or by the end of their shift.

(d) The PREA Reporting Process outlined in DOC Policy 490.800 requires staff to confidentially deliver the information to the Shift Commander. The process allows for staff to report allegations of a highly sensitive nature, such as allegations against the shift commander, directly to the Appointing Authority or Duty Officer. Allegations made against the Appointing Authority are to be reported to the next higher authority. Staff are informed about how to report in PREA training, policy, and brochures. During interviews with randomly selected staff, six out of 12 were uncertain of how they would report this information to headquarters. Some knew they could report it to headquarters but stated they would have to research who they should contact.

Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response

Report of Prison Rape Elimination Act (PREA) Allegation to an Outside Agency form

PREA Reporting Process flowchart

Corrective Action Plan:

(d) The facility must provide information on how to report privately to all employees at the facility. This should include how to report to the appropriate person outside the facility at headquarters if they fear retaliation or if it involves someone higher in the administration at LCC. This can be done via email to employees. Documentation of this must be submitted to the auditor within 150 days of the facility's receipt of the interim report to allow the auditor sufficient time to review the provided documentation.

Corrective Action Completed:

The PREA Compliance Specialist sent an email to all LCC staff on 12/29/2021 advising them of the process to report information privately and outside of the facility. The email included a memo from the PREA Compliance Manager explaining the process and a flow chart to show how to report and to whom. The auditor was copied on the email to all staff.

The facility completed corrective action and is compliant with this standard.



**115.52 Exhaustion of administrative remedies**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The agency is not exempt from this standard as there is a procedure to address inmate grievances regarding sexual abuse. However, DOC Policy 550.100 and DOC 490.800 state grievances alleging sexual misconduct will be forwarded immediately to the applicable authority and will not be reviewed through the grievance/resolution process. The PREA Coordinator/designee will notify the grievance staff whether the allegation meets the definition of sexual misconduct. If it does not the individual may refile the grievance. This renders the rest of the substandards of this section not applicable. Allegations received via a grievance are handled in the same manner as any other allegation. There are no time restrictions on the report, etc. An offender may only be disciplined if the investigation determines the staff member did not consent to the contact, or the offender provided false information. A report made in good faith does not constitute false information (DOC Policy 490.860). The grievance coordinator was interviewed, and he confirmed that any grievance/resolution filed that pertains to PREA is immediately forwarded for triage to determine if an investigation is warranted. He stated he would treat it as any other report provided in a written format and ensure first responder duties if needed.

Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

DOC Policy 550.100 Resolution Program

Resolution Program Manual

Based on policy and the interview with the grievance coordinator, the facility is compliant with this standard.

## 115.53 Inmate access to outside confidential support services

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

(a) DOC Policy 490.800 section XI describes access to community victim advocates. Inmates have access to a toll-free hotline to the Sexual Assault Support and Information Line operated by the Office of Crime Victims Advocates. Inmates can call the line Monday through Friday 8:00am-5:00pm to reach a PREA Support Specialist. Calls are not monitored or recorded, and a PIN is not required. Support services can also be obtained via legal mail to Just Detention International. In-person consultations can be arranged and requirements for this are outlined in the policy and an In-Person Advocacy Guide. LCC also has a partnership with Clark County YWCA for advocacy services. During interviews with inmates, they initially were unable to recall if advocacy services were available. When prompted about the posters throughout the facility, they recalled that the information was available.

(b) DOC Policy 490.800 states calls to the hotline are not monitored or recorded. Mail for advocacy purposes is treated as legal mail. The Sexual Assault Support/Victim Advocacy Brochure gives instructions to contact the hotline and Just Detention and states it is not monitored. Posters for the hotline in English and Spanish also state the calls are not recorded and do not require a PIN. The Offender Handbook in English and Spanish gives information to inmates about advocacy services, how to access these resources, and confidentiality information.

(c) The interagency agreement between WADOC and the Office of Crime Victims Advocacy was reviewed by the auditor. The agreement provides for advocacy services, defined as crisis intervention, assessment of needs, referral to resources, medical and legal advocacy. This includes provision of the hotline described in (a).

Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

WADOC and Office of Crime Victims Advocacy Interagency Agreement

In-Person Advocacy Guide

Sexual Assault Support/Victim Advocacy Brochure

Office of Crime Victims Advocacy Posters in English and Spanish

Offender Handbook

Based on policy, interagency agreement, posters, and inmate interviews, the facility is compliant with this standard.

## 115.54 Third-party reporting

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

WADOC has third party reporting information available on their public website:

<https://www.doc.wa.gov/corrections/prea/default.htm>. It is provided in English and Spanish. They provide options to report via phone, email, and mail. DOC Policy 490.800 outlines the ways in which third parties can make reports. The audit team noted PREA reporting posters in visitation as well.

On 8/26/2021 the auditor sent an email to [DOCPREA@doc1.wa.gov](mailto:DOCPREA@doc1.wa.gov) which is listed on the agency website as a reporting mechanism. Within minutes, a response was received from the WADOC PREA Coordinator. She stated in the response email that the report would be processed through the incident report and triage process.

On 8/26/2021 the auditor tested the phone reporting mechanism listed on the agency website. The message on this hotline is provided in English and Spanish. The instructions state messages are checked Monday through Friday except holidays. A response to this report was received within a few hours.

A letter was sent on 8/27/2021 to the address listed on the agency website for reporting. A response was received on 8/31/2021.

In all cases, the reports made through these mechanisms would be forwarded for triage for the creation of an electronic incident report which would serve as notification to the applicable facility and appointing authority. The information is then reviewed to determine if the report contains allegations that are included in the definitions of prohibited behavior. The actions taken would be, 1. Initiation of a new investigation and appropriate responses to the alleged victim at the facility, 2. Add the information to an existing investigation, or 3. Returned as not a PREA allegation.

Supporting Documents:

Agency website

Email responses

Friends and Family PREA Brochure

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

Based on review of the agency website and testing of the third-party reporting mechanisms, the agency and facility are compliant with this standard.

## 115.61 Staff and agency reporting duties

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

(a) DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response section I.A states, "Staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it not a Department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident." All staff selected for random interviews stated they were required to report in accordance with this standard.

(b) DOC Policy 490.850 states, "Staff who fail to report an allegation, or who knowingly submit or coerce/threaten another to submit incomplete or untruthful information, may be subject to corrective/disciplinary action. Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately..." All staff selected for random interviews expressed an understanding of the confidentiality of this information. They identified such things as completing a confidential incident report, not identifying specific information when making radio calls, removing inmates from the vicinity of others to interview them, etc.

(c) DOC Policy 490.850 section I.B states, "Offenders will be informed of the requirements of mandatory reporting at Reception, and information will be posted in Health services areas where it can be seen by offenders." The mental health provider interviewed stated they use an informed consent form and inform offenders when they first meet with them that they are mandatory reporters for sexual abuse and harassment in the confined setting. The medical staff interviewed stated they verbally inform the offenders of their duty to report. The medical clinic has posters in several areas that state, "Medical and Mental Health practitioners are required to report incidents of sexual abuse. Staff will explain the confidentiality limits." The inmate handbook also states, "When an inmate discloses information about or displays signs of sexual misconduct to a medical or mental health provider, the provider also has to report the information. A release of information is only required when the inmate discloses sexual abuse or assault that didn't happen while incarcerated or under supervision."

(d) DOC Policy 490.850 section V.C requires the Appointing Authority or designee to ensure notification to Child Protective Services if the alleged victim is under age 18 and notification to Adult Protective Services if the victim is a vulnerable adult. A person must be classified by Mental Health as a vulnerable adult. LCC does not house youth and due to its location, they do not typically house vulnerable adults. The facility administrator confirmed that the appropriate notifications would be made to protective services if the victim was a vulnerable adult. The PREA Coordinator confirmed that juveniles are not housed in WADOC facilities. If a report is made from an adult about a sexual abuse allegation when they were under 18, that report would be made to Child Protective Services. Allegations involving a vulnerable adult would be reported to Adult Protective Services. The offender management system has an identifier to notify staff if someone is a vulnerable adult. This designation can only be made by a psychologist based on Washington law. The shift commander responding to the incident is responsible for making these notifications as part of the response protocol.

(e) DOC Policy 490.850 requires staff to immediately report anonymous and third-party reports in the same manner as all other reports. All staff randomly selected for interviews stated they would report all allegations regardless of the source or if it was anonymous. They asserted all reports would be handled and processed in the same manner.

Supporting Documents:

DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response

Offender Handbook

Based on policy review, interviews with staff, and onsite inspection, the facility is compliant with this standard.

## 115.62 Agency protection duties

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

DOC Policy 490.850 outlines the steps to take to ensure protection of the alleged victim, including separation. DOC Policy 490.820 section III discusses monitoring plans for offenders at increased risk. This section of policy states, "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."

The facility administrator confirmed that immediate action would be taken to protect someone at risk of abuse. Due to the small size of the facility, they also have the option to move someone at risk to another nearby camp. This would be a lateral move for the inmate with the same security level, privileges, etc. All staff interviewed, including contractors and volunteers, stated they would take immediate action to ensure the safety of the inmate. They would immediately report the incident and separate the individuals involved.

Supporting Documents:

DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response

DOC Policy 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments

Based on policy and interviews with staff, the facility is compliant with this standard.

**115.63 Reporting to other confinement facilities**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) DOC Policy 490.850 states, "The Appointing Authority will 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..."

(b) DOC Policy 490.850 states, "The Appointing Authority will 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..."

(c) During the review period for this audit, it was unclear if any allegations were received at LCC about another facility. When documentation was requested by the audit team, the facility identified a gap in their tracking of such cases. The facility implemented a new process where the Appointing Authority will email the notification to the appropriate administrator of the facility where the incident occurred and will cc the PREA Compliance Manager and PREA Compliance Specialist. The Specialist will be responsible for saving the email of the correspondence. The Specialist will enter the information in the newly created AA to AA Notification spreadsheet. The PCM will review the spreadsheet monthly for accuracy and to ensure that emails have been saved. Documentation of this new process was reviewed by the auditor.

(d) When an allegation is received by WADOC from another jurisdiction, it is triaged as any other report/allegation and forwarded for investigation. This was confirmed by several staff during interviews.

#### Supporting Documents:

DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response

AA to AA Notification spreadsheet

#### Corrective Action Plan:

(c) The facility provided documentation showing the corrective action plan for this standard. The auditor will keep this standard open for review while other standards in corrective action are being addressed. If any reports are made during that time that are applicable to this standard, the facility will forward the notifications to the auditor. If no examples occur, this item will be closed out when all other corrective action items have been addressed.

#### Corrective Action Completed:

The agency PREA Coordinator submitted documentation showing a new review process implemented by WADOC for closure of PREA administrative cases. The PREA Coordinator now reviews all IMRS reports to ensure notification to other facilities and reviews PREA case files, prior to closure, to ensure each element of reporting, notifications, etc. are completed in compliance with numerous standards. Documents provided included an updated PREA Investigation Checklist. An explanatory PowerPoint presentation was submitted to the auditor. This was provided to responsible parties within WADOC, so they understand the new review process. It included slides explaining the facility head to facility head process. The PREA Coordinator also has two tracking mechanisms, one for IMRS (at the front end of a report) and one for investigation reports (at the end of an investigation) to document where issues are noted. This will help to fix concerns more immediately, as well as identify trends to improve training. Specifically, the IMRS tracker has a section to track cross-facility or agency notices relevant to this standard.

During the corrective action period, one allegation was received about an incident at another facility. This was forwarded to the administrator of that facility.

Based on supporting documents, interviews, and completed corrective action, the facility is compliant with this standard.

**115.64 Staff first responder duties**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) DOC Policy 490.850 outlines response requirements. The policy requires separation of the accused from the alleged victim and witnesses. Other response protocols described in policy include providing/offering medical, mental health, and support services. Each facility is required to have a response plan. The response checklist includes separating the alleged victim from the alleged perpetrator, preserving evidence, etc. Staff are trained on first responder duties as outlined in this standard in PREA 101 and PREA 102 (described in Standard 115.31). All staff interviewed were clear on the first responder duties and knew they needed to separate and protect the victim. A common phrase many of them used to describe evidence handling and protecting the crime scene was, "detect, notify, isolate, contain." Several staff mentioned the PREA kit or evidence bag that is located at the duty station. The audit team checked this bag during the onsite inspection. It contains items to immediately respond to a crime scene and protect evidence.

(b) All employees, both security staff and non-security staff are required to take PREA training which outlines first responder duties. All staff are required to follow DOC Policy 490.850. Volunteers and contractors are trained on first responder duties (see Standard 115.32). All non-security staff, volunteers, and contractors who were interviewed knew to protect the victim and notify security staff. They also knew to request that the victim not destroy any evidence.

Supporting Documents:

DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response

Aggravated Sexual Assault Checklist

PREA Response and Containment Checklist

Based on policy, document review, and interviews, the facility is compliant with this standard.



**115.65 Coordinated response**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The facility has a Response book. Response plans are maintained in the shift commander's office, the Appointing Authority office, and in the lower duty station of the living unit. DOC Policy 490.850 discusses the coordinated response, the response team members, and their responsibilities. The team includes medical staff, mental health staff, facility supervisors, an investigator and other staff as needed. There are several checklists utilized to ensure staff complete all required steps to respond to an incident, make notifications, preserve evidence, etc.

The facility administrator described the coordinated response, including the checklists used, the PREA kit, how staff are trained, etc. He was well-versed on the response protocols and has participated in drill exercises the facility has conducted on how to respond to an incident of sexual assault. These drills including transports to the local hospital, calling advocates, etc. The YWCA representative who was interviewed also confirmed the YWCA has participated in these drills. Drills had to be postponed due to COVID-19 response protocols. However, conducting drills shows the facility's commitment to appropriate and efficient response protocols. The audit team inspected the response book and PREA kit/evidence bag while onsite.

Supporting Documents:

PREA Response Plan Contents

DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response

Aggravated Sexual Assault Checklist

PREA Response and Containment Checklist

Aggravated Sexual Assault Medical Follow-up Checklist

Based on review of the response plan and policy, interviews, and onsite inspection, the facility is compliant with this standard.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The collective bargaining agreements do not limit the agency's ability to remove an employee pending an investigation. Article 8 of the Teamsters Local Union 117 agreement states the employee will not be removed from their existing work assignment unless there is a safety/security concern. An allegation of sexual abuse would be a safety/security concern and they could therefore be removed. The Federation of State Employees agreement allows for an employee to be placed on an alternate assignment pending an investigation.

The Deputy Secretary confirmed in his interview that the collective bargaining agreements do not restrict the department's ability to remove an alleged staff member pending an investigation.

Supporting Documents:

Collective Bargaining Agreement Teamsters Local Union 117

Collective Bargaining Agreement Washington Federation of State Employees

Based on review of the collective bargaining agreements and interviews, the facility is compliant with this standard.

## 115.67 Agency protection against retaliation

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

(a) DOC Policy 490.800 states, "The Department has zero tolerance for all forms of retaliation against any person because of involvement in the reporting or investigation of a complaint. Retaliation may be subject to corrective/disciplinary action." DOC Policy 490.860 section II outlines the WADOC requirements for protection against retaliation. WADOC, through DOC Policy 490.860, prohibits retaliation against anyone for reporting sexual misconduct or participating in an investigation of such misconduct. Section II.C states, "when an investigation of individual-on-individual 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. The policy states that for allegations of sexual harassment, retaliation monitoring may occur at the discretion of the Appointing Authority. Because this standard only requires retaliation monitoring for allegations of sexual abuse, the agency/facility is meeting this standard in that they are providing protection, by prohibiting retaliation for all types of allegations, and may do monitoring for those who report sexual harassment or cooperate with sexual harassment investigations.

(b) DOC Policy 490.860 states retaliation will be treated as a separate offense subject to investigation, discipline, and/or corrective action. Individuals are notified of this on the Interview Acknowledgment form when they are interviewed for an investigation. A staff member responsible for retaliation monitoring stated a separate investigation would be opened if retaliation was reported. If proven to be true, they would initiate disciplinary action and separation as well as other protective measures for both staff and inmates.

(c) DOC Policy 490.860 states retaliation monitoring will continue for 90 days following notification, or longer if necessary. The PREA Monthly Retaliation Monitoring Report requires the monitor to meet with the individual monthly for 90 days. The form asks the monitor to review housing/program changes, disciplinary reports, reassignment, or negative performance reviews. The staff member responsible for retaliation monitoring who was interviewed stated they would review disciplinary infractions, behavior logbooks, etc. for inmates. For staff retaliation, they would look for inter-office conflict, review any information divulged by the staff member such as inappropriate email correspondence, etc.

(d) DOC Policy 490.860 requires that alleged victims and incarcerated reporters are met with at least monthly. The staff member responsible for retaliation monitoring who was interviewed stated they would meet with the inmate let them know who to contact if something comes up.

(e) DOC Policy 490.860 states, "Anyone who cooperates with an investigation will report all concerns regarding retaliation to the Appointing Authority. The Appointing Authority/designee will take appropriate measures to address the concerns."

(f) DOC Policy 490.860 states monitoring may be discontinued if the allegation is determined to be unfounded or if the individual is released from incarceration.

In his interview, the facility administrator confirmed the process described in policy regarding retaliation monitoring. He stated allegations of retaliation are forwarded to him for review and to assign for investigation. If retaliation is confirmed, disciplinary actions for the staff or inmate involved would be taken. The Deputy Secretary also confirmed that disciplinary action and measures to protect the individual would be taken.

Over the 12-month review period there were eight investigations opened. Of those, six investigations required retaliation monitoring; two allegations did not require monitoring, one due to it being an anonymous report with no identified victim and the other was not a PREA allegation. Documentation on the six investigations showed retaliation monitoring was not initiated, was initiated on some but not all required individuals, or ceased before 90 days with no justification as to why monitoring ceased.

Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

Investigation files

Retaliation Monitoring Reports

Corrective Action Plan:

(c and e) The facility must implement a plan to ensure all individuals involved in the allegation are monitored for retaliation and that this is continued for at least 90 days unless the allegation is unfounded or the individual leaves employment or custody. The facility will provide a plan to the auditor to include notification to retaliation monitors to initiate monitoring, tracking of each individual being monitored, and completion of monitoring forms. The facility will initiate monitoring for the two cases that are still open and provide the retaliation monitoring documentation to the auditor at the close of 90 days. Any new monitoring opened during that 90-day period will also be reported to the auditor with applicable documentation. All documentation must be submitted to the auditor within 150 days of the facility's receipt of the interim report to allow the auditor sufficient time to review the provided documentation.

Corrective Action Completed:

On 1/05/2022 the PREA Compliance Specialist submitted to the auditor a memo outlining the plan to ensure retaliation monitoring. The Human Resources Consultant is assigned to monitor employees, the PCM or PREA Compliance Specialist will monitor contractors, volunteers, or vendors. The Correctional Unit Supervisors will monitor the incarcerated population. The memo goes on to identify how those individuals will be notified to initiate retaliation monitoring. In addition, the individuals from the two cases that were still open have been released from custody and cannot be monitored by the facility. The PCS provided documentation of the release from custody to the auditor via email on 1/5/2021. The investigation tracking sheet now used by the PCM and PCS was provided to the auditor to show how they are tracking different elements of an investigation, including retaliation monitoring. One case, as of 1/21/22, was opened since the onsite visit. Retaliation monitoring was not applicable in that case due to the allegation being made after the individual was released from the facility. The facility provided the documentation showing the individual's release date.

The agency PREA Coordinator submitted documentation showing a new review process implemented by WADOC for closure of PREA administrative cases. The PREA Coordinator now reviews all IMRS reports and reviews PREA case files, prior to closure, to ensure each element of reporting, notifications, etc. are completed in compliance with numerous standards. Relevant to this standard, this review will also ensure retaliation monitoring. Documents provided included an updated PREA Investigation Checklist which now expands on retaliation monitoring. The original had a section to mark retaliation monitoring complete. The new checklist has "Retaliation monitoring of alleged victim" and "Retaliation monitoring of reporting person." An explanatory PowerPoint presentation was submitted to the auditor. This was provided to responsible parties within WADOC, so they understand the new review process. The PREA Coordinator also has two tracking mechanisms, one for IMRS (at the front end of a report) and one for investigation reports (at the end of an investigation) to document where issues are noted. This will help to fix concerns more immediately, as well as identify trends to improve training. The report tracking sheet has a section to note if documentation of retaliation monitoring was provided.

Memos were submitted in January, February, and March stating that no new allegations had been made in those months and therefore no new retaliation monitoring initiated. In April, the two allegations received did not warrant retaliation monitoring because the individuals were either no longer at the facility, the victim was not identified, or the allegation occurred at a different facility.

Based on supporting documents, interviews, and completed corrective action, the facility is compliant with this standard.

**115.68 Post-allegation protective custody**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

DOC Policy 490.850 states, "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." This policy states an alleged victim will be placed in secured housing per DOC 320.260 upon the victim's documented request or if the Appointing Authority has specific information that the victim may be in danger. It requires the placement only be made when no suitable housing alternative exists and only as long as necessary for the offender's protection. DOC 320.260 outlines the requirements and conditions of confinement in secured housing units. The policy is consistent with what was reported by staff that offenders are not held in secured housing for extended periods, 14 days at most. The facility reports no offenders were placed in segregated housing for the purposes of this standard during the audit review period. See standard 115.43 for additional information.

The facility administrator confirmed that if someone had to be housed in segregated housing, it would be for a very limited time. An alleged victim would typically only be housed there for 24 hours and if they could not move them back into general population, they would transport them to the nearby camp which is the same security level, privileges, etc. This is a lateral move that would allow them to not be housed in segregation, especially given the small size of the facility and limited options for housing.

**Supporting Documents:**

DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response

DOC Policy 320.260 Secured Housing Units

Based on policy, staff interviews, and onsite inspection, the facility is compliant with this standard.

## 115.71 Criminal and administrative agency investigations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

- (a) DOC Policy 490.860 section I states, "The Department will thoroughly, promptly, and objectively investigate all allegations of sexual misconduct involving individuals under the jurisdiction or authority of the Department." The six closed investigations from the previous year which were reviewed by the auditor showed they were conducted promptly, thoroughly, and objectively.
- (b) Investigators are required to complete specialized training. The auditor verified the investigator on each closed investigation reviewed had completed specialized training. See additional comments under 115.34.
- (c) DOC Policy 490.860 requires investigators to interview alleged victims, accused, and witnesses. They must collect any additional evidence including electronic evidence. DOC Policy 490.860 section I.E states, "The Appointing Authority will review the report and prior complaints/reports of sexual misconduct involving the accused..." The auditor reviewed the six closed cases from the 12-month review period. All demonstrated that investigators gathered and preserved evidence and interviewed alleged victims, perpetrators, and witnesses. Two of the six did not have documentation showing the review of prior complaints involving the perpetrator. It was discovered this was due to an old form being used.
- (d) WADOC commonly gives Garrity warnings to all employees interviewed. In reviewing interview documents, compelled interviews were not conducted on any suspects. If a Garrity warning was given to an alleged suspect, who discloses criminal behavior during that interview, that evidence would not be admissible in a criminal investigation and could hinder prosecution. It was difficult for the auditor to evaluate this substandard, given that referrals to law enforcement were not completed in a timely manner. The facility must ensure referrals in a timely manner to ensure consultation with criminal investigators and prosecutors prior to conducting compelled interviews via Garrity warnings. A Clark County detective expressed concern that if Garrity warnings were given to employees without consultation with the criminal investigators, that they would be unable to proceed with a criminal investigation.
- (e) DOC Policy 400.360 states, "Individuals who are alleged victims, reporters, or witnesses in a PREA investigation will not be asked to submit to a polygraph test regarding the alleged misconduct under investigation." Appointing Authorities review each investigation summary to assess the credibility of alleged victims, suspects, or witnesses. This was documented on the Investigative Finding Sheet for each of the closed cases reviewed by the auditor.
- (f) The Investigative Finding Sheet requires the Appointing Authority to review all actions of employees involved to determine if staff actions or failures to act contributed to abuse. Only one of the closed cases was missing this information. This was due to the wrong form being used. This will be corrected in conjunction with part (c).
- (g) Criminal investigations are conducted by law enforcement. Referrals to law enforcement are made by the Appointing Authority. An email was sent to Clark County Sheriff's Office to request information regarding the conduct of criminal investigations. An interview was conducted with a detective from Clark County. See comments in 115.22.
- (h) DOC Policy 490.860 requires the Appointing Authority to notify law enforcement when a substantiated allegation is criminal in nature unless a referral was already made throughout the course of the investigation. See 115.22 regarding referrals to law enforcement not being completed in a timely manner. This item will be corrected in conjunction with 115.22.
- (i) DOC Policy 490.860 states, "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."

(j) DOC Policy 490.860 section I.A states, "Investigations will be completed even if the individual 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." Three of the closed investigations reviewed involved staff no longer employed. The facility clearly completed these investigations regardless of the status of those involved. During interviews with investigators, they stated investigations would be completed regardless of the departure of those involved.

(k) For criminal cases, state law outlines how sexual assault investigations must be conducted. Related state laws were reviewed by the auditor. Criminal investigations for LCC are conducted by the Clark County Sheriff or Washington State Patrol, with primary jurisdiction to Clark County Sheriff. These officers would be required to complete basic law enforcement training. Revised Code of Washington (RCW) 36.28A.435 has provisions for providing victim-centered, trauma-informed training for law enforcement as part of the sexual assault kit initiative project. RCW 43.101.272 Sexual assault – Training for persons investigating adult sexual assault outlines additional provisions for training to be research-based, victim-centered, etc. RCW 43.101.270 states that each year the criminal justice training commission shall offer an intensive, integrated training session on investigating and prosecuting sexual assault cases.

(l) The PREA Coordinator reported in her interview that the external investigative agency would provide their report to WADOC/LCC. The facilities have a good working relationship with local law enforcement because they not only respond to allegations of sexual abuse, but also any other criminal events that may occur at the facility. Facility and law enforcement staff meet each year to discuss processes and concerns. Each facility has a liaison to work with the law enforcement agency. An email was sent to Clark County Sheriff's Office to request information regarding the conduct of criminal investigations. An interview was conducted with a detective from Clark County. See comments in 115.22.

Supporting Documents:

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

DOC Policy 400.360 Polygraph Testing

Investigation Report template

Investigative Finding Sheet template

Corrective Action Plan:

(c and f) The facility will ensure the correct form is used to ensure the review of prior complaints involving the suspected perpetrator. The facility must demonstrate to the auditor how this is accomplished, i.e., communications to Appointing Authorities regarding use of proper form

(d) The facility must ensure timely referrals to law enforcement to ensure compelled interviews do not interfere with criminal prosecution. See corrective action for 115.22.

(h) See corrective action for 115.22.

All documentation must be submitted to the auditor within 150 days of the facility's receipt of the interim report to allow the auditor sufficient time to review the provided documentation.

Corrective Action Completed:

The agency PREA Coordinator submitted documentation showing a new review process implemented by WADOC for closure of PREA administrative cases. The PREA Coordinator now reviews all IMRS reports and reviews PREA case files, prior to closure, to ensure each element of the investigation, reporting, notifications, etc. are completed in compliance with numerous standards. Relevant to this standard, this review will also ensure law enforcement was notified when applicable. The PREA Coordinator will review each Investigative Finding Sheet which includes review of previous allegations involving the suspect. Documents provided included an updated PREA Investigation Checklist which now includes "Documentation of law enforcement referral, including results and applicable criminal investigation reports." An explanatory PowerPoint presentation was submitted to the auditor. This was provided to responsible parties within WADOC, so they understand the new review process. The PREA Coordinator also has two tracking mechanisms, one for IMRS (at the front end of a report) and one for investigation reports (at the end of an investigation) to document where issues are noted. This will help to fix concerns more immediately, as well as identify trends to improve training. The PREA Coordinator will also review the report

to ensure staff actions or failures to act are noted and note this in the tracker. If there are any steps missed, documents not provided, etc., the PREA coordinator will require those elements to be completed before the case can be closed.

LCC had no new allegations for January, February, or March. One case was closed during the corrective action period. The documentation was reviewed by the auditor and it showed that prior complaints involving the suspected perpetrator were reviewed. It also showed there was a review of whether there were staff failures to act. Two new allegations were received in April, one did not occur at LCC. Since the corrective action period is ending, there will not be time to review any closed case files for recent allegations. However, the facility has established a good process to ensure compliance with this standard and demonstrated this through other documentation.

On 4/12/22, the auditor received a memo from the facility detailing their communication with Clark County Sheriff's Office. The memo includes the agreed upon process by both parties or how criminal allegations will be referred, to whom, and primary contacts for each agency. It was also outlined that the facility would report information as soon as it was evident that an event is a potential criminal case. Supporting emails showing communication between the two agencies were also provided.

Based on documentation submitted during corrective action, supporting documents, and interviews, the facility is compliant with this standard.



**115.72 Evidentiary standard for administrative investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

DOC 490.860 states substantiated findings are defined as the allegation being determined to have occurred by a preponderance of the evidence. Revised Code of Washington 72.09.225 requires the preponderance of the evidence to proceed with termination of an employee who engaged in sexual contact or sexual intercourse with an inmate. The Administrative Investigations training, that all PREA investigators must complete, explains the preponderance of the evidence standard as greater than 50%. WADOC administrative investigators do not make the finding determination. They submit the investigation packet to the Appointing Authority to review, assess the credibility of the witnesses, and determine the finding. Appointing Authorities are required to complete training specific to their role as a decision maker in these investigations. They complete the same training provided to all PREA investigators. The PREA for Appointing Authorities training curriculum covers definitions for substantiated, unsubstantiated, unfounded, and preponderance of the evidence.

Four of the six closed investigations reviewed did not include the reasoning behind the finding. The Appointing Authority is required by WADOC to include in the Investigation Finding Sheet a narrative to explain the finding. Especially since the investigator does not make the final determination, it is vital that the AA outline their reasoning to ensure the preponderance of the evidence is understood and abided by.

#### Supporting Documents:

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

Administrative Investigations Training presentation

Revised Code of Washington 72.09.225

PREA for Appointing Authorities training curriculum

Investigative Finding Sheets

#### Corrective Action Plan:

Ensure the narrative is completed by the AA for each investigation. The facility should ensure this occurs for the two current open cases and provide that documentation to the auditor. All documentation must be submitted to the auditor within 150 days of the facility's receipt of the interim report to allow the auditor sufficient time to review the provided documentation.

#### Corrective Action Completed:

The agency PREA Coordinator submitted documentation showing a new review process implemented by WADOC for closure of PREA administrative cases. The PREA Coordinator now reviews all IMRS reports and reviews PREA case files, prior to closure, to ensure each element of the investigation, reporting, notifications, etc. are completed in compliance with numerous standards. Relevant to this standard, this review will also include review of the investigation finding sheet to ensure the reasoning for the finding is included. Documents provided included an updated PREA Investigation Checklist. An explanatory PowerPoint presentation was submitted to the auditor. This was provided to responsible parties within WADOC, so they understand the new review process. It includes information on the evidentiary standard. The PREA Coordinator also has two tracking mechanisms, one for IMRS (at the front end of a report) and one for investigation reports (at the end of an investigation) to document where issues are noted. This will help to fix concerns more immediately, as well as identify trends to improve training.

The one case closed during the corrective action period was reviewed by the auditor. It documented the reasoning for the finding in compliance with this standard.

Based on documentation provided during corrective action, as well as supporting documents and interviews, the facility is compliant with this standard.

## 115.73 Reporting to inmates

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

(a) DOC Policy 490.860 requires the alleged victim be notified of the findings of an investigation. The is to be done in person, in a confidential manner or in writing if the individual is in restrictive housing. If the individual has been released, the findings will be sent to the last known address of the individual. One of the completed investigations did not have documentation showing notification to the victim. The remaining investigations did show this documentation. Typically, one missing notification would not be considered non-compliance. However, with so few investigations/allegations at LCC, one out of six does elevate the concern for non-compliance. In addition, the auditor believes the missing elements of the investigations, notifications, etc. are related to the concerns outlined in 115.11.

(b) DOC Policy 490.860 states that upon completion of a criminal investigation, a copy of the law enforcement investigation report is requested and attached to the final administrative PREA investigation. This allows the agency to make appropriate reports under this standard. The PREA Coordinator and facility administrator confirmed they would contact the relevant agency to obtain information.

(c) DOC Policy 490.860 requires notifications in compliance with this standard. The notifications section of the Investigative Finding Sheet only indicates that a notification was made for 115.73(a). DOC 02-400 Notice of PREA Investigation Findings only outlines notification of the finding and does not indicate notice regarding the staff member's status or if the inmate suspect has been indicted or convicted. Because of this, it is not clear if the victims in the cases reviewed were notified that the staff member was no longer employed or separated pending investigation. No documentation of these notifications were provided to the auditor.

(d) DOC Policy 490.860 states the Department will make notifications to the alleged victim in writing if the Department learns the accused has been indicted or convicted. The notifications section of the Investigative Finding Sheet only indicates that a notification was made for 115.73(a). DOC 02-400 Notice of PREA Investigation Findings only outlines notification of the finding and does not indicate notice regarding the staff member's status or if the inmate suspect has been indicted or convicted. Because of this, it is not clear if the victims would be notified in applicable situations if the alleged abuser was indicted or convicted.

(e) How the offender is notified of the finding and by whom is documented on DOC 02-378 Investigative Finding Sheet. However, this documentation was missing for one completed case. Documentation related to parts (c) and (d) must be addressed.

(f) DOC Policy 490.860 states if the individual is released, they will be notified at the last known address as documented by the department.

### Supporting Documents:

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

### Corrective Action Plan:

(a) Provide notification to the inmate for the one investigation this was not documented. Establish a process to ensure this is completed for all investigations.

(c, d, and e) Ensure all notifications under this standard are completed and documented. This may require a new or updated notification form. The facility/agency will develop a plan and provide this to the auditor to ensure this standard is met. Any missing notifications for completed cases must be made, if applicable.

The facility will provide documentation showing notifications for the current open cases when they are closed. All documentation must be submitted to the auditor within 150 days of the facility's receipt of the interim report to allow the auditor sufficient time to review the provided documentation.

Corrective Action Completed:

A memo was submitted to the auditor on 1/21/22 stating that future notifications will be documented by the PREA Compliance Manager in the PREA investigation tracker. Once the Appointing Authority has determined the finding for an allegation, they will make the notification. The PCM will be notified by the human resources staff member assigned at LCC. The PCM will then document the notification in the tracker. For the one case that was missing notification of the finding to the inmate, the documentation for this was submitted to the auditor on 1/20/22. An additional memo was submitted on 4/12/22 with more detailed information on how ongoing notifications of the status of the alleged individual would be communicated along with a specific tracking sheet for those notifications.

The one case completed during the corrective action period showed notification of the finding and the status of the accused to the alleged victim.

Based on documentation provided during corrective action, other supporting documents, and interviews, the facility is compliant with this standard.

## 115.76 Disciplinary sanctions for staff

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

(a) DOC Policy 490.860 section IV.A states, "Employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies." RCW 72.09.225 states, "When the secretary has reasonable cause to believe that sexual intercourse or sexual contact between an employee and an inmate has occurred...the secretary shall immediately suspend the employee."

(b) DOC Policy 490.860 section IV.A states, "Employees may be subject to disciplinary action, up to and including termination, for violating Department PREA policies."

(c) DOC Policy 490.800 states, "The Department has zero tolerance for all forms of sexual misconduct. The Department will impose disciplinary sanctions for such conduct, up to and including dismissal for staff. Incidents of sexual misconduct will be referred for criminal prosecution when appropriate." RCW 72.09.225 states, "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..." Collective bargaining agreements outline the disciplinary process for represented members. This includes the employee can only be disciplined with just cause.

Discipline may include oral and written reprimands, reductions in pay, suspension, demotion, and discharge. The HR staff interviewed stated that violation of PREA policies, short of actual sexual misconduct, will be reviewed on a case-by-case basis and disciplinary or corrective action implemented based upon previous work history and previous disciplinary history.

(d) DOC Policy 490.860 states, "In cases of substantiated staff sexual misconduct: 2. The Appointing Authority will ensure the finding(s) is reported to relevant licensing bodies." As outlined in 115.22 there was a delay in notifying law enforcement for several cases. There was also a delay in notifying licensing bodies for two allegations. Documentation of these notifications was provided to the auditor. WADOC correctional officers are not certified so notification to a licensing body for correctional officers is not applicable.

### Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

Collective Bargaining Agreement Teamsters Local Union 117

Collective Bargaining Agreement Washington Federation of State Employees

RCW 72.09.225

### Corrective Action Plan:

(d) See corrective action for 115.22 regarding notification to law enforcement. The facility must also ensure notifications are made in a timely manner to licensing bodies. The facility will provide their plan to the auditor to ensure timely notifications in the future. All documentation must be submitted to the auditor within 150 days of the facility's receipt of the interim report to allow the auditor sufficient time to review the provided documentation.

### Corrective Action Completed:

The agency PREA Coordinator submitted documentation showing a new review process implemented by WADOC for closure of PREA administrative cases. The PREA Coordinator now reviews all IMRS reports to ensure notification to law enforcement and reviews PREA case files, prior to closure, to ensure each element of reporting, notifications, etc. are completed in compliance with numerous standards. Relevant to this standard, this review will also ensure law enforcement and licensing bodies are notified when applicable. Documents provided included an updated PREA Investigation Checklist which now includes "Documentation of law enforcement referral, including results and applicable criminal investigation

reports” and “Documentation of reporting a substantiated allegation to relevant licensing bodies.” An explanatory PowerPoint presentation was submitted to the auditor. This was provided to responsible parties within WADOC, so they understand the new review process. The PREA Coordinator also has two tracking mechanisms, one for IMRS (at the front end of a report) and one for investigation reports (at the end of an investigation) to document where issues are noted. This will help to fix concerns more immediately, as well as identify trends to improve training. Specifically, the report tracker notes if licensing reports were made and the IMRS report notes referral to law enforcement. The review at the beginning when an allegation is made, and at the end when an investigation concludes, will ensure timely notifications at each step of the process.

LCC had no new allegations for January, February, or March. Therefore, no new documentation was available to review. Three allegations were reported to law enforcement in April and documentation provided to the auditor.

On 4/12/22, the auditor received a memo from the facility detailing their communication with Clark County Sheriff's Office. The memo includes the agreed upon process by both parties or how criminal allegations will be referred, to whom, and primary contacts for each agency. It was also outlined that the facility would report information as soon as it was evident that an event is a potential criminal case. Supporting emails showing communication between the two agencies were also provided.

On 4/13/22 the auditor received a memo from the facility stating the process for notifying licensing bodies will be the appointing authority will send the complete investigation and finding to the Human Resources Consultant who will make the appropriate notification to the licensing body via certified US Mail.

Based on documentation submitted during corrective action, supporting documents, and interviews, the facility is compliant with this standard.

## 115.77 Corrective action for contractors and volunteers

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

(a) DOC Policy 490.860 requires the Appointing Authority to notify law enforcement when an allegation that is criminal in nature is substantiated. DOC Policy 490.860 section IV.B states, "Contract staff and volunteers, who are found to have committed staff sexual misconduct, will be terminated from service and prohibited from contact with individuals under the Department's jurisdiction. For any other violations of Department PREA policies, appropriate actions will be taken." The policy goes on to describe how terminations will be documented and shared with other facilities to ensure access is not granted to a facility. RCW 72.09.225 states, "When the secretary has reasonable cause to believe that sexual intercourse or sexual contact between the employee of a contractor and inmate has occurred, the secretary shall require the employee of a contractor to be immediately removed from any employment position which would permit the employee to have access to any inmate." As outlined in the comments under 115.22 there was a delay in notifying law enforcement for several cases. There was also a delay in notifying licensing bodies for two allegations. Documentation of these notifications was provided to the auditor during the course of the audit.

(b) DOC Policy 490.860 section IV.B states, "Contract staff and volunteers, who are found to have committed staff sexual misconduct, will be terminated from service and prohibited from contact with individuals under the Department's jurisdiction. For any other violations of Department PREA policies, appropriate actions will be taken." The policy goes on to describe limitations to contact with offenders following substantiated incidents. DOC Policy 450.050 also outlines the restriction process for individuals who engage in sexual misconduct.

### Supporting Documents:

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

DOC Policy 450.050 Prohibited Contact

### Corrective Action Plan:

(a) See corrective action for 115.22 regarding notification to law enforcement. The facility must also ensure notifications are made in a timely manner to licensing bodies. The facility will provide their plan to the auditor to ensure timely notifications in the future. All documentation must be submitted to the auditor within 150 days of the facility's receipt of the interim report to allow the auditor sufficient time to review the provided documentation.

### Corrective Action Completed:

The agency PREA Coordinator submitted documentation showing a new review process implemented by WADOC for closure of PREA administrative cases. The PREA Coordinator now reviews all IMRS reports to ensure notification to law enforcement and reviews PREA case files, prior to closure, to ensure each element of reporting, notifications, etc. are completed in compliance with numerous standards. Relevant to this standard, this review will also ensure law enforcement and licensing bodies are notified when applicable. Documents provided included an updated PREA Investigation Checklist which now includes "Documentation of law enforcement referral, including results and applicable criminal investigation reports" and "Documentation of reporting a substantiated allegation to relevant licensing bodies." An explanatory PowerPoint presentation was submitted to the auditor. This was provided to responsible parties within WADOC, so they understand the new review process. The PREA Coordinator also has two tracking mechanisms, one for IMRS (at the front end of a report) and one for investigation reports (at the end of an investigation) to document where issues are noted. This will help to fix concerns more immediately, as well as identify trends to improve training. Specifically, the report tracker notes if licensing reports were made and the IMRS report notes referral to law enforcement. The review at the beginning when an allegation is made, and at the end when an investigation concludes, will ensure timely notifications at each step of the process.

LCC had no new allegations for January, February, or March. Therefore, no new case-specific documentation could be reviewed. Three allegations were reported to law enforcement in April and documentation provided to the auditor. Reports to licensing bodies were not applicable at the time.

On 4/12/22, the auditor received a memo from the facility detailing their communication with Clark County Sheriff's Office. The memo includes the agreed upon process by both parties or how criminal allegations will be referred, to whom, and primary contacts for each agency. It was also outlined that the facility would report information as soon as it was evident that an event is a potential criminal case. Supporting emails showing communication between the two agencies were also provided.

Based on documentation submitted during corrective action, supporting documents, and interviews, the facility is compliant with this standard.



**115.78 Disciplinary sanctions for inmates**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) DOC Policy 490.860 section V.A. states individuals may be subject to disciplinary action per DOC 460.050 or DOC 460.135 for violating PREA policies. During the review period for this audit, there were no offenders sanctioned for violating PREA policies.

(b) DOC Policy 460.000 outlines a standardized process for conducting disciplinary hearings. DOC Policy 460.050 outlines disciplinary sanctions. It provides guidelines for imposing sanctions based on the number and frequency of violations received during a designated time period. The offender's disciplinary record, prior conduct, mental status, overall facility adjustment, employee/contract staff recommendations will be considered. Disciplinary processes are also guided by Washington Administrative Code (WAC), sections of which were reviewed by the auditor.

(c) DOC 460.000 states the Disciplinary Hearing Officer will ensure mental health staff at the hearing have the opportunity to recommend sanctions and outlines how they can submit concerns relating to a sanction imposed. DOC 460.050 states the offender's mental status will be taken into account when determining sanctions. WAC 137-28-360 requires the hearing officer to consider the offender's mental health in determining an appropriate sanction.

(d) DOC Policy 460.050 states that an offender found guilty of a violation for substantiated allegations may be sanctioned to a multidisciplinary review for consideration of available interventions such as mental health therapy, sex offender treatment and assessment or anger management. The mental health clinician interviewed stated there would be a mental health referral with follow-up to include assessment.

(e) DOC Policy 490.860 allows for the offender to be subject to discipline when the investigation determines that the staff did not consent to the contact.

(f) DOC Policy 490.860 states 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.

(g) DOC Policy 490.800 Attachment 1 states, "Consensual, non-coerced sexual activity between individuals under the Department's jurisdiction is prohibited by Department rule, but is not defined as a violation of PREA policies." This information is also provided in the Offender Handbook.

The facility administrator described the disciplinary process for inmates. There would be a hearing where evidence would be provided. If found guilty, the inmate could lose custody points, recreation time, good time, etc. based on the type of offense and whether this is a first or subsequent offense.

#### Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

DOC Policy 460.000 Disciplinary Process for Prisons

DOC Policy 460.050 Disciplinary Sanctions

Washington Administrative Code

Offender Handbook

Based on policy and other documents and interviews, the facility is compliant with this standard.

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

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

(a) DOC Policy 490.820 section IV.A states, "...Classification Counselors will complete referrals for mental health services... if the screening indicates that the offender has...experienced sexual victimization, whether in an institutional setting or in the community. The individual completing the assessment submits 13-509 PREA Mental Health Notification form documenting whether the offender wants a follow up meeting with a mental health provider. DOC Policy 630.500 states, "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." The facility reports there were 46 inmates who were offered mental health follow up in accordance with this standard during the 12-month review period for this audit. Many of those inmates declined the follow up. The auditor reviewed three files for inmates who accepted. Of those, one was accepted but not because he wanted to discuss past victimization. One was appropriately documented. The third did not have documentation for follow up from the mental health clinician(s). This was caught during the audit process and mental health met with the inmate just prior to the audit team arriving onsite. Documentation for this was provided to the auditor. The facility does not have many mental health referrals based on this standard. Therefore, the one missing follow up is significant. In addition, while onsite, staff reported to the audit team that there has been difficulty meeting this standard due to staff turnover in the mental health position. The mental health referral form is also not being submitted back to the PCM or PREA Compliance Specialist, even though there is a space in the form (Part 3) indicating this should occur. The PREA staff should receive this form back from the clinicians to verify the standard has been met.

(b) DOC Policy 490.820 section IV.A states, "...Classification Counselors will complete referrals for mental health services... if the screening indicates that the offender has perpetrated sexual abuse...whether in an institutional setting or in the community." The individual completing the assessment submits 13-509 PREA Mental Health Notification form documenting whether the offender wants a follow up meeting with a mental health provider. DOC Policy 630.500 states, "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." The facility reports there were no assessments where an inmate previously perpetrated sexual abuse over the 12-month review period.

(c) This standard is not applicable as this facility is not a jail.

(d) DOC Policy 490.800 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." DOC Policy 640.020 states, "Information contained in the health record, including information shared with health care professionals, is confidential and will only be disclosed/photocopied as authorized by statute." The Health Record Procedure outlines specific requirements for disclosure of health information. The Health Record Management Procedure gives permission to release adequate information for staff to perform their duties. It states for PREA Investigators/Coordinators medical, dental, and/or mental health records directly related to the incident will be provided.

(e) DOC Policy 610.025 states, "Medical and mental health practitioners will obtain informed consent before reporting information about prior sexual victimization that did not occur in an incarcerated setting unless the patient is under the age of 18." The medical and mental health clinicians confirmed this in their interviews. See additional notes under Standard 115.61(c).

### Supporting Documents:

DOC Policy 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting

DOC Policy 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments

DOC Policy 630.500 Mental Health Services

DOC Policy 640.020 Health Records Management

Health Record Procedure

Corrective Action Plan:

(a) Whenever the mental health position is vacant, medical staff should receive the referral and ensure follow up. The facility must develop a process to ensure medical staff receive referrals whenever mental health is vacant. The facility must develop a process to ensure Part 3 of their form is completed and submitted back to PREA staff for verification. The facility will provide their plan to the auditor to ensure timely notifications in the future. The facility will also develop a plan with the auditor to submit examples of referrals and follow up documentation over a minimum of 60 days which will be extended if needed. All documentation must be submitted to the auditor within 150 days of the facility's receipt of the interim report to allow the auditor sufficient time to review the provided documentation.

Corrective Action Completed:

A memo was sent to the auditor on 1/14/2022 describing the new process to ensure mental health or medical follow up from a PREA risk assessment. The Health Services Manager 1 and Psychologist 4 are designated to make arrangements for mental health or medical staff to follow up if sufficient coverage does not exist at LCC. The new plan includes that the PCS will track and save completed follow up forms. The auditor also received emails and other documents showing that all stakeholders were informed of the new process.

"Yes" reports from the OMNI system showing which PREA risk assessments resulted in a potential referral to mental health were provided to the auditor.

Week of 12/26-1/1: 3 inmates answered yes, all declined mental health

Week of 1/2-1/8: no risk assessments completed/no intakes

Week of 1/9-1/15: 1 inmate answered yes, declined mental health

Week of 1/16-1/22: no risk assessments completed/no intakes

Week of 1/23-1/29: 1 inmate answered yes, documentation provided showing referral to mental health and proof mental health met with the inmate

Week of 1/30-2/5: no risk assessments completed/no intakes

Week of 2/6-2/12: no one responded yes therefore no examples available

Week of 2/13-2/19: no risk assessments completed/no intakes

Week of 2/20-2/26: both individuals who responded yes on their 30-day risk assessment declined referral to mental health; DOC form 13-509 showing this documentation was provided to the auditor

Due to COVID outbreaks and downsizing of the facility, no transports into the facility were expected after 2/26/22 until April. A transport schedule was provided to the auditor to show proof of this.

The facility provided the follow up documentation for each inmate who opted to see mental health. This included the email communications and 13-509 form.

Based on supporting documents, interviews, and documentation submitted during corrective action, the facility is compliant with this standard.

**115.82 Access to emergency medical and mental health services**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) During the review period, there were no reported cases of aggravated sexual assault that indicated a forensic medical exam or emergency medical or mental health services. DOC Policy 610.025 states, "Any incarcerated individual alleging sexual assault, sexual abuse, and/or staff sexual misconduct will be referred to a health care provider to evaluate any injury. Medical and mental health treatment services and follow-up care will be provided when clinically indicated." The policy requires the Health Authority to ensure that the community health care facility is prepared to provide initial medical treatment. Both the mental health and medical clinician interviewed stated care is determined by them according to their professional judgment. Both stated immediate care and follow up would occur.

(b) DOC Policy 610.025 requires transport of the alleged victim to a designated health care facility unless appropriate health care providers are onsite to assess the individual prior to transport. The medical clinician stated the victim would be transported to the emergency room. The mental health clinician stated mental health evaluation and assessment would occur as soon as it was safe to do so.

(c) DOC Policy 610.025 states the community health care facility will provide information about access to emergency contraception and sexually transmitted infections prophylaxis. Whether or not the individual is seen in the community, facility medical staff will follow up with them to provide any additional evaluation or treatment. This was confirmed by the medical clinician interviewed.

(d) DOC Policy 490.850 section VI.A states, "All medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender." DOC Policy 600.025 states offenders will not be charged a co-pay for medical and mental health services related to sexual misconduct.

Supporting Documents:

DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response

DOC Policy 610.025 Health Services Management of Alleged Sexual Misconduct Cases

DOC Policy 600.025 Health Care Co-Payment Program

Based on policy and interviews, the facility is compliant with this standard.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) DOC Policy 600.000 states offenders will be provided health services. DOC Policy 630.500 states, "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." This was confirmed in interviews with the medical and mental health clinicians.

(b) DOC Policy 610.025 outlines requirements for follow-up procedures for victims. Follow-up care includes additional evaluation and treatment as medically necessary, crisis intervention, mental health treatment, and other related services. The mental health clinician stated that inmates can have three contacts with mental health clinicians before they are considered part of the mental health program. After the three contacts, they can include them in full mental health services/programming. They also work with the chief of psychiatry as needed and can transfer inmates to other locations if they have more specific needs. Inmates can request that their records be shared with providers in the community upon release and provider contact information is given to inmates if they need or desire further care after release from custody.

(c) The immediate medical care provided is at a community health care facility. That information is shared with the facility medical staff. Facility clinical staff make determinations for continued care based on clinical/medical necessity. Therefore, the care provided is consistent with community level of care. The medical and mental health clinicians confirmed care is consistent with the community level of care.

(d) The agency will provide pregnancy tests in compliance with this standard. However, there are no female inmates housed at this facility.

(e) The agency will provide services in accordance with this standard. However, there are no female inmates housed at this facility.

(f) DOC Policy 610.025 outlines follow up procedures for victims of sexual abuse and it includes additional evaluation and treatment of sexually transmitted diseases. This was confirmed by the medical clinician.

(g) DOC Policy 490.850 section VI.A states, "All medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender." DOC Policy 600.000 states offenders will be provided health services at no cost for services related to sexual misconduct.

(h) DOC Policy 610.025 requires mental health providers to conduct a mental health evaluation within 60 days of receiving information of an incarcerated individual identified as the perpetrator in substantiated allegations. Treatment will then be offered as clinically indicated. The mental health clinician confirmed that evaluation would occur, and further treatment would be offered based on the evaluation. There were no substantiated allegations of inmate-on-inmate sexual abuse during the review period for this audit.

#### Supporting Documents:

DOC Policy 490.850 Prison Rape Elimination Act (PREA) Response

DOC Policy 600.000 Health Services Management

DOC Policy 610.025 Health Services Management of Alleged Sexual Misconduct Cases

DOC Policy 630.500 Mental Health Services

Based on policy and interviews, the facility is compliant with this standard.

**115.86 Sexual abuse incident reviews**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) DOC Policy 490.860 section III outlines the requirements for a multidisciplinary PREA review. The review committee is to review all substantiated and unsubstantiated investigations of individual-on-individual sexual assault/abuse and staff sexual misconduct.

(b) DOC Policy 490.860 requires the committee to meet every 30 days or as needed. The facility self-identified one incident review that was not completed within the timeframe.

(c) DOC Policy 490.860 requires the committee to have input from facility management, supervisors, investigators, and medical/mental health practitioners.

(d) The committee is tasked with reviewing policy compliance, causal factors, and systemic issues. The Local PREA Investigation Review Checklist form is used. The form includes a list of attendees or those who provided input on the review. The form then asks the committee to consider all the items required under this substandard. There is a section on the form for the committee to provide recommendations. The form is submitted to the PREA Coordinator and signed by the Appointing Authority. One form reviewed did not include documentation that it had been submitted according to Department policy.

(e) The Local PREA Investigation Review Checklist has an area for the Appointing Authority to note whether the recommendations of the committee were accepted and if not, to provide reasons.

The facility administrator described the process for completing incident reviews. The team includes him, the PCM, the physician assistant, HR and others. Recommendations from the review will be forwarded to agency headquarters for review. If the recommendations/requests are not granted it is almost always due to budgetary constraints.

During the review period for this audit, there were three cases which met the requirement to conduct an incident review. Of those, there were individuals required under part (c) that were not included in the incident review, or forms were not fully completed or submitted to be able to fully evaluate the effectiveness of the incident reviews or whether the facility fully conforms to the standard.

**Supporting Documents:**

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

Local PREA Investigation Review Checklist form

**Corrective Action Plan:**

(b, c, and d) The facility must ensure all incident reviews are completed within 30 days, all required parties under (c) are included in the incident review or that their input is documented, and that internal policy is followed for submission and referrals which ensures follow up on concerns noted by the committee. The facility will provide a plan to the auditor demonstrating how they will ensure compliance with this standard. The plan must identify staff positions who will be included in reviews. For any current open cases, if a review is required, the facility will submit documentation of the reviews to the auditor. All documentation must be submitted to the auditor within 150 days of the facility's receipt of the interim report to allow the auditor sufficient time to review the provided documentation.

**Corrective Action Completed:**



A memo was submitted to the auditor by the PCM on 1/14/2022. It outlined the plan moving forward to ensure incident reviews are completed in accordance with this standard. It identified the following positions required to participate in reviews: Appointing Authority, PCM, Human Resources Consultant from the involved department, the Correctional Unit Supervisor of the living unit that the incarcerated individual was housed in, the facility Lieutenant, the on-site supervisor for Medical when relevant, and the investigator assigned to the incident.

An incident review for a case closed on 01/13/22 was submitted to the auditor. The review occurred within the 30 days and included all required parties.

The agency PREA Coordinator submitted documentation showing a new review process implemented by WADOC for closure of PREA administrative cases. The PREA Coordinator now reviews all IMRS reports and reviews PREA case files, prior to closure, to ensure each element of reporting, notifications, etc. are completed in compliance with numerous standards. Relevant to this standard, this review will also include ensuring documentation of the incident review.

Documents provided included an updated PREA Investigation Checklist. An explanatory PowerPoint presentation was submitted to the auditor. This was provided to responsible parties within WADOC, so they understand the new review process. The PREA Coordinator also has two tracking mechanisms, one for IMRS (at the front end of a report) and one for investigation reports (at the end of an investigation) to document where issues are noted. This will help to fix concerns more immediately, as well as identify trends to improve training. Specifically, the report tracker notes if the incident review was completed. If this documentation is missing, the PREA Coordinator will request it from the facility.

Based on supporting documents, interviews, and documents submitted during corrective action, the facility is compliant with this standard.

**115.87 Data collection**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) WADOC has a PREA allegation and case database within the Offender Management Network Information (OMNI) system. The system allows for standardized collection of data. Definitions are standardized and provided in the agency annual report.

(b) The data is aggregated in the agency's annual PREA reports which are prepared by the PREA Coordinator. Annual reports were reviewed by the auditor.

(c) The OMNI system allows for standardized collection of data from allegations to include demographics of the alleged suspect and victim, location of incident, date/time of incident, type of allegations, investigation finding, etc. All information that would be required for the Survey of Sexual Victimization (SSV) is reported in OMNI. The PREA Data Collection Checklist is completed along with the investigative summary. The investigator records the data necessary to answer the SSV on this form.

(d) DOC Policy 490.860 outlines the requirements for data collection and review. The PREA Data Collection Checklist is completed along with the investigative summary. The PREA Coordinator stated in her interview that data is reviewed regularly to look for trends.

(e) Washington DOC contracts with American Behavior Health Systems (ABHS) as a private organization for residential substance abuse treatment. ABHS operates three facilities. The annual report includes aggregated data from these three facilities with a comparison of data for 2017-2020. ABHS provides Washington DOC with its annual PREA reports and data relative to PREA allegations and investigations.

(f) The auditor reviewed the 2018 and 2019 Survey of Sexual Victimization Summary Forms which WADOC submitted to the Department of Justice. 2020 data had just been requested from the Department of Justice and therefore is not included in this review.

Supporting Documents:

2018 and 2019 Survey of Sexual Victimization Summary Forms

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

PREA Data Collection Checklist

Based on document review and interviews, the facility is compliant with this standard.

**115.88 Data review for corrective action**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) DOC Policy 490.860 outlines the requirements of data collection and the annual report and states the PREA Coordinator will generate the annual report. The report includes definitions, achievements, allegation data, and corrective actions. This information is provided for the agency as a whole and for each facility. The PREA Coordinator explained that the data collected is used to look for trends to identify issues especially where there may be a spike in reports. Every quarter a data analyst looks at statistics from data collected. This ensures corrective action on an ongoing basis and not just once a year. Data is used to make improvements in investigations, training, and awareness within a facility.

(b) The annual reports include a comparison of the current year's data and corrective actions as well as prior years' data. The annual reports from 2013 to 2019 were also reviewed by the auditor.

(c) All annual reports for 2013-2020 are signed by the agency head and are available on the public website. The 2020 annual report was reviewed on the agency website at <https://www.doc.wa.gov/docs/publications/reports/400-RE004.pdf>. The Deputy Secretary confirmed the annual reports are approved and signed by the agency head.

(d) The annual reports only include aggregated data and not incident specific data that would have any personally identifiable information or information that would be a threat to the safety or security of a facility. Information provided is similar to that provided in the annual Bureau of Justice Statistics Survey of Sexual Victimization.

**Supporting Documents**

PREA Annual Reports 2013-2020

Agency website

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

Based on review of policy and annual reports and interviews with the PREA Coordinator and Deputy Secretary, the facility is compliant with this standard.

**115.89 Data storage, publication, and destruction**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) The PREA Coordinator reports all allegations are reported via the Incident Management Report System (IMRS) within the Offender Management Network Information (OMNI) system. Access to any IMRS PREA information is restricted and confidential. It is limited to only staff who have a need to know. Access is reviewed by the agency's Emergency Operations Administrator to ensure access is essential to PREA-related responsibilities. Access is limited to agency executive administrators, appointing authorities, selected facility staff, and selected IT staff. DOC Policy 490.860 outlines data collection, retention, and reporting requirements.

(b) See comments under 115.87 and 115.88. DOC 490.860 outlines the requirements for aggregating data and providing it to the public through the Department website. Data is provided in the annual PREA reports which were reviewed by the auditor.

(c) The annual reports only include aggregated data and not incident specific data that would have any personally identifiable information or information that would be a threat to the safety or security of a facility. The presentation of the data does not require any type of redaction.

(d) The Washington Secretary of State Records Retention Schedule states records related to PREA investigations will be retained for 50 years after the close of the investigation. DOC Policy 490.860 outlines record retention of PREA data. It requires retention of records per the Retention Records Schedule.

Supporting Documents:

DOC Policy 490.860 Prison Rape Elimination Act (PREA) Investigation

DOC Policy 280.310 Information Technology Security

DOC Policy 280.515 Data Classification and Sharing

PREA Annual Reports 2013-2020

Agency website

State Government Records Retention Schedule

Based on review of documents and an interview with the PREA Coordinator regarding data collection (see comments for standards 115.87 and 115.88), the facility is compliant with this standard.

## 115.401 Frequency and scope of audits

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

(a) WADOC has completed audits in accordance with the substandard. LCC was audited in the previous 3-year cycle with a final audit report dated June 4, 2019. Final audit reports for all WADOC facilities are available on the Department website.

(b) This is the third year of the audit cycle. During the first year, WADOC audited seven facilities. Second year they audited five and had to postpone three due to COVID-19 restrictions. Those three were rescheduled to the third year of the audit cycle. WADOC is currently in the process of auditing nine facilities plus the three postponed from the previous year. Closures to two facilities have required adjustments to the audit schedule.

(h) The audit team was granted access to and observed all areas of the facility relevant to the audit.

(i) The audit team was permitted to request and receive all relevant documents during pre-onsite phase, onsite, and post-onsite phase. Requests were fulfilled in a timely manner.

(m) The audit team used private rooms to conduct all inmate interviews without staff present.

(n) On 08/20/2021, the auditor received an email from the LCC PREA Compliance Specialist with details and photographs of the audit notifications being posted throughout the facility. These were posted in the administration building, housing units, dayrooms, program building, medical waiting area, kitchen, and recreation building. The notification posters included the dates of the onsite audit, the auditor's contact information, and information regarding confidentiality of communication with the auditor. This information was provided in both English and Spanish. These notifications were observed throughout the facility during the onsite inspection as well. No letters were received by the auditor.

It is important to note LCC was still following strict COVID-19 protocols during the onsite audit, including managing the deadline for the state employee vaccine mandate the week of the audit. LCC also closed one of their housing units just weeks before the audit. Despite some obvious distress over the unique circumstances, all staff the team interacted with were professional and courteous. Managing a PREA audit in the midst of staff shortages, illnesses, pandemic protocols, and a shift to decrease the number of incarcerated individuals is a remarkable feat. It would be remiss to not acknowledge the tenacity of all correctional staff who daily meet such exceptional challenges.

**115.403 Audit contents and findings**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The audit reports are posted at <https://www.doc.wa.gov/corrections/prea/resources.htm>, including the audit reports for LCC from 2015 and 2018.

**Appendix: Provision Findings**

<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
	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
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</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

**115.13 (a)****Supervision and monitoring**

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
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
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
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
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
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
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
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
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
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
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
In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

**115.13 (b)****Supervision and monitoring**

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
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**115.13 (c)****Supervision and monitoring**

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
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
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



<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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
<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (b)</b>	<b>Youthful inmates</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).)	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).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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).)	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).)	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).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</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.)	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.)	na
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

**115.15 (d) Limits to cross-gender viewing and searches**

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

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

Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? yes

**115.15 (e) Limits to cross-gender viewing and searches**

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

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

**115.15 (f) Limits to cross-gender viewing and searches**

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

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

**115.16 (a)**

**Inmates with disabilities and inmates who are limited English proficient**

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
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
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
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
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
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
Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
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
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
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
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

**115.16 (b)**

**Inmates with disabilities and inmates who are limited English proficient**

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

<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	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
		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
		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 two bullets immediately above?	yes
		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
		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
		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 two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</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
		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
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
		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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	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

<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	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
		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
		Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	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
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</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
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</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
		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

<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	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
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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

<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</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
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</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
	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
	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
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	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



<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</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
	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
	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
	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
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
	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
	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
	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
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</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.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
	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
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

**115.41 (d)****Screening for risk of victimization and abusiveness**

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
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
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
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
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
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
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
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
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
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

**115.41 (e)****Screening for risk of victimization and abusiveness**

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
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
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

**115.41 (f)****Screening for risk of victimization and abusiveness**

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
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<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	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
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	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
	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
	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
	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
	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
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	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
	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

<b>115.42 (d)</b>	<b>Use of screening information</b>	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	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
		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
		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
<b>115.43 (a)</b>	<b>Protective Custody</b>	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
		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

<b>115.43 (b)</b>	<b>Protective Custody</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
		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
		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
		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
		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
		If the facility restricts 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
		If the facility restricts 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
<b>115.43 (c)</b>	<b>Protective Custody</b>	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
		Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d)</b>	<b>Protective Custody</b>	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
		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
<b>115.43 (e)</b>	<b>Protective Custody</b>	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
<b>115.51 (a)</b>	<b>Inmate reporting</b>	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
		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
		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

<b>115.51 (b)</b>	<b>Inmate reporting</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
		Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
		Does that private entity or office allow the inmate to remain anonymous upon request?	yes
		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.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
		Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	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.	no
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</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
		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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	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
		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

<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	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

<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	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

<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	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
	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
	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
	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
	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

<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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



<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	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
	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.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</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
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
	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
	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
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</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

<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	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
		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
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	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
		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
		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
		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

<b>115.64 (b)</b>	<b>Staff first responder duties</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
<b>115.65 (a)</b>	<b>Coordinated response</b>	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
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	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 limit 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
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	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
		Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</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

**115.67 (c)**

**Agency protection against retaliation**

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

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

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

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

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

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

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

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

Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? yes

**115.67 (d)**

**Agency protection against retaliation**

In the case of inmates, does such monitoring also include periodic status checks? yes

**115.67 (e)**

**Agency protection against retaliation**

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

**115.68 (a)**

**Post-allegation protective custody**

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

**115.71 (a)**

**Criminal and administrative agency investigations**

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

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

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
		Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
		Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	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
		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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
		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
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	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

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	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
<b>115.73 (b)</b>	<b>Reporting to inmates</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
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, 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 resident whenever: The staff member is no longer posted within the inmate's unit?	yes
		Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
		Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
		Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	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
		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
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	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
		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
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
		Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
		Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</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
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</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
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	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

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	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
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	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
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	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
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</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
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	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? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	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
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</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
		Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes



<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	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
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	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.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	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.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	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
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	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

<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	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
		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
		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
		Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
		Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
		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
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	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
<b>115.87 (b)</b>	<b>Data collection</b>	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	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
<b>115.87 (d)</b>	<b>Data collection</b>	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
<b>115.87 (e)</b>	<b>Data collection</b>	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
<b>115.87 (f)</b>	<b>Data collection</b>	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

<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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
	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
	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
<b>115.88 (b)</b>	<b>Data review for corrective action</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
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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, there has never been a Final Audit Report issued.)	yes